

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

G The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

INSTITUTE OF MATHEMATICAL STATISTICS, P. O. BOX 22718, BEACHWOOD, OH 44122

D Employer Identification Number 94-1317787, E Telephone number 216-295-2340, F Accounting method: Accrual

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No, H (b) If 'Yes,' enter number of affiliates. G, H (c) Are all affiliates included? No, H (d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number. G, M Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: G N/A

J Organization type (check only one) G X 501(c) 3 H (insert no.) 4947(a)(1) or 527

K Check here G if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 1, 403, 900.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____)  If this amount includes foreign grants, check here... G <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch) . . . . .	23				
24 Benefits paid to or for members (att sch) . . . . .	24				
25 Compensation of officers, directors, etc . . . . .	25	85,483.	42,742.	42,741.	0.
26 Other salaries and wages . . . . .	26				
27 Pension plan contributions . . . . .	27	8,373.	4,186.	4,187.	
28 Other employee benefits . . . . .	28	5,842.	2,921.	2,921.	
29 Payroll taxes . . . . .	29	6,602.	3,301.	3,301.	
30 Professional fundraising fees . . . . .	30				
31 Accounting fees . . . . .	31				
32 Legal fees . . . . .	32				
33 Supplies . . . . .	33	868.	608.	260.	
34 Telephone . . . . .	34	1,936.	1,355.	581.	
35 Postage and shipping . . . . .	35	183,948.	175,582.	8,366.	
36 Occupancy . . . . .	36	3,300.	2,310.	990.	
37 Equipment rental and maintenance . . . . .	37				
38 Printing and publications . . . . .	38	603,514.	603,514.		
39 Travel . . . . .	39				
40 Conferences, conventions, and meetings . . . . .	40	89,584.	89,584.		
41 Interest . . . . .	41				
42 Depreciation, depletion, etc (attach schedule) . . . . .	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	511,924.	459,176.	52,748.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	1,501,374.	1,385,279.	116,095.	0.

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Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? G <u>SEE SUPPLEMENTAL INFORMATION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a PUBLICATION, EDITORIAL & SHIPPING OF ANNALS OF STATISTICS JOURNALS. SIX JOURNALS EACH YEAR TO ALL MEMBERS & SUBSCRIBERS. _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	442,147.
b PUBLICATION, EDITORIAL & SHIPPING OF ANNALS OF PROBABILITY JOURNALS. FOUR JOURNALS EACH YEAR TO ALL MEMBERS AND SUBSCRIBERS. _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	238,034.
c PUBLICATION, EDITORIAL & SHIPPING OF STATISTICAL SCIENCE JOURNALS. FOUR JOURNALS EACH YEAR TO ALL MEMBERS AND SUBSCRIBERS. _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	95,484.
d PUBLICATION, EDITORIAL & SHIPPING OF THE ANNALS OF APPLIED PROBABILITY JOURNALS. FOUR JOURNALS EACH YEAR TO ALL MEMBERS AND SUBSCRIBERS. _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	198,126.
e Other program services ..... SEE STATEMENT 3 (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here G <input type="checkbox"/>	411,488.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)..... G	1,385,279.

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Form 990 (2005)

**Part IV** Balance Sheets (See Instructions)

Note:		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		Beginning of year		End of year
ASSETS	45 Cash - non-interest-bearing .....	77,739.	45	97,562.
	46 Savings and temporary cash investments .....	2,312,400.	46	2,203,600.
	47a Accounts receivable .....	47a 8,045.		
	b Less: allowance for doubtful accounts .....	47b	47c	8,045.
	48a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b	48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach sch) .....	51a		
	b Less: allowance for doubtful accounts .....	51b	51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	58,827.	53	42,915.
	54 Investments - securities (attach schedule) .....	G <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments - land, buildings, & equipment: basis .....	55a		
	b Less: accumulated depreciation (attach schedule) .....	55b	55c	
56 Investments - other (attach schedule) .....	135,178.	56	125,168.	
57a Land, buildings, and equipment: basis .....	57a			
b Less: accumulated depreciation (attach schedule) .....	57b	57c		
58 Other assets (describe G SEE STATEMENT 4 ) .....	54,640.	58	60,720.	
59 Total assets (must equal line 74). Add lines 45 through 58 .....	2,656,530.	59	2,538,010.	
LIABILITIES	60 Accounts payable and accrued expenses .....	208,958.	60	103,860.
	61 Grants payable .....		61	
	62 Deferred revenue .....	622,967.	62	707,819.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe G ) .....		65	
66 Total liabilities. Add lines 60 through 65 .....	831,925.	66	811,679.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	1,779,120.	67	1,680,279.
	68 Temporarily restricted .....	14,346.	68	14,913.
	69 Permanently restricted .....	31,139.	69	31,139.
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	1,824,605.	73	1,726,331.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73 .....	2,656,530.	74	2,538,010.

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**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements .....	a	1,403,100.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	b1	-800.
	2 Donated services and use of facilities .....	b2	
	3 Recoveries of prior year grants .....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 .....	b	-800.
c	Subtract line b from line a .....	c	1,403,900.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 .....	d	
e	Total revenue (Part I, line 12). Add lines c and d .....	G e	1,403,900.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements .....	a	1,501,374.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities .....	b1	
	2 Prior year adjustments reported on Part I, line 20 .....	b2	
	3 Losses reported on Part I, line 20 .....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 .....	b	
c	Subtract line b from line a .....	c	1,501,374.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 .....	d	
e	Total expenses (Part I, line 17). Add lines c and d .....	G e	1,501,374.

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**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 5		85,483.	8,373.	5,841.
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**Part V-A** Current Officers, Directors, Trustees, and Key Employees (continued)

75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. <u>G 7</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....	75b	X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations.			
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy? .....	75d	X

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
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**Part VI** Other Information (See the instructions.)

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.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	78a	X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year? .....	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? .....	80a	X
b If 'Yes,' enter the name of the organization <u>G N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81a	0.
81b	Did the organization file Form 1120-POL for this year? .....	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		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.) .....		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		N/A
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? .....		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		N/A
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.			
85 c	Dues, assessments, and similar amounts from members .....		N/A
85 d	Section 162(e) lobbying and political expenditures .....		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		N/A
85 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
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. ....		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities .....		N/A
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....		N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. ....	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G _____ 0. ; section 4912 G _____ 0. ; section 4955 G _____ 0. ....		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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. ....		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ....		G	0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		G	0.
90 a	List the states with which a copy of this return is filed G <u>CA</u> .....		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .....		1
91 a	The books are in care of G <u>E. GUSTAFSON</u> Telephone number G <u>216-295-2340</u> Located at G <u>P. O. BOX 22718, BEACHWOOD, OH,</u> ZIP + 4 G <u>44122</u> .....		
91 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)? .....		X
If 'Yes,' enter the name of the foreign country G _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? .....		X
If 'Yes,' enter the name of the foreign country G _____			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 ' Check here .....	N/A	G <input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year. ....		G 92	N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					1,101,191.
95 Interest on savings & temporary cash invmnts . . . . .			14	81,149.	
96 Dividends & interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop. . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b <u>SEE STATEMENT 6</u>		36,215.			183,845.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . . .		36,215.		81,149.	1,285,036.
105 Total (add line 104, columns (B), (D), and (E)). . . . .				G	1,402,400.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
94, 103	ENABLE THE INSTITUTE TO PRINT AND EDIT ANNALS, JOURNALS AND BULLETINS FOR EDUCATION AND TO INCREASE THE KNOWLEDGE OF MEMBERS & SUBSCRIBERS IN THE FIELDS OF STATISTICS AND PROBABILITY. THIS KNOWLEDGE AND EDUCATION COVERS THE FIELDS OF GOVERNMENT, EDUCATION AND INDUSTRY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
AMERICAN STATISTICAL ASSN. 1429 DUKE ST. ALEXANDRIA, VA 22314, 54-1532646	50.000 % % % %	INDEX PUBLICATION	107,870.	222,824.

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

G \_\_\_\_\_  
Signature of officer

\_\_\_\_\_ Date

G \_\_\_\_\_  
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature G \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed G  Preparer's SSN or PTIN (See General Instruction W) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 G BREGANTE + COMPANY LLP, CPA'S  
55 HAWTHORNE STREET, SUITE 910  
SAN FRANCISCO, CA 94105

EIN G N/A  
Phone no. G (415) 777-1001



SCHEDULE A  
(Form 990 or 990-EZ)

Organization Exempt Under  
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury  
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization: **INSTITUTE OF MATHEMATICAL STATISTICS**  
Employer identification number: **94-1317787**

**Part I** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	G 0			

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 7		277,011.
Total number of others receiving over \$50,000 for professional services	G 0	

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MATTSON PUBLISHING LLC 1175 FOXWOOD LANE, BALTIMORE, MD 21	PUBLISHING	265,788.
THE SHERIDAN PRESS P.O. BOX 75082 BALTIMORE, MD 21275	PRINTING	381,884.
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, property transactions, and compensation.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 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 G
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.)
11a [ ] 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 [X] 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.)
13 [ ] 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). Check the box that describes the type of supporting organization: G [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (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 instructions.)

**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 accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	100.	11,056.	2,500.	9,834.	23,490.
16 Membership fees received. . . . .	1,069,020.	1,012,816.	939,071.	937,660.	3,958,567.
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. . . . .					0.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .	48,121.	34,151.	58,110.	101,441.	241,823.
19 Net income from unrelated business activities not included in line 18. . . . .					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					0.
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. . . . .					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 8. . . . .	272,799.	247,182.	169,869.	170,899.	860,749.
23 Total of lines 15 through 22. . . . .	1,390,040.	1,305,205.	1,169,550.	1,219,834.	5,084,629.
24 Line 23 minus line 17. . . . .	1,390,040.	1,305,205.	1,169,550.	1,219,834.	5,084,629.
25 Enter 1% of line 23. . . . .	13,900.	13,052.	11,696.	12,198.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . N/A . . . G	26a				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. . . . . G	26b				
c Total support for section 509(a)(1) test: Enter line 24, column (e). . . . . G	26c				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d				
e Public support (line 26c minus line 26d total). . . . . G	26e				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). . . . . G	26f %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 23,490. 16 _____ 3,958,567. 17 _____ 20 _____ 21 _____	27c 3,982,057.				
d Add: Line 27a total. . . . . 0. and line 27b total. . . . . 0.	27d 0.				
e Public support (line 27c total minus line 27d total). . . . . G	27e 3,982,057.				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . . G	27f 5,084,629.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . G	27g 78.32 %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . G	27h 4.76 %				
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V**

**Private School Questionnaire** (See instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A  
Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 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, 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?.....  
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

31		
----	--	--

32 Does the organization maintain the following:

--	--	--

a Records indicating the racial composition of the student body, faculty, and administrative staff?.....

32a		
-----	--	--

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		
-----	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?.....

32d		
-----	--	--

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

--	--	--

a Students' rights or privileges?.....

33a		
-----	--	--

b Admissions policies?.....

33b		
-----	--	--

c Employment of faculty or administrative staff?.....

33c		
-----	--	--

d Scholarships or other financial assistance?.....

33d		
-----	--	--

e Educational policies?.....

33e		
-----	--	--

f Use of facilities?.....

33f		
-----	--	--

g Athletic programs?.....

33g		
-----	--	--

h Other extracurricular activities?.....

33h		
-----	--	--

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?.....

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?.....

34b		
-----	--	--

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		
----	--	--

**DRAFT**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a  if the organization belongs to an affiliated group. Check G b  if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations																						
(The term 'expenditures' means amounts paid or incurred.)																									
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36																							
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37																							
38	Total lobbying expenditures (add lines 36 and 37).....	38																							
39	Other exempt purpose expenditures.....	39																							
40	Total exempt purpose expenditures (add lines 38 and 39).....	40																							
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is '                             <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	41	
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Over \$17,000,000.....	\$1,000,000.....																								
42	Grassroots nontaxable amount (enter 25% of line 41).....	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	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.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount.....				
46	Lobbying ceiling amount (150% of line 45(e)).....				
47	Total lobbying expenditures.....				
48	Grassroots non-taxable amount.....				
49	Grassroots ceiling amount (150% of line 48(e)).....				
50	Grassroots lobbying expenditures.....				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h.).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See 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?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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 exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSSES ON INVESTMENTS.....	\$	-800.
TOTAL	\$	<u>-800.</u>

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
COMPUTER EQUIP. & SOFTWARE	1,862.	1,303.	559.	
CONTRIBUTIONS TO OTHER ORGANIZ	8,601.	8,601.		
CREDIT CARD FEES	15,060.	15,060.		
EDITORIAL EXPENSE	256,687.	256,687.		
INSURANCE	21,629.	15,140.	6,489.	
MANAGEMENT FEE	137,008.	137,008.		
MEMBERSHIP DRIVES & PUBLICITY	15,940.	15,940.		
OFFICE EXPENSE	28,842.	2,689.	26,153.	
PAYROLL SERVICE FEE	1,078.	539.	539.	
PROFESSIONAL FEES	19,008.		19,008.	
STORAGE	6,209.	6,209.		
TOTAL	<u>\$ 511,924.</u>	<u>\$ 459,176.</u>	<u>\$ 52,748.</u>	<u>\$ 0.</u>

DRAFT

STATEMENT 3  
FORM 990, PART III, LINE E  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
PUBLICATION, EDITORIAL & SHIPPING OF IMS BULLETIN AND LECTURE NOTES - MONOGRAPH SERIES AND DESIGNING & LAYOUT OF WORLDWIDE WEB PAGE, ELECTRONIC OPERATIONS FOR ALL PUBLICATIONS AND PROBABILITY SURVEYS. INCLUDES FOREIGN GRANTS: NO		328,310.
IMS SPONSORED SIX SCIENTIFIC MEETINGS DURING THE YEAR PROVIDING STATISTICAL AND PROBABILITY COMMUNITY WITH EDUCATIONAL OPPORTUNITIES IN THE FIELD. INCLUDES FOREIGN GRANTS: NO		83,178.
TOTAL	<u>\$ 0.</u>	<u>\$ 411,488.</u>

CLIENT IMS

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

1/08/07

02:09PM

STATEMENT 4  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ACCRUED INTEREST RECEIVABLE .....	\$	27,059.
RESTRICTED CASH FOR ENDOWMENT .....		33,661.
TOTAL	\$	<u>60,720.</u>

STATEMENT 5  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JI ANQING FAN P. O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT ELECT 1	\$ 0.	\$ 0.	\$ 0.
THOMAS G. KURTZ P. O. BOX 22718 BEACHWOOD, OH 44122	PAST PRESIDENT 1	0.	0.	0.
JIM PITMAN P. O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT 1	0.	0.	0.
NI COLAS HENGARTNER P. O. BOX 22718 BEACHWOOD, OH 44122	PRGRM SECRETARY 1	0.	0.	0.
CINDY CHRISTIANSEN P. O. BOX 22718 BEACHWOOD, OH 44122	EXEC. SECRETARY 1	0.	0.	0.
JI AYANG SUN P. O. BOX 22718 BEACHWOOD, OH 44122	TREASURER 1	0.	0.	0.
E. GUSTAFSON P. O. BOX 22718 BEACHWOOD, OH 44122	EXEC. DIRECTOR 40	85,483.	8,373.	5,841.
	TOTAL	\$ 85,483.	\$ 8,373.	\$ 5,841.



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INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

1/08/07

02:09PM

STATEMENT 6  
FORM 990, PART VII, LINE 103  
OTHER REVENUE

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSI- NESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ADVERTISING INCOME	541800	\$ 36,215.			
JOINT VENTURE GAIN					\$ 26,097.
MEETINGS					25,744.
OFFPRINTS AND OTHER SALES					63,288.
PAGE CHARGES					34,412.
SALES OF BACK ISSUES					5,314.
SALES OF LECTURE NOTES					21,951.
SALES OF NSF-CBMS SERIES					7,039.
TOTAL		<u>\$ 36,215.</u>		<u>\$ 0.</u>	<u>\$ 183,845.</u>

STATEMENT 7  
SCHEDULE A, PART II-A  
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
FASEB 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	SUBSCRIPTION PROCESS	183,686.
TRUSTEES OF THE UNIV OF PENNSYLVANIA DEPT OF STATISTICS, 3730 WALNUT ST. PHILADELPHIA, PA 19104-6340	EDITORIAL SERVICES	93,325.
	TOTAL	<u>\$ 277,011.</u>

STATEMENT 8  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
TOTAL	<u>\$ 272,799.</u>	<u>\$ 247,182.</u>	<u>\$ 169,869.</u>	<u>\$ 170,899.</u>	<u>\$ 860,749.</u>
	<u>\$ 272,799.</u>	<u>\$ 247,182.</u>	<u>\$ 169,869.</u>	<u>\$ 170,899.</u>	<u>\$ 860,749.</u>

Exempt Organization Business
Income Tax Return (and proxy tax under Section 6033(e))
For calendar year 2005 or other tax year beginning 7/01, 2005,
and ending 6/30, 2006
G See separate instructions.

2005

Department of the Treasury
Internal Revenue Service

Header section containing: A Check box if address changed; B Exempt under Section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E New unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity.
G ADVERTISING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
J The books are in care of G E. GUSTAFSON Telephone number G 216-295-2340

Table with 5 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, Income from partnerships, Rent, Interest, Investment, Advertising, and Total.

Table with 3 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Depletion, Contributions to deferred compensation, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, and Unrelated business taxable income.

Part III Tax Computation

Table with 3 columns: Description, Code, Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Code, Amount. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (See instructions.)

Table with 3 columns: Question, Yes, No. Questions include interest in foreign country, distribution from foreign trust, and tax-exempt interest received.

Schedule A Cost of Goods Sold Enter method of inventory valuation G

Table with 3 columns: Description, Code, Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title, and May the IRS discuss this return with the preparer shown below (see instructions)?

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

**Schedule C ' Rent Income (From Real Property and Personal Property Leased with Real Property) (see instructions)**

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... G

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ... G

**Schedule E ' Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals							Enter here and on page 1, Part I, line 7, column (A) ... G	Enter here and on page 1, Part I, line 7, column (B) ... G
Total dividends-received deductions included in column 8								G

**Schedule F ' Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)**

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G** Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals..... G	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I** Exploited Exempt Activity Income, Other Than Advertising Income (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals..... G	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J** Advertising Income (See instructions.)

**Part I** Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) IMS BULLETIN	36,215.	2,510.			66,620.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)). G	36,215.	2,510.	33,705.		66,620.	33,705.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I.....	36,215.	2,510.				33,705.
Totals, Part II (lines 1-5)..... G	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
	36,215.	2,510.				33,705.

**Schedule K** Compensation of Officers, Directors, and Trustees (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total	Enter here and on page 1, Part II, line 14.....		G

STATEMENT 1  
 FORM 990-T, PART II, LINE 31  
 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIG I NAL LOSS	LOSS PREVI OUSLY USED	LOSS AVAI LABLE
6/30/99	\$ 4,140.	\$ 0.	4,140.
NET OPERATING LOSS AVAI LABLE.....			\$ 4,140.
TAXABLE I NCOME.....			\$ 0.
NET OPERATING LOSS DEDUCTION (LIMI TED TO TAXABLE I NCOME).....			\$ 0.

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YEAR 2005 California Exempt Organization  
Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month <u>07</u> day <u>01</u> year <u>2005</u> , and ending month <u>06</u> day <u>30</u> year <u>2006</u>	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>D-9781200</b>	Federal employer identification number (FEIN) <b>94-1317787</b>
Corporation/Organization name <b>INSTITUTE OF MATHEMATICAL STATISTICS</b>	
Address <b>P. O. BOX 22718</b>	PMB no.
City <b>BEACHWOOD, OH 44122</b>	State ZIP Code
<b>A</b> Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> @ <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date @	
<b>B</b> Check forms filed this year: State: <input checked="" type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input checked="" type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
<b>C</b> If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. @ <input type="checkbox"/>	
<b>D</b> Is this a group filing? See General Instruction N. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>E</b> Accounting method used. <u>ACCRUAL</u>	
<b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>D</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

**Part I** Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. . . . . @	1	301, 209.
	2 Gross dues and assessments from members and affiliates . . . . . @	2	1, 101, 191.
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions. . . . . @	3	1, 500.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. . . . @	4	1, 403, 900.
	5 Cost of goods sold . . . . . 5		
	6 Cost or other basis, and sales expenses of assets sold. . . . . 6		
	7 Total costs. Add line 5 and line 6 . . . . . 7		
	8 Total gross income. Subtract line 7 from line 4 . . . . . 8		1, 403, 900.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. . . . . 9		1, 501, 374.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. . . . . 10		-97, 474.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F. . . . . 11		10.
	12 Penalty for failure to file on time. See General Instruction L. . . . . 12		
	13 Use tax. See instructions. . . . . @ 13		
	14 Balance due. Add line 11, line 12, and line 13. . . . . 14		10.

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- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . .  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. . . . .  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g? . . . . .  Yes  No  
If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? . . . . .  Yes  No  
If 'Yes,' enter amount of total income reported. . . . \$ \_\_\_\_\_
- 19 The financial records are in care of. E. GUSTAFSON Daytime telephone 216-295-2340  
located at P. O. BOX 22718, BEACHWOOD, OH 44122

Please Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		G Title _____	
	G Signature of officer _____	Date _____	@ 216-295-2340	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature G _____	Date _____	Check if self-employed <input type="checkbox"/> @ P00292642	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address G BREGANTE + COMPANY LLP, CPA'S 55 HAWTHORNE STREET, SUITE 910 SAN FRANCISCO, CA 94105	@ 94-2861940	FEIN	Daytime telephone (415) 777-1001

**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	81,149.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	220,060.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	301,209.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	85,483.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	6,602.
	15	Rents	15	3,300.
	16	Depreciation and depletion	16	
	17	Other. Attach schedule	17	1,405,989.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	1,501,374.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		2,390,139.		2,301,162.
2	Net accounts receivable		17,746.		8,045.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans: _____)				
9	Other investments. Attach schedule		135,178.		125,168.
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule	ST. 4.	113,467.		103,635.
13	Total assets		2,656,530.		2,538,010.
<b>Liabilities and net worth</b>					
14	Accounts payable		208,958.		103,860.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule	ST. 5.	622,967.		707,819.
19	Capital stock or principle fund		1,824,605.		1,726,331.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		2,656,530.		2,538,010.

**Schedule M-1** Reconciliation of income per books with income per return  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	-97,474.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Subtract line 9 from line 6	-97,474.
6	Total.				
	Add line 1 through line 5	-97,474.			



CLIENT IMS

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

1/08/07

02:09PM

STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

ADVERTISING INCOME.....	\$	36,215.
JOINT VENTURE GAIN.....		26,097.
MEETINGS.....		25,744.
OFFPRINTS AND OTHER SALES.....		63,288.
PAGE CHARGES.....		34,412.
SALES OF BACK ISSUES.....		5,314.
SALES OF LECTURE NOTES.....		21,951.
SALES OF NSF-CBMS SERIES.....		7,039.
TOTAL	\$	<u>220,060.</u>

STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIANQING FAN P. O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT ELECT 1	\$ 0.	\$ 0.	\$ 0.
THOMAS G. KURTZ P. O. BOX 22718 BEACHWOOD, OH 44122	PAST PRESIDENT 1	0.	0.	0.
JIM PITMAN P. O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT 1	0.	0.	0.
NICOLAS HENGARTNER P. O. BOX 22718 BEACHWOOD, OH 44122	PRGRM SECRETARY 1	0.	0.	0.
CINDY CHRISTIANSEN P. O. BOX 22718 BEACHWOOD, OH 44122	EXEC. SECRETARY 1	0.	0.	0.
JIAYANG SUN P. O. BOX 22718 BEACHWOOD, OH 44122	TREASURER 1	0.	0.	0.
E. GUSTAFSON P. O. BOX 22718 BEACHWOOD, OH 44122	EXEC. DIRECTOR 40	85,483.	8,373.	5,841.
TOTAL		<u>\$ 85,483.</u>	<u>\$ 8,373.</u>	<u>\$ 5,841.</u>

CLIENT IMS

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

1/08/07

02:09PM

STATEMENT 3  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

COMPUTER EQUIP. & SOFTWARE.....	\$	1,862.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		89,584.
CONTRIBUTIONS TO OTHER ORGANIZ.....		8,601.
CREDIT CARD FEES.....		15,060.
EDITORIAL EXPENSE.....		256,687.
INSURANCE.....		21,629.
MANAGEMENT FEE.....		137,008.
MEMBERSHIP DRIVES & PUBLICITY.....		15,940.
OFFICE EXPENSE.....		28,842.
OTHER EMPLOYEE BENEFIT.....		5,842.
PAYROLL SERVICE FEE.....		1,078.
PENSION PLAN CONTRIBUTIONS.....		8,373.
POSTAGE AND SHIPPING.....		183,948.
PRINTING AND PUBLICATIONS.....		603,514.
PROFESSIONAL FEES.....		19,008.
STORAGE.....		6,209.
SUPPLIES.....		868.
TELEPHONE.....		1,936.
	TOTAL	<u>\$ 1,405,989.</u>

STATEMENT 4  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

ACCRUED INTEREST RECEIVABLE.....		27,059.
PREPAID EXPENSES AND DEFERRED CHARGES.....		42,915.
RESTRICTED CASH FOR ENDOWMENT.....		33,661.
	TOTAL	<u>\$ 103,635.</u>

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

DEFERRED REVENUE.....		707,819.
	TOTAL	<u>\$ 707,819.</u>

YEAR  
2005

# California Exempt Organization Business Income Tax Return

FORM  
109

For calendar year 2005 or fiscal year beginning month 07 day 01 year 2005, & ending month 06 day 30 year 2006

California corporation or organization number  
D-9781200

FEIN  
94-1317787

Corporation/organization name  
INSTITUTE OF MATHEMATICAL STATISTICS

Address  
P. O. BOX 22718

City State ZIP Code  
BEACHWOOD, OH 44122

A Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No  
B Is the organization currently under audit?  Yes  No

C Final return?  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized

If a box is checked, enter effective date: @  
D Nature of trade or business ADVERTISING

E Accounting method used ACCRUAL

F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No

G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No

H Unrelated Business Activity (UBA) Code @ 541800

ORGANIZATION'S CORPORATE RETURN	1	Unrelated business taxable income from Side 2, Part II, line 30	@	1	0.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	@	2	
	3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	@	3	
	4	Net Operating Loss deduction from form FTB 3805Q. See General Information N.	@	4	
	5	Add line 3 and line 4	@	5	
	6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	@	6	0.
	7	Tax. 8.84% x line 6. See General Information J.	@	7	
	8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	@	8	
	9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	@	9	0.
ORGANIZATION'S TRUST	10	Unrelated business taxable income from Side 2, Part II, line 30	@	10	
	11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	@	11	
	12	Net Operating Loss deduction from form FTB 3805V. See General Information N.	@	12	
	13	Add line 11 and line 12	@	13	
	14	Net unrelated business taxable income. Subtract line 13 from line 10	@	14	
	15	Tax on amount on line 14. See General Information J.	@	15	
	16	Tax credits from Schedule B, line 7, or Schedule P (941). See Schedule B instructions	@	16	
	17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	@	17	
Total Tax	18	Tax from line 9 or line 17	X	18	
	19	Alternative minimum tax. See General Information O.	X	19	
Payments	20	Total tax. Add line 18 and line 19	X	20	
	21	Overpayment from a prior year allowed as a credit	X	21	
	22	2005 estimated tax payments and taxes withheld	X	22	
	23	Amount paid with automatic extension (FTB 3539)	X	23	
Refund (Direct Deposit of Refund) or Amount Due	24	Total payments and credits. Add line 21 through line 23	X	24	
	25	Tax due. Subtract line 24 from line 20. Pay entire amount with return. See instructions	X	25	
	26	Overpayment. Subtract line 20 from line 24. See instructions	X	26	
	27	Enter amount of line 26 to be applied to 2006 estimate tax	X	27	
	28	Use tax. See instructions	X	28	
	29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	X	29	
	a Fill in the account information to have the refund directly deposited. Routing number		@	29a	
	b Type: Checking @ <input type="checkbox"/> Savings @ <input type="checkbox"/> c Account Number		@	29c	
	30	Penalties and interest. See General Information M.	X	30	
	31	@ <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result		32		

Person to contact for additional information: \_\_\_\_\_ Telephone \_\_\_\_\_

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here  
G \_\_\_\_\_ @ 216-295-2340  
Signature of officer Date Title Daytime telephone

Paid Preparer's Use Only  
Paid Preparer's signature G \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Paid Preparer's SSN/PTIN P00292642  
Firm's name (or yours, if self-employed) and address G BREGANTE + COMPANY LLP, CPA'S @ 55 HAWTHORNE STREET, SUITE 910 94-2861940 SAN FRANCISCO, CA 94105 Daytime telephone @ (415) 777-1001

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

Table with 13 rows for Part I, including items like 'Gross receipts or gross sales', 'Cost of goods sold', 'Capital gain net income', etc.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 30 rows for Part II, including items like 'Compensation of officers, directors, and trustees', 'Salaries and wages', 'Repairs', etc.

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Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify)

Table with 7 rows for Schedule A, including 'Inventory at beginning of year', 'Purchases', 'Cost of labor', etc.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? [ ] Yes [X] No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

Table with 7 rows for Schedule B, including 'Enter credit name', 'code no.', and a total line.

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

Note: For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
			%	
			%	
			%	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income			5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6				

**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 e column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

**Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

**Schedule F Income (Annuities, Interest, Rents, and Royalties) From Controlled Organizations**

1 Name and address of controlled organizations		2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations	
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater
					(c) Percentage, column (a) e column (b)
					%
					%
					%
5 Nonexempt controlled organizations			6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage, column (a) e (b)			
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 9					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
IMS BULLETIN	36,215.	2,510.			66,620.	
Totals	36,215.	2,510.	33,705.		66,620.	-32,915.

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.

Part III Column A ' Net Advertising Income

Part III Column B ' Excess Advertising Costs

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7	(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
CONSOLIDATED PERIODICAL	LOSS LM 0.		
Enter total here and on Side 2, Part I, line 11. ....		Enter total here and on Side 2, Part II, line 27. ....	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14. ....					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) .....						
2 Other depreciation:						
Buildings .....						
Furniture and fixtures .....						
Transportation equipment .....						
Machinery and other equipment .....						
Other (specify) .....						
3 Other depreciation .....						
4 Total .....						
5 Amount of depreciation claimed elsewhere on return .....						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a .....						

Schedule K Add-On taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	?	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	?	2a	
	b Method for non-dealer installment obligations	?	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	?	3	
4	Credit recapture. Credit name _____	?	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions.	?	5	

Schedule R Apportionment Formula Worksheet

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) e (a)
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

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