

**Return of Organization Exempt From Income Tax**

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

**DRAFT**  
2008

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	INSTITUTE OF MATHEMATICAL STATISTICS P.O. BOX 22718 BEACHWOOD, OH 44122	<b>D</b> Employer Identification Number 94-1317787
		<b>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>E</b> Telephone number 216-295-2340
		<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ 1,926,950.
		<b>J</b> Website: ▶ N/A	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
		<b>K</b> Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(c)</b> Group exemption number ▶
		<b>L</b> Year of Formation:	<b>M</b> State of legal domicile:

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>SEE SUPPLEMENTAL INFORMATION</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	29
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	29
	5 Total number of employees (Part V, line 2a) .....	<b>5</b>	1
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) .....	<b>7a</b>	0.
	b Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g) .....	1,912.	29,717.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,477,880.	1,604,661.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	80,831.	63,430.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	287,120.	229,142.
		1,847,743.	1,926,950.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		9,629.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	111,982.	125,794.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	1,723,587.	1,727,838.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,835,569.	1,863,261.
19 Revenue less expenses. Subtract line 18 from line 12 .....	12,174.	63,689.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	<b>Beginning of Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26) .....	2,614,595.	2,557,936.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	1,094,818.	1,167,772.
		1,519,777.	1,390,164.

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	Signature of officer	Date	
	Type or print name and title.		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 BREGANTE + COMPANY LLP, CPA'S 55 HAWTHORNE STREET, SUITE 910 SAN FRANCISCO, CA 94105		EIN ▶ N/A
			Phone no. ▶ 415-777-1001

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SUPPLEMENTAL INFORMATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 341,044. including grants of \$ ) (Revenue \$ 390,365.)

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4b (Code: ) (Expenses \$ 224,634. including grants of \$ ) (Revenue \$ 190,886.)

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4c (Code: ) (Expenses \$ 209,898. including grants of \$ ) (Revenue \$ 291,431.)

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4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 983,918. including grants of \$ ) (Revenue \$ 731,979.)

4e Total program service expenses \$ 1,759,494. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

			Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b>	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	1	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>		X
<b>b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</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)? . . . . .	<b>4a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		X
<b>h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from other members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1 a</b>	Enter the number of voting members of the governing body	29	
<b>1 b</b>	Enter the number of voting members that are independent	29	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	X	

**Section B. Policies**

		Yes	No
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>b</b>	Other officers of key employees of the organization?		X
Describe the process in Schedule O. (see instructions)			
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16 b</b>			

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ E. GUSTAFSON P.O. BOX 22718 BEACHWOOD OH 44122 216-295-2340

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. MICHAEL STEELE PRESIDENT	1			X				0.	0.	0.
PETER HALL PRESIDENT-ELECT	1			X				0.	0.	0.
NANNY WERMUTH PAST PRESIDENT	1			X				0.	0.	0.
RONG CHEN TREASURER	1			X				0.	0.	0.
GUENTHER WALTHER PROG SECRETARY	1			X				0.	0.	0.
MARTEN WEOKAMP EXEC. SECRETARY	1			X				0.	0.	0.
ELYSE GUSTAFSON EXEC. DIRECTOR	40			X				100,796.	0.	17,290.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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<b>1 b Total</b> .....								100,796.	0.	17,290.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

		Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. ....	<b>3</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual. ....	<b>4</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. ....	<b>5</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
FASEB 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	SUBSCRIPTION PROCESS	180,317.
MATTSON PUBLISHING LLC 1175 FOXWOOD LANE BALTIMORE, MD 21221	PUBLISHING	515,649.
THE SHERIDAN PRESS P.O. BOX 75082 BALTIMORE, MD 21275	PRINTING	598,845.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **▶ 3**

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 29,717.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . \$					
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		29,717.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> MEMBERSHIP DUES & ASSESSMENTS		1,604,661.		1,604,661.	
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,604,661.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		63,430.		63,430.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . . ▶					
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OFFPRINTS AND OTHER SALES			105,280.	105,280.		
<b>b</b> PAGE CHARGES			53,251.	53,251.		
<b>c</b> ADVERTISING			31,001.	31,001.		
<b>d</b> All other revenue . . . . .			39,610.	39,610.		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			229,142.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			1,926,950.	229,142.	0.	
					1,668,091.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,629.	9,629.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,734.	50,367.	50,367.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,884.	4,942.	4,942.	
9 Other employee benefits	7,408.	3,704.	3,704.	
10 Payroll taxes	7,768.	3,884.	3,884.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	4,100.	2,613.	1,487.	
14 Information technology				
15 Royalties				
16 Occupancy	3,300.	1,650.	1,650.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,179.	77,179.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING AND PUBLICATIONS</u>	897,565.	897,565.		
b <u>EDITORIAL EXPENSE</u>	287,921.	287,921.		
c <u>POSTAGE AND SHIPPING</u>	190,886.	183,967.	6,919.	
d <u>MANAGEMENT FEE</u>	139,382.	139,382.		
e <u>INSURANCE</u>	20,888.	14,622.	6,266.	
f All other expenses	106,617.	82,069.	24,548.	
25 Total functional expenses. Add lines 1 through 24f	1,863,261.	1,759,494.	103,767.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....	382,305.	<b>1</b>	316,755.
	<b>2</b> Savings and temporary cash investments.....	2,051,843.	<b>2</b>	2,059,681.
	<b>3</b> Pledges and grants receivable, net.....		<b>3</b>	
	<b>4</b> Accounts receivable, net.....	30,509.	<b>4</b>	16,442.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	58,900.	<b>9</b>	68,548.
	<b>10a</b> Land, buildings, and equipment: cost basis.....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D.....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments — publicly-traded securities.....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11.....	43,968.	<b>12</b>	45,983.
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....	47,070.	<b>15</b>	50,527.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	2,614,595.	<b>16</b>	2,557,936.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	100,422.	<b>17</b>	51,793.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....	994,396.	<b>19</b>	1,115,979.
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable.....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	1,094,818.	<b>26</b>	1,167,772.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	1,468,889.	<b>27</b>	1,336,996.
	<b>28</b> Temporarily restricted net assets.....	19,110.	<b>28</b>	20,983.
	<b>29</b> Permanently restricted net assets.....	31,778.	<b>29</b>	32,185.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
<b>33 Total net assets or fund balances.</b> .....	1,519,777.	<b>33</b>	1,390,164.	
<b>34</b> Total liabilities and net assets/fund balances.....	2,614,595.	<b>34</b>	2,557,936.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?.....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?.....	X	
<b>2c</b>	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits?.....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**DRAFT**  
OMB No. 1545-0047  
**2008**

**Open to Public Inspection**

Name of the organization <b>INSTITUTE OF MATHEMATICAL STATISTICS</b>	Employer identification number <b>94-1317787</b>
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**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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)(vi)**. (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)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) a family member of a person described in (i) above? .....		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule A (Form 990 or 990-EZ) 2008

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 <b>Total.</b> Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> 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 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,069,120.	1,112,392.	1,160,358.	1,479,792.	1,634,378.	6,456,040.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1-5.	1,069,120.	1,112,392.	1,160,358.	1,479,792.	1,634,378.	6,456,040.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						6,456,040.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6.	1,069,120.	1,112,392.	1,160,358.	1,479,792.	1,634,378.	6,456,040.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	48,121.	75,901.	124,590.	80,821.	63,430.	392,863.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	48,121.	75,901.	124,590.	80,821.	63,430.	392,863.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . SEE PART IV.	272,799.	220,060.	256,116.	287,120.	229,142.	1,265,237.
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						8,114,140.

**14 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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	79.6 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	<b>16</b>	77.3 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	4.8 %
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h.	<b>18</b>	5.0 %

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



2008 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 4248

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

4/26/10

11:47AM

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	229,142.	287,120.	256,116.	220,060.	272,799.
TOTAL	<u>\$ 229,142.</u>	<u>\$ 287,120.</u>	<u>\$ 256,116.</u>	<u>\$ 220,060.</u>	<u>\$ 272,799.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number

94-1317787

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

(i) unrelated organizations, (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book Value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 0.



**DRAFT**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,926,950.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,863,261.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		63,689.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		63,689.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,926,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	<b>2a</b>		
	b Donated services and use of facilities	<b>2b</b>		
	c Recoveries of prior year grants	<b>2c</b>		
	d Other (Describe in Part XIV)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	
3	Subtract line 2e from line 1		<b>3</b>	1,926,950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIV)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		<b>5</b>	1,926,950.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		<b>1</b>	2,056,563.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	<b>2a</b>		
	b Prior year adjustments	<b>2b</b>		
	c Losses reported on Form 990, Part IX, line 25	<b>2c</b>	193,302.	
	d Other (Describe in Part XIV)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	193,302.
3	Subtract line 2e from line 1		<b>3</b>	1,863,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIV)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<b>5</b>	1,863,261.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**Part XIV** Supplemental Information (continued)

Dotted lines for supplemental information input.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

DRAFT

CMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number

94-1317787

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ See separate instructions.

**DRAFT** OMB No. 1545-0047  
**2008**

**Open to Public  
Inspection**

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number

94-1317787

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
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**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
JOURNAL OF COMPUTATIONAL & GRAPHICAL STATS 732 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314-1943 54-1532646	PUBLICATION		N/A		122,386.	200,145.		X	0.		X
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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-----							
-----							
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**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

**DRAFT**  
OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number

94-1317787

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PUBLICATION, EDITORIAL & SHIPPING OF ALL OTHER PUBLICATIONS.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

NO REVIEW WAS OR WILL BE CONDUCTED.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DISCLOSED ON IMS'S WEBSITE

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**DRAFT**

OMB No. 1545-0687

For calendar year **2008** or other tax year beginning 7/01, 2008,  
and ending 6/30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <u>2,557,936</u></p>	<p><b>Print or Type</b></p>	<p>INSTITUTE OF MATHEMATICAL STATISTICS P.O. BOX 22718 BEACHWOOD, OH 44122</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) <u>94-1317787</u></p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E.) <u>541800 541800</u></p>
<p><b>F</b> Group exemption number (See instructions for Block F.) ▶</p>		<p><b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

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

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of. ▶ **E. GUSTAFSON** Telephone number. ▶ **216-295-2340**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . . . .			
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance. ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b> Salaries and wages . . . . .	<b>15</b>		
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>		
<b>17</b> Bad debts . . . . .	<b>17</b>		
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>		
<b>19</b> Taxes and licenses . . . . .	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		<b>22 b</b>
<b>23</b> Depletion . . . . .	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>		
<b>25</b> Employee benefit programs . . . . .	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>		
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>		
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . . <b>SEE STATEMENT 1</b> . . . . .	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>		0.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>		
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>		0.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . <b>See instructions</b> and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35 c</b> 0.	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... ▶ <b>37</b>	
<b>38 Alternative minimum tax</b> ..... <b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... <b>39</b> 0.	

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .... <b>40 a</b>	
<b>b</b> Other credits (see instructions) ..... <b>40 b</b>	
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ <b>40 c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40 d</b>	
<b>e Total credits.</b> Add lines 40a through 40d ..... <b>40 e</b> 0.	
<b>41</b> Subtract line 40e from line 39 ..... <b>41</b> 0.	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... <b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42 ..... <b>43</b> 0.	
<b>44 a</b> Payments: A 2007 overpayment credited to 2008 ..... <b>44 a</b>	
<b>b</b> 2008 estimated tax payments ..... <b>44 b</b>	
<b>c</b> Tax deposited with Form 8868 ..... <b>44 c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>44 d</b>	
<b>e</b> Backup withholding (see instructions) ..... <b>44 e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶ <b>44 f</b>	
<b>45 Total payments.</b> Add lines 44a through 44f ..... <b>45</b> 0.	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... ▶ <input type="checkbox"/> <b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed ..... ▶ <b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... ▶ <b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2009 estimated tax</b> ▶ <b>Refunded</b> ▶ <b>49</b>	

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

<b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. .... ▶ _____	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .. If YES, see the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year ..... <b>1</b>	<b>6</b> Inventory at end of year ..... <b>6</b>		
<b>2</b> Purchases ..... <b>2</b>	<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>		
<b>3</b> Cost of labor ..... <b>3</b>			
<b>4 a</b> Additional section 263A costs (attach schedule) ..... <b>4 a</b>			
<b>b</b> Other costs (attach sch) ..... <b>4 b</b>			
<b>5 Total.</b> Add lines 1 through 4b ..... <b>5</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	X	No

**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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN P00292642

Firm's name (or yours if self-employed), address, and ZIP code ▶ BREGANTE + COMPANY LLP, CPA'S  
55 HAWTHORNE STREET, SUITE 910  
SAN FRANCISCO, CA 94105 EIN 94-2861940

Phone no. 415-777-1001

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

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

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

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

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

<b>1</b> Name of Controlled Organization	<b>2</b> Employer Identification Number	Exempt Controlled Organizations			
		<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income	<b>6</b> Deductions directly connected with income in column 5
<b>(1)</b>					
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
Nonexempt Controlled Organizations					
<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10	
<b>(1)</b>					
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>Totals</b> . . . . . ▶			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).	

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**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)				
<b>Totals</b> .....		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)						
<b>Totals</b> .....		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)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**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 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)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5) .....		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.

**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 .....

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

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/99	\$ 4,140.	\$ 0.	\$ 4,140.
NET OPERATING LOSS AVAILABLE .....			\$ 4,140.
TAXABLE INCOME .....			\$ 0.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME) .....			\$ 0.

DRAFT

2008

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 4248

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

4/26/10

11:47AM

STATEMENT OF THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE:  
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THE INSTITUTE OF MATHEMATICAL STATISTICS IS AN INTERNATIONAL PROFESSIONAL SOCIETY DEVOTED TO THE DEVELOPMENT AND DISSEMINATION OF THE THEORY AND APPLICATION OF STATISTICS AND PROBABILITY. ITS ACTIVITIES INCLUDE SPONSORSHIP OF JOURNALS AND OTHER SCIENTIFIC PUBLICATIONS, ORGANIZATION OF SCIENTIFIC MEETINGS AND COOPERATION WITH OTHER SCIENTIFIC ORGANIZATIONS.

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

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0701

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

DRAFT

109

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0700

**TAXABLE YEAR 2008 California Exempt Organization Annual Information Return**

 Calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, and ending month 06 day 30 year 2009

<b>A</b> First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>B</b> Type of organization Exempt under Section 23701 <u>D</u> (insert letter) IRC Section 4947(a)(1) trust <input type="checkbox"/>	CORP # <b>D-9781200</b>
--	--	----------------------------

Corporation/Organization Name <b>INSTITUTE OF MATHEMATICAL STATISTICS</b>	FEIN <b>94-1317787</b>
--	---------------------------

Address  
**P.O. BOX 22718**

City **BEACHWOOD, OH 44122** State ZIP Code

<p><b>C</b> Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>a</b> Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If 'Yes,' enter the number of affiliates. ....</p> <p><b>c</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.)</p> <p><b>d</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>e</b> Federal Group Exemption Number. ....</p> <p><b>f</b> Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>E</b> Final return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn)  <input type="checkbox"/> Merged/Reorganized (attach explanation)                  If a box is checked, enter date. ....</p> <p><b>F</b> Check the box if the organization filed: <b>1</b> <input checked="" type="checkbox"/> 990T <b>2</b> <input type="checkbox"/> 990PF <b>3</b> <input type="checkbox"/> 990H</p> <p><b>G</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/></p>	<p><b>H</b> Accounting method used . . . <b>1</b> <input type="checkbox"/> Cash <b>2</b> <input checked="" type="checkbox"/> Accrual <b>3</b> <input type="checkbox"/> Other</p> <p><b>I</b> If exempt under R&amp;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&amp;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 . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> 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. . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____</p> <p><b>L</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Is the organization a Limited Liability Corporation? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	● 1	292,572.
	2 Gross dues and assessments from members and affiliates. ....	● 2	1,604,661.
	3 Gross contributions, gifts, grants, and similar amounts received. ....	● 3	29,717.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. ....	● 4	1,926,950.
	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	1,926,950.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. ....	● 9	1,863,261.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	● 10	63,689.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. ....	11	10.
	12 Total Payments. ....	12	
	13 Penalties and Interest. See General Instruction J. ....	13	
	14 Use tax. See General Instruction K. ....	● 14	
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	15	10.

<b>Sign Here</b>	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.	Title	Date	<input type="checkbox"/> Telephone <b>216-295-2340</b> <input type="checkbox"/> Preparer's SSN/PTIN <b>P00292642</b> <input type="checkbox"/> FEIN <b>94-2861940</b> <input type="checkbox"/> Telephone <b>415-777-1001</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours, if self-employed) and address	<b>BREGANTE + COMPANY LLP, CPA'S</b> <b>55 HAWTHORNE STREET, SUITE 910</b> <b>SAN FRANCISCO, CA 94105</b>		
May the FTB discuss this return with the preparer shown above? See instructions. ....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**DRAFT**

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	● 1	
	2	Interest	● 2	63,430.
	3	Dividends	● 3	
	4	Gross rents	● 4	
	5	Gross royalties	● 5	
	6	Gross amount received from sale of assets (See Instructions)	● 6	
	7	Other income. Attach schedule. SEE. STATEMENT 1	● 7	229,142.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	292,572.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	9,629.
<b>Expenses and Disbursements</b>	10	Disbursements to or for members	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE. STATEMENT 2	● 11	100,734.
	12	Other salaries and wages	● 12	
	13	Interest	● 13	
	14	Taxes	● 14	7,768.
	15	Rents	● 15	3,300.
	16	Depreciation and depletion (See Instructions)	● 16	
	17	Other. Attach schedule. SEE. STATEMENT 3	● 17	1,741,830.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,863,261.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		2,434,148.	●	2,376,436.
2	Net accounts receivable		30,509.	●	16,442.
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule. STMT. 4		43,968.	●	45,983.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM. 5		105,970.	●	119,075.
13	<b>Total assets</b>		2,614,595.		2,557,936.
<b>Liabilities and net worth</b>					
14	Accounts payable		100,422.	●	51,793.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM. 6		994,396.		1,115,979.
19	Capital stock or principle fund		1,519,777.	●	1,390,164.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		2,614,595.		2,557,936.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
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	● 63,689.	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	63,689.
6	<b>Total.</b> Add line 1 through line 5	63,689.			

CLIENT 4248

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

4/26/10

11:47AM

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

ADVERTISING.....	\$	31,001.
OFFPRINTS AND OTHER SALES.....		105,280.
OTHER REVENUE.....		39,610.
PAGE CHARGES.....		53,251.
	TOTAL \$	<u>229,142.</u>

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

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
J. MICHAEL STEELE P.O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
PETER HALL P.O. BOX 22718 BEACHWOOD, OH 44122	PRESIDENT-ELECT 1.00	0.	0.	0.
NANNY WERMUTH P.O. BOX 22718 BEACHWOOD, OH 44122	PAST PRESIDENT 1.00	0.	0.	0.
RONG CHEN P.O. BOX 22718 BEACHWOOD, OH 44122	TREASURER 1.00	0.	0.	0.
GUENTHER WALTHER P.O. BOX 22718 BEACHWOOD, OH 44122	PROG SECRETARY 1.00	0.	0.	0.
MARTEN WEQKAMP P.O. BOX 22718 BEACHWOOD, OH 44122	EXEC. SECRETARY 1.00	0.	0.	0.
ELYSE GUSTAFSON P.O. BOX 22718 BEACHWOOD, OH 44122	EXEC. DIRECTOR 40.00	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

ADMINISTRATIVE SERVICES.....	\$	4,224.
BAD DEBTS.....		8,255.
COMPUTER EQUIP. & SOFTWARE.....		5,391.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		77,179.
CREDIT CARD FEES.....		17,589.
EDITORIAL EXPENSE.....		287,921.
INFORMATION TECHNOLOGY SERVICE.....		6,370.
INSURANCE.....		20,888.
MANAGEMENT FEE.....		139,382.
MEMBERSHIP DRIVES & PUBLICITY.....		14,443.
OFFICE EXPENSES.....		4,100.
OTHER EMPLOYEE BENEFIT.....		7,408.
PAYROLL SERVICE FEE.....		1,414.
PENSION PLAN CONTRIBUTIONS.....		9,884.
POSTAGE AND SHIPPING.....		190,886.
PRESIDENTIAL FUND.....		13,794.
PRINTING AND PUBLICATIONS.....		897,565.
PROFESSIONAL FEES.....		18,000.
STORAGE.....		8,492.
SUPPORTED JOURNAL ROYALTY.....		8,645.
	TOTAL	<u>\$ 1,741,830.</u>

STATEMENT 4  
FORM 199, SCHEDULE L, LINE 7  
INVESTMENTS IN STOCKS

INVESTMENT IN JOINT VENTURE.....	\$	45,983.
	TOTAL	<u>\$ 45,983.</u>

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

ACCRUED INTEREST RECEIVABLE.....		9,484.
DEPOSITS.....		3,300.
PREPAID EXPENSES AND DEFERRED CHARGES.....		68,548.
RESTRICTED CASH FOR ENDOWMENT.....		37,743.
	TOTAL	<u>\$ 119,075.</u>

STATEMENT 6  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

DEFERRED REVENUE.....		1,115,979.
	TOTAL	<u>\$ 1,115,979.</u>

TAXABLE YEAR **2008** **California Exempt Organization Business Income Tax Return**

**DRAFT** FORM **109**

For calendar year 2008 or fiscal year beginning month **07** day **01** year **2008**, & ending month **06** day **30** year **2009**

**A** First Return Filed?  Yes  No **B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No

Corporation/Organization Name **INSTITUTE OF MATHEMATICAL STATISTICS** CORP # **D-9781200**  
 FEIN **94-1317787**

Address **P.O. BOX 22718**  
 City **BEACHWOOD, OH 44122** State ZIP Code

**C** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**D** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date .....  
**E** Amended Return  Yes  No  
**F** On Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other  
**G** Nature of trade or business **ADVERTISING**  
**H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No  
**I** Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area tax benefits?  Yes  No  
**J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No  
**K** Unrelated Business Activity (UBA) Code ..... **541800**

<b>Taxable Corporation</b>	<b>1</b> Unrelated business taxable income from Side 2, Part II, line 30.....	<b>1</b>	<b>0.</b>
	<b>2</b> Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions.....	<b>2</b>	
	<b>3</b> Enter the lesser amount from line 1 or line 2.....	<b>3</b>	
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30.....	<b>4</b>	
<b>Tax Computation</b>	<b>5</b> Unrelated business income from line 3 or line 4.....	<b>5</b>	
	<b>6</b> Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses.....	<b>6</b>	
	<b>7</b> Net Operating Loss deduction. See General Information N.....	<b>7</b>	
	<b>8</b> Add line 6 and line 7.....	<b>8</b>	
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5.....	<b>9</b>	
	<b>10</b> Tax. _____ % x line 9. See General Information J.....	<b>10</b>	
	<b>11</b> Tax credits from Schedule B, line 4, Schedule P (100), or Schedule P (541). See Schedule B instructions.....	<b>11</b>	
<b>Total Tax</b>	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.....	<b>12</b>	<b>0.</b>
	<b>13</b> Alternative minimum tax. See General Information O.....	<b>13</b>	
	<b>14</b> Total tax. Add line 12 and line 13.....	<b>14</b>	
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit.....	<b>15</b>	
	<b>16</b> 2008 estimated tax payments. See instructions.....	<b>16</b>	
	<b>17</b> 2008 Nonresident or real estate withholding. See instructions.....	<b>17</b>	
	<b>18</b> Amount paid with extension (form FTB 3539).....	<b>18</b>	
	<b>19</b> Total payments and credits. Add line 15 through line 18.....	<b>19</b>	
<b>Refund (Direct Deposit or Refund) or Amount Due</b>	<b>20</b> Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions.....	<b>20</b>	
	<b>21</b> Overpayment. Subtract line 14 from line 19. See instructions.....	<b>21</b>	
	<b>22</b> Enter amount of line 21 to be applied to 2009 estimated tax.....	<b>22</b>	
	<b>23</b> Use tax. See instructions.....	<b>23</b>	
	<b>24</b> Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21.....	<b>24</b>	
	<b>a</b> Fill in the account information to have the refund directly deposited. Routing number.....	<b>24 a</b>	
	<b>b</b> Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <b>c</b> Account Number.....	<b>24 c</b>	
	<b>25</b> Penalties and interest. See General Information M.....	<b>25</b>	
	<b>26</b> <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	<b>27</b> Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result.....	<b>27</b>	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

<b>1 a</b> Gross receipts or gross sales _____	<b>b</b> Less returns and allowances _____	Balance . . .	● <b>1c</b>	
<b>2</b> Cost of goods sold and/or operations from Schedule A, line 7 . . . . .			● <b>2</b>	
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			● <b>3</b>	
<b>4a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) . . . . .			● <b>4a</b>	
<b>b</b> Net gain (loss) from Part II, Schedule D-1 . . . . .			● <b>4b</b>	
<b>c</b> Capital loss deduction for trusts . . . . .			● <b>4c</b>	
<b>5</b> Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule . . . . .			● <b>5</b>	
<b>6</b> Rental income from Schedule C . . . . .			● <b>6</b>	
<b>7</b> Unrelated debt-financed income from Schedule D . . . . .			● <b>7</b>	
<b>8</b> Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E . . . . .			● <b>8</b>	
<b>9</b> Annuities, interest, rents, and royalties of controlled organizations from Schedule F . . . . .			● <b>9</b>	
<b>10</b> Exploited exempt activity income from Schedule G . . . . .			● <b>10</b>	
<b>11</b> Advertising income from Schedule H, Part III, Column A . . . . .			● <b>11</b>	
<b>12</b> Other income. Attach schedule . . . . .			● <b>12</b>	
<b>13</b> Total unrelated trade or business income. Add line 3 through line 12 . . . . .			● <b>13</b>	

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

<b>14</b> Compensation of officers, directors, and trustees from Schedule I . . . . .		● <b>14</b>	
<b>15</b> Salaries and wages . . . . .		● <b>15</b>	
<b>16</b> Repairs . . . . .		● <b>16</b>	
<b>17</b> Bad debts . . . . .		● <b>17</b>	
<b>18</b> Interest. Attach schedule . . . . .		● <b>18</b>	
<b>19</b> Taxes. Attach schedule . . . . .		● <b>19</b>	
<b>20</b> Contributions. See instructions and attach schedule . . . . .		● <b>20</b>	
<b>21 a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) . . . . .	● <b>21a</b>		
<b>b</b> Less: depreciation claimed on Schedule A. See instructions . . . . .	<b>21b</b>	<b>21</b>	
<b>22</b> Depletion. Attach schedule . . . . .		● <b>22</b>	
<b>23 a</b> Contributions to deferred compensation plans . . . . .		<b>23a</b>	
<b>b</b> Employee benefit programs. See instructions . . . . .		<b>23b</b>	
<b>24</b> Other deductions. Attach schedule . . . . .		● <b>24</b>	
<b>25</b> Total deductions. Add line 14 through line 24 . . . . .		<b>25</b>	
<b>26</b> Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 . . . . .		● <b>26</b>	
<b>27</b> Excess advertising costs from Schedule H, Part III, Column B . . . . .		● <b>27</b>	
<b>28</b> Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 . . . . .		● <b>28</b>	
<b>29</b> Specific deduction. See instructions . . . . .		● <b>29</b>	
<b>30</b> Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. See instructions . . . . .		<b>30</b>	

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.

<b>Sign Here</b>	Signature of officer ▶	Title	Date	Telephone ● 216-295-2340
	Paid Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Paid Preparer's SSN/PTIN ● P00292642
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address ▶ <u>BREGANTE + COMPANY LLP, CPA'S</u> <u>55 HAWTHORNE STREET, SUITE 910</u> <u>SAN FRANCISCO, CA 94105</u>			FEIN ● 94-2861940
	May the FTB discuss this return with the preparer shown above (see instructions)? . . . . .			Telephone ● 415-777-1001
				● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

INSTITUTE OF MATHEMATICAL STATISTICS

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

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations. Includes a checkbox for IRC Section 263A rules.

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

Table with 4 rows for Schedule B: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

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

Table with 5 rows for Schedule K: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 Total.

Schedule R Apportionment Formula Worksheet

Table for Schedule R Apportionment Formula Worksheet with columns (a) Total within and outside California, (b) Total within California, and (c) Percent within California. Rows include Property factor, Payroll factor, Sales factor, Total percentage, and Average apportionment percentage.

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

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

Table for Schedule C Rental Income with columns for Description of property, Rent received or accrued, Percentage of rent attributable to personal property, and various deduction and income calculation columns.

INSTITUTE OF MATHEMATICAL STATISTICS

**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 ÷ 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) ÷ 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) ÷ (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 BULLE						
Totals.....						

**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**

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals


Enter total here and on Side 2, Part I, line 11. ....

**Part III Column B – Excess Advertising Costs**

(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


Enter total here and on Side 2, Part II, line 27. ....

**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 SSN or ITIN	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.....						