## TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

December 31, 2016

Prepared for	INSTITUTE OF MATHEMATICAL STATISTICS P.O. Box 22718 BEACHWOOD, OH 44122
Prepared by	Ciuni & Panichi, Inc. 25201 Chagrin Blvd. #200 Cleveland, OH 44122-5683
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2016, or fiscal year beginning	, 2016, and ending	, 2

Department of the Treasury Internal Revenue Service				2010	
Name of exempt organization					identification number
INSTITUTE OF	MATHEMATICAL S	STATISTICS		94-1	317787
Name and title of officer					
ELYSE GUSTAFS EXECUTIVE DIR					
		nformation (Whole Dollars	o Only)		
Check the box for the retu on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using t <b>a,</b> below, and the amount o	this Form 8879-EO and enter on that line for the return beir	the applicable amount, if any, from the applicable amount, if any, from the applicable the applicable the applicable and the applicable applicable the applicable app	then leave	line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , or <b>5b</b> ,
1a Form 990 check here	▶ X b Total reve	enue, if any (Form 990, Part \	VIII, column (A), line 12)	1b	2,455,836.
2a Form 990-EZ check he	ere D b Total	revenue, if any (Form 990-E2	Z, line 9)	2b	
3a Form 1120-POL check	there <b>b</b> To	otal tax (Form 1120-POL, line	e 22)	3b	
4a Form 990-PF check he	ere <u>▶</u> b Tax ba	ased on investment income	e (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here	e ▶	<b>Due</b> (Form 8868, line 3c)		5b	
Part II Declarat	ion and Signature A	uthorization of Office	<u> </u>		
intermediate service provides an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a	der, transmitter, or electronion of receipt or reason for reject upplicable, I authorize the U I institution account indicat stitution to debit the entry than 2 business days prior to ic payment of taxes to rece a personal identification nurelectronic funds withdrawal	ic return originator (ERO) to section of the transmission, (b) and its designated in the tax preparation soft to this account. To revoke a part to the payment (settlement) desirve confidential information rember (PIN) as my signature for	of the organization's electronic resend the organization's return to the reason for any delay in procested Financial Agent to initiate an itware for payment of the organiz payment, I must contact the U.S. ate. I also authorize the financial inecessary to answer inquiries and or the organization's electronic researched	the IRS and ssing the relectronic fation's feder Treasury For nstitutions diresolve is	d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
X Lauthorize CI	UNI & PANICHI,	, INC.		to enter m	v PIN 44122
	•	ERO firm name			Enter five numbers, b
is being filed wit enter my PIN on As an officer of t indicated within	h a state agency(ies) regula the return's disclosure con the organization, I will enter this return that a copy of th	ating charities as part of the I nsent screen. my PIN as my signature on the ne return is being filed with a	return. If I have indicated within the RS Fed/State program, I also authors the organization's tax year 2016 state agency(ies) regulating char	horize the	aforementioned ERO to
Officer's signature	nter my Pin on the return's	disclosure consent screen.	Date <b>&gt;</b>		
	tion and Authenticat				
number (EFIN) followed by	our six-digit electronic filing i your five-digit self-selected	I PIN.	34453844122 do not enter all zeros		
•	ng this return in accordance		6 electronically filed return for the ub. 4163, Modernized e-File (MeF	_	
ERO's signature 🕨			Date ▶		
		Must Retain This Form This Form To the IRS	- See Instructions Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

## EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

Inspection

В	Check if	C Name of organization		D Employer identific	cation number
	Addres	INSTITUTE OF MATHEMATICAL STATISTICS			
F	change Name			9/1_1	317787
F	change Initial	<u> </u>	oom/suite		
H	return _Final	P.O. BOX 22718	oom/suite	E Telephone numbe	r 295-2340
	—return/ termin-			G Gross receipts \$	2,455,836.
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code  BEACHWOOD, OH 44122		-	
F	lreturn Applica			H(a) Is this a group re for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Γαν. ονα	empt status: X 501(c)(3) 501(c) ( )	527	1	list. (see instructions)
		e: WWW.IMSTAT.ORG	<u> </u>	H(c) Group exemptio	
		organization:	I Year		State of legal domicile: CA
		Summary	<b>L</b> 1001	oriorination: = 0 0 0	Ciato or logal doffilolio, C22
		Briefly describe the organization's mission or most significant activities: THE IN	NSTIT	UTE OF MATH	EMATICAL
Governance		STATISTICS IS AN INTERNATIONAL PROFESSION	AL SO	CIETY DEVOT	ED TO THE
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š	1			3	29
۵		Number of independent voting members of the governing body (Part VI, line 1b) $$			29
Activities &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			100
Ĭ		Total number of volunteers (estimate if necessary)			400
Act		Total unrelated business revenue from Part VIII, column (C), line 12			35,910.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		0.
	_			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		2,087. 2,192,668.	57,951. 2,231,051.
Revenue	1	Program service revenue (Part VIII, line 2g)		109,532.	130,924.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,482.	35,910.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,344,769.	2,455,836.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,002.	39,435.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	39,433.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		151,316.	153,826.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben			ö.	•	•
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,619,374.	1,711,169.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,792,692.	1,904,430.
		Revenue less expenses. Subtract line 18 from line 12		552,077.	551,406.
or	1.0	Treatment to the state of the s		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,874,013.	7,870,970.
Ass	21	Total liabilities (Part X, line 26)		1,484,348.	1,650,202.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		5,389,665.	6,220,768.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	ELYSE GUSTAFSON, EXECUTIVE DIRECTOR			
		Type or print name and title	1.	Note	T DTIN
_		Print/Type preparer's name  Preparer's signature		Date Check Check	PTIN
Pai		DAVID M. REAPE, CPA		self-employe	
	parer	Firm's name CIUNI & PANICHI, INC.		Firm's EIN	34-1322309
Use	Only	Firm's address 25201 CHAGRIN BLVD. #200		/2	16\021 7171
_		CLEVELAND, OH 44122-5683		Phone no. (2	16)831-7171
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Check It Schedule Contains a response or note to any line in the Part III.    Brithly describe the organization's mission:   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   Did the organization undertake any significant program services during the year which were not listed on the prior forms 900 or 990 E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901 (c)(3) organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901 (c)(3) organization are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 901 (c)(3) organization are required to report the amount of grants and allocations to others, the total expenses, and reverse, if you for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 901 (c)(3) organization are required to report the amount of grants and allocations to others, the total expenses, and reverse, if you for each program service accomplishments for each of its three largest program services, and reverse, if you for each program service accomplishments for each of the street of the street largest program services, and required to report the amount of grants and allocations to others, the total expenses, and reverse, if you for each program services, and the program services are serviced to the program services of the program services and the program services are serviced to the program services and the program services are service	Par	t III Statement of Program Service Accomplishments	
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THE THEORY AND APPLICATION OF STATISTICS AND PROBABILITY. ITS ACTIVITIES INCLUDE SPONSORSHIP OF JOURNALS AND OTHER SCIENTIFIC  Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 ce?  If Yes, 'Garcier these changes on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services, or lives, 'Garcier these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 901(98) and 901(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: 1, Deposes 1, 1, 633, 1, 25. Including graits of 1 PUBLICATION, EDITORIAL AND SHIPPING FOR ALL PUBLICATIONS. THE SCIENTIFIC JOURNALS ARE THE ANNALS OF APPLIED PROBABILITY, THE ANNALS OF APPLIED STATISTICS. THE ANNALS OF PROBABILITY, THE ANNALS OF STATISTICS, AND STATISTICAL SCIENCE. THE INS BULLETIN IS THE NEWS ORGAN OF THE INSTITUTE. JOINTLY WITH OTHER ORGANIZATIONS, THE INSTITUTE PUBLISHES THE ELECTRONIC JOURNAL OF PROBABILITY, ELECTRONIC COMMUNICATIONS IN PROBABILITY, ELECTRONIC JOURNAL OF STATISTICS, JOURNAL OF COMPUTATIONAL AND CRAPHICAL STATISTICS, PROBABILITY SURVEYS, STATISTICS SURVEYS AND CURRENT INDEX TO STATISTICS. ON BEHALF OF OTHER ORGANIZATIONS, THE INSTITUTE PRODUCES STOCHASTIC SYSTEMS, BAYESIAN ANALYSIS, BERNOULLI, BERNOULLI, BERNOULLI STATISTICS, PROBABILITY AND STATISTICS, AND ANNALES DE L'INSTITUT HENRI POINCARE (B)  DIA (Code: 1, Company of the Code of th	1		
ACTIVITIES INCLUDE SPONSORSHIP OF JOUNNALS AND OTHER SCIENTIFIC  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 990-E27  11 "Yes," describe these new services on Schedule O.  12 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		PROFESSIONAL SOCIETY DEVOTED TO THE DEVELOPMENT AND DISSEMINATION OF	
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prior Form 990 or 990 CF2		ACTIVITIES INCLUDE SPONSORSHIP OF JOURNALS AND OTHER SCIENTIFIC	
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## 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		25
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i> -		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
		_		_

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>

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

Second Part		Check if Schedule O contains a response or note to any line in this Part V			Ш
be their the number of Forms W26 included in line 1a. Enter o' In oil applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  Ited for the calendary year ending with or within the year covered by this return.  1 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file gene instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a. 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; Lew Law as alwa kacount, securities account, or other financial accounts?  4b. If "Yes," enter the name of the foreign country; Lew Law as alwa kacount, securities account, or other financial accounts (FBAR).  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a. Was the organization aparty to a prohibited tax shelter transaction?  5b. If "Yes," to lime 5a or 5b, did the organization file Form 8886 T?  6c. Desire the organization in eave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or chirabiles centributions?  5c. If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles or chirabiles centributions?  6c. If "Yes," did the organization include with every solicitation and party for gnotis and services provided?  6c. If "Yes," did the organization receive a payment in excess of Sis make party as a combibilition of payment in excess of Sis make party as a combibilition of payment in excess of Sis				Yes	No
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a 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 If at least one is reported on line 2a, did the organization life all required federal employment tax returns?    b If the calendar year ending with or within the year covered by this return    b If the sum of lines 1 and and 2 is greater than 250, you may be required to e-fife (see instructions)    b If V*se, 1 has it field a Form 990-Tr for this year If 1%0, 1 for in 80, 2 movide an explanation in Schedula 0    b If V*se, 1 has it field a Form 990-Tr for this year If 1%0, 1 for in 80, 2 movide an explanation in Schedula 0    b If V*se, 1 has it field a Form 990-Tr for this year If 1%0, 1 for in 80, 2 movide an explanation in Schedula 0    c If V*se, 1 for the schedary year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If V*se, 1 file the Garbanation of the organization that it was or is a party to a prohibited tax shelter transaction?  6c If V*se, 1 file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  6c If V*se, 1 file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible scharibated contributions?  6c If V*se, 1 file the organization receive a payment in excess of \$% finade party as a contribution of quality for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If V*se, 1 financiate the contribution of a many premiums o	b		4		
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dr. the organization have unreaded business gross income of \$1,000 or more during the year?  3a X  b if "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O  3b X  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, lead at a price of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, lead that it was or is a party to a prohibited account, securities account, or other financial account()?  4a At any time of the foreign country, lead that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization file form 8888.17  6c If "Yes," did the organization in the organization file form 8888.17  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization notity the donor of the value of the goods or services provided?  7d If "Yes," did the organization notity the donor of the value of the goods or services provided?  7d If If the organization service a payment in excess of ST made party as a contribution and party for goods and services provided to the	С			,,,	
tiled for the calendary year ending with or within the year covered by this return.    1			1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a IV **  3b If 1"Yes," has it filed a Form 990 T for this year? If 1"No," to fine 3b, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time there the name of the foreign country ★ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes," to line 5a or 5b, did the organization file Form 8896-17 6  6c Does the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or 9fts were not tax deductible as charitable contributions?  6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or 9fts were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 If Yes," did the organization notictly the donor of the value of the goods or services provided?  8 If Yes," did the organization necelve approxement in excess of \$75 made party is a contribution of quantization receive any parmetin excess of \$75 made party is a contribution of years.  8 If Yes," did the organization necelve approxement in excess the organization selection of the value of the goods or services provided?  9 If Yes," dinclinate the number of Forms 8282 filed during the year  9 If the organizatio	2a				
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b TX  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  9 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  9 if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from membe			4a		
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11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15d					
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 If "No," provide an explanation in Schedule O 14b 15 If "No," provide an explanation in Schedule O 15 If The No," The No, " provide an explanation in Schedule O 15	12a		12a		
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Tac  In the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans 13b 13c 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u> </u>

632005 11-11-16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Creck if Schedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b	Х	
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
40-	Diddle annualisation have been been been been been sentillines.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b			37	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ELYSE GUSTAFSON - 216-295-2340			
	P.O. BOX 22718, BEACHWOOD, OH 44122			

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

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

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

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

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

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

(A)  Name and Title	(B) Average			(( Pos	C) ition	1		(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
Name and Title	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD DAVIS	10.00			l					•	
PAST PRESIDENT		Х		Х				0.	0.	0.
(2) JON WELLNER	5.00	l		l						
PRESIDENT		Х		Х				0.	0.	0.
(3) ALISON ETHERIDGE	5.00	l		l						
PRESIDENT-ELECT		Х		Х				0.	0.	0.
(4) ZHENGJUN ZHANG	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) AURORE DELAIGLE	5.00								_	_
EXECUTIVE SECRETARY		Х		Х				0.	0.	0.
(6) JUDITH ROUSSEAU	5.00								_	_
PROGRAM SECRETARY		Х						0.	0.	0.
(7) ED GEORGE	5.00							_	_	_
AOS EDITOR		Х						0.	0.	0.
(8) TAILEN HSING	5.00							_	_	_
AOS EDITOR		Х						0.	0.	0.
(9) TILMANN GNEITING	5.00							_	_	_
AOAS EDITOR		Х						0.	0.	0.
(10) BALINT TOTH	5.00							_	_	_
AAP EDITOR		Х						0.	0.	0.
(11) MARIA EULALIA VARES	5.00									
AOP EDITOR		Х						0.	0.	0.
(12) CUN-HUI ZHANG	5.00							_	_	_
STS EXECUTIVE EDITOR		Х						0.	0.	0.
(13) VLADA LIMIC	5.00							_	_	_
IMS BULLETIN EDITOR		Х						0.	0.	0.
(14) T.N. SRIRAM	2.00									
MANAGING EDITOR		Х						0.	0.	0.
(15) PETER BUHLMANN	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(16) FLORENTINA BUNEA	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(17) GEOFFREY GRIMMETT	1.00									
COUNCIL MEMBER		Х						0.	0.	0.

632007 11-11-16

Page 8

Section A. Officers, Directors, Trus	stees, Key Em	pioy	/662	, and	и п	igne	SIC	Zompensateu Employe	es (continueu)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from relate	on	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensation the anization dependent of the control of	e ion ed
(18) AAD VAN DER VAART	1.00												
COUNCIL MEMBER		Х						0.		0.			0.
(19) NAISYIN WANG	1.00												
COUNCIL MEMBER		Х						0.		0.			0.
(20) ANDREAS BUJA	1.00												
COUNCIL MEMBER		Х						0.		0.			0.
(21) GERDA CLAESKENS	1.00												
COUNCIL MEMBER		Х						0.		0.			0.
(22) NANCY HECKMAN	1.00												
COUNCIL MEMBER		Х						0.		0.			0.
(23) KAVITA RAMANAN	1.00							_		_			
COUNCIL MEMBER		Х						0.		0.			0.
(24) MING YUAN	1.00	ļ											_
COUNCIL MEMBER		Х						0.		0.			0.
(25) JEAN BERTOIN	1.00	┨											•
COUNCIL MEMBER	1 00	Х				_		0.		0.			0.
(26) SONG XI CHEN	1.00	١								•			_
COUNCIL MEMBER		Х					Ļ	0.		0.			0.
1b Sub-total								0.		0.		2 0	0.
c Total from continuation sheets to Part V								121,795.		0.		2,89	
d Total (add lines 1b and 1c)								121,795.		0.		2,89	94.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportat	ole			1
compensation from the organization												V T	1
												Yes	No
3 Did the organization list any <b>former</b> officer			,	,	•	,	•		. ,				Х
line 1a? If "Yes," complete Schedule J for											3		
4 For any individual listed on line 1a, is the s	•							•	the organization	1			Х
and related organizations greater than \$15  5 Did any person listed on line 1a receive or									idual for convice		4		
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		eiai	led organization or indiv	idual for services	٥	5		Х
Section B. Independent Contractors	ipiete Scriedai	001	01 3	ucii	pers	3011					<u> </u>		
Complete this table for your five highest co	ompensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	mpens	ation f	rom	
the organization. Report compensation for		-								пропо	ationi	10111	
(A)		-		<u>.</u>				(B)	,		(C		
Name and business	address	NO	INC	Ξ				Description of s	services	C		nsatior	า
<ul><li>2 Total number of independent contractors</li><li>\$100,000 of compensation from the organ</li></ul>	-	ıot liı	mite	d to		se li: 0	stec	d above) who received n	nore than				

632008 11-11-16

Form **990** (2016)

SEE PART VII, SECTION A CONTINUATION SHEETS

	E OF MAT	ГНІ	EM/	\T.	I C Z	AL_	S'	TATISTICS	94-131	7787
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	al trustee		уее	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co	Former			J
(27) MATHIAS DRTON	1.00	,,							0	0
COUNCIL MEMBER	1.00	Х						0.	0.	0
(28) ELIZVETA LEVINA COUNCIL MEMBER	1.00	Х						0.	0.	0
(29) SIMON TAVARE	1.00	^						0.	0.	0
COUNCIL MEMBER	1.00	Х						0.	0.	0
(30) ELYSE GUSTAFSON	40.00	<u> </u>						0.	0.	0
EXECUTIVE DIRECTOR	10.00			х				121,795.	0.	22,892
		1								
		L			L		L			
Total to Part VII, Section A, line 1c								121,795.		22,892

Pa	T V				5			
		Check if Schedule O conta	ins a response	or note to any li	ne in this Part VIII	(B)	(C)	<u> </u>
					Total revenue	Related or	Unrelated	Revenue excluded
						exempt function	business	from tax under sections 512 - 514
(0.40						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns			_			
		<b>b</b> Membership dues						
Ł,	•	c Fundraising events						
ig ig		d Related organizations			_			
ns, Sim		e Government grants (contribution	· —		_			
er (	1	f All other contributions, gifts, grants		ED 0E1				
호된		similar amounts not included above		57,951.				
ont		<b>g</b> Noncash contributions included in lines 1			F7 0F1			
<u>a</u> C		h Total. Add lines 1a-1f			57,951.			
		11011 14T14DTD G11DG	~~~~~	Business Code		1 765 006		
ice	2 8	a NON MEMBER SUBSO			1,765,986.			
ne v	ı	b MEMBER DUES AND		511120	255,/65.	255,765.		
n S	•	c OFFPRINTS AND O'	THER SA	511120	103,110.			
gra Re	•	PAGE CHARGES	TNGG	511120	42,235.			
Program Service Revenue	•	e SCIENTIFIC MEET:		900099	32,386.			
-		f All other program service rever			31,569.	31,569.		
$\overline{}$		g Total. Add lines 2a-2f			2,231,051.			
	3	, ,			130,924.			130,924.
	4	other similar amounts)			130,324.			130,724.
	4			-				
	5	Royalties						
	6	• Cross rents	(i) Real	(ii) Personal	-			
		a Gross rents b Less: rental expenses			-			
		c Rental income or (loss)			-			
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	(i) Securities	(ii) Other	-			
		<b>b</b> Less: cost or other basis			-			
	•	and sales expenses						
		c Gain or (loss)			-			
		d Net gain or (loss)		<u> </u>				
		a Gross income from fundraising						
ng	•	including \$						
eve		contributions reported on line						
r.		Part IV, line 18	•					
Other Revenue	ı	<b>b</b> Less: direct expenses						
0		c Net income or (loss) from fundr						
		a Gross income from gaming act						
		Part IV, line 19						
	ı	<b>b</b> Less: direct expenses						
		c Net income or (loss) from gamin		<b>&gt;</b>				
		a Gross sales of inventory, less r						
		and allowances						
	ı	<b>b</b> Less: cost of goods sold						
		c Net income or (loss) from sales		<b>&gt;</b>				
		Miscellaneous Revenue		Business Code				
	11 8	a ADVERTISING		511120	35,910.		35,910.	
	ı	b					<u>.</u>	
	(	c						
		d All other revenue			25 212			
	•	e Total. Add lines 11a-11d			35,910.		25 242	120 001
	12	Total revenue. See instructions.		<b></b>	2,455,836.	Z, Z3I, 051.	35,910.	130,924.

### 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).						
Check if Schedule O contains a response or note to any line in this Part IX						
Do not include amounts reported on lines 6b (A) (B) (C) (D)						

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)		
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	39,435.	39,435.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	120,338.	60,169.	60,169.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	12,116.	6,058.	6,058.			
9	Other employee benefits	10,776.	5,388.	5,388.			
10	Payroll taxes	10,596.	5,298.	5,298.			
11	Fees for services (non-employees):						
а	Management						
b	Legal	1,680.		1,680.			
	Accounting	26,696.		26,696.			
	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch 0.)	115,728.	57,864.	57,864.			
12	Advertising and promotion	0 (70	4 0.74				
13	Office expenses	2,673.	1,871.	802.			
14	Information technology	10,816.	9,596.	1,220.			
15	Royalties	2 466	4 500	4 522			
16	Occupancy	3,466.	1,733.	1,733.			
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	40 200	40 200				
19	Conferences, conventions, and meetings	49,380.	49,380.				
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	20,000.	14,000.	6,000.			
23	Insurance	40,000.	14,000.	0,000.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line						
	24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)  PRODUCTION EXPENSES	1,009,572.	1,009,572.				
a	EDITORIAL EXPENSES	283,745.	283,745.				
b	POSTAGE AND SHIPPING	87,985.	83,538.	4,447.			
c	ROYALTIES	61,277.	61,277.	7,44/•			
d		38,151.	34,129.	4,022.			
е 25	All other expenses   Total functional expenses. Add lines 1 through 24e	1,904,430.	1,723,053.	181,377.	0.		
25 26	Joint costs. Complete this line only if the organization	1,701,1500	1,123,033	101,577	<u> </u>		
20	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
	ii ioiiowing SOP 98-2 (ASC 958-720)				- 000		

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 351,564 260,329. Cash - non-interest-bearing 1 1,348,589. 1,144,469. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 183,403. 182,602. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 79,564. 79,133. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 5,906,714. 4,823,601. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 87,292. 297,723. 15 Other assets. See Part IV, line 11 15 6,874,013. 7,870,970. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 68,233. 17 66,745. 17 Accounts payable and accrued expenses 18 18 Grants payable 1,416,115. 1,365,463. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 217,994. Schedule D 1,650,202. 1,484,348. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \( \bigvee \bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 5,246,245. 65,750. 6,077,489. 65,229. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 77,670. 78,050. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,389,665. 6,220,768. Total net assets or fund balances 33 33 6,874,013. 7,870,970. Total liabilities and net assets/fund balances\_\_\_\_\_\_

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,90		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,38	9,6	65.
5	Net unrealized gains (losses) on investments	5	28	34,6	97.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	5,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,22	0,7	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TNSTTTTTTE OF MATHEMATTCAL STATESTICS

Employer identification number 94-1317787

Do	rt I			MINIMALICAL				4-131//0/
		Reason for Public (			•			
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1	Щ	A church, convention of ch	urches, or association	n of churches described	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).	
2	Щ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit descrit	oed in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		nental unit described in s	section 17	'0(b)(1)(A)	(v).	
7	Ħ	An organization that norma	-					I nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	ntial part of its support i	ioiii a gov	CiriiriCintai	unit of from the general	public acceribed in
			· ·	1/A/vi) (Complete Dad	<b>.</b> II \			
8	$\Box$	A community trust describe						. a a ll a sa
9		An agricultural research org				-	_	•
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
	77	university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	• •			-		v aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	•		
		organization. You must c						- apporting
b		Type II. A supporting organization			tion with it	s sunnorti	ed organization(s) by ha	avina
~		control or management o	· ·					-
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	oported
_		1			in connoc	tion with	and functionally integrat	ad with
C		Type III functionally inte						eu with,
		its supported organization		•				:+:(-)
d		☐ Type III non-functionally					• • • • • •	* *
		that is not functionally int	-		•		•	tiveness
		requirement (see instruct	-	-				
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated supporti	ing organiz	zation.		
f		er the number of supported o						
g		vide the following information			(iv) Is the orga	nization lieted		T (3)
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
F - 4 -								<del>                                     </del>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources  Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (			column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l <b>stop here.</b> Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,044.	11,108.	13,769.	2,087.	57,951.	90,959.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1 210 000	2 102 022	2 210 602	2 102 669	2 221 051	10.055.413
_	organization's tax-exempt purpose	1,219,989.	2,192,022.	2,219,683.	2,192,668.	2,231,051.	10,055,413.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,226,033.	2,203,130.	2,233,452.	2,194,755.	2,289,002.	10,146,372.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						10,146,372.
	ction B. Total Support						, , , , , , , , , , , , , , , , , , ,
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,226,033.	2,203,130.	2,233,452.	2,194,755.	2,289,002.	10,146,372.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,418.	80,107.	98,875.	109,532.	130,924.	462,856.
ŀ	Unrelated business taxable income	,	,	,	,	•	-
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	43,418.	80,107.	98,875.	109,532.	130,924.	462,856.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			•	-	-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		2,283,237.	2,332,327.	2,304,287.	2,419,926.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
		:- O					<b>&gt;</b>
	ction C. Computation of Publ						05 64
	Public support percentage for 2016 (					15	95.64 % 96.25 %
	Public support percentage from 2015					16	96.25 %
	ction D. Computation of Inves					<del></del>	4 26
17	Investment income percentage for 20			e 13, column (f))		17	4.36 %
18		·				18	3.75 %
19a	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	▶Ш

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	9a		
	9b		
	ЭIJ		
	9с		
	10a		
	401		
m C	10b 90 or 99	10_EZ	2016
ı 9	90 OL 98	/U-EZ	2010

Pa	t IV   Supporting Organizations (continued)			
	(donumod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		ĺ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

5

<u>4</u> 5

6

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э					
	(provide details in <b>Part VI</b> ). See instructions							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	·	i					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reason-							
	able cause required- explain in Part VI). See instructions							
3	Excess distributions carryover, if any, to 2016:							
а								
b								
С	From 2013							
d	From 2014							
е	From 2015							
	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
<u>i</u>	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
_	Part VI. See instructions							
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c							
8	Breakdown of line 7:							
<u>a</u>	5 ( 0040							
	Excess from 2013							
	Excess from 2014							
d	Excess from 2015							

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

Organization type (check one):						
Filers of		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: On	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Hule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

## INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTIE C HANNA TRUST  4348 HEARTWOOD RD  OKEMOS, MI 48864	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
23453 10-18	16	Schedule B (Form	990, 990-EZ, or 990-PF) (20

Name of organization Employer identification number INSTITUTE OF MATHEMATICAL STATISTICS 94-1317787 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

**Employer identification number** 94 - 1317787

Schedule D (Form 990) 2016

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200 400 000
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organization.	tion's financial statements that describes t	he organization's accounting for
Pai	t III Organizations Maintaining Collections or	f Art Historical Transuras or Ot	har Similar Assats
Fai	Complete if the organization answered "Yes" on Form		nei Siiniai Assets.
			ant and balance about works of art
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ce of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descri		and balance about works of art bistorical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed relating to these items:	ducation, or research in furtherance of pub	lic service, provide the following amounts
	· ·		<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
_	the following amounts required to be reported under SFAS 1	•	gain, provide
а	Revenue included on Form 990, Part VIII, line 1	· · ·	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

632051 08-29-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a   Suling the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items checked, at that apply;  a   Public exhibition   d   Quan or exchange programs   b   Schodily research   e   Other   Preservation for future generations   4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5   During the year, did the organization solicition 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?   Ves   No   Part IV   Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21. 2   In   If Yes   No   If Yes   Yes   No   2   If Yes   No   If Yes   Yes   No   3   If Yes   No   If Yes   Inding balance   Indig balance   Indig balance   Indig balance   Indig balance   Indig balance   Indig ba	Par	t III	Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Si	milar Asse	ts(conti	nued)	
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they future the organization's exempt purpose in Part XIII. 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?	3	Using	g the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	signific	cant use of its	collection	n item	าร
b Scholarly research  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funder starthathed as part of the organization scollection?		(chec	ck all that apply):								
c	а		Public exhibition	d	Loan or excl	hange programs					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?  Forest V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or received an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b It the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1c Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning data are the year  1 Ending balance  C But Intuitions during the year  1 Ending balance  C But Intuitions during the year  1 Ending balance  D But Intuitions during the year  1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  D But I W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  D But I W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  D Contributions  3 80, 88,65, 86,460, 84,1017, 83,914.  D Contributions  3 80, 88,865, 86,460, 84,1017, 89,914.  D Contributions  3 80, 88,865, 86,460, 84,1017, 89,914.  D Contributions  4 Administrative expenses  G End of year balance  9 3,943, 91,360, 88,865, 86,460, 84,1017, 89,914.  D Foreign the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ .00 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment ▶ .83,08 %  C Temporarily restricted endowment ▶ .83,08 %  D Becchief in Part XIII the intended uses of the organizations	b		Scholarly research	е	Other						
to be sold to raise funds rather than to be maintained as part of the organization's collection?	С		Preservation for future generations								
To be sold for alise funds rather than to be maintained as part of the organization's collection?	4	Provi	de a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt p	ourpose in Par	t XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21, for exercise or specific to the organization in substitution of Form 990, Part XV   Secretary	5	Durin	g the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar asse	ets			
The provided an amount on Form 990, Part X, line 21   The provincion of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP   The provincion of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Inc   The provincion of the Carlo   The Provincion   Th		to be	sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		<u> No</u>
1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X	Par	t IV	<b>Escrow and Custodial Arran</b>	gements. Comple	ete if the organizatio	n answered "Yes" o	n Forn	n 990, Part IV,	line 9, o	r	
on Form 990, Part X?    Yes   No			reported an amount on Form 990, Par	rt X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the	e organization an agent, trustee, custodi	ian or other intermed	liary for contribution	s or other assets no	t inclu	ded	_		
B   F   Yes, "explain the arrangement in Part XIII and complete the following table:   C   Segin-ling balance		on Fo	orm 990, Part X?					$\square$	Yes		□No
C   Beginning balance     1c	b						_				
d Additions during the year									Amour	ıt	
d Additions during the year	С	Begir	nning balance					1c			
E								1d			
f Ending balance								1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Equipment 15 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac								1f			
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Call Current year   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years	2a								Yes		No
1a   Beginning of year balance   91, 360.   88, 865.   86, 460.   84, 017.   81, 814.     b   Contributions   380.   830.   155.   715.   890.     c   Net investment earnings, gains, and losses   2,203.   2,142.   2,250.   1,728.   1,313.     d   Grants or scholarships   477.	b	If "Ye								<u>.                                    </u>	<u> </u>
1a Beginning of year balance       91,360, 88,865, 86,460, 84,017, 155, 715, 890.         b Contributions       380, 830, 155, 715, 715, 890.         c Net investment earnings, gains, and losses       2,203, 2,142, 2,250, 1,728, 1,313.         d Grants or scholarships       477.         e Other expenditures for facilities and programs       477.         f Administrative expenses       93,943, 91,360, 88,865, 86,460, 84,017.         g End of year balance       93,943, 91,360, 88,865, 86,460, 84,017.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶ .00 %         b Permanent endowment ▶ .16.92 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> </ul> 3a(i) X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3a(i) X         Part VI       Land, Buildings, and Equipment.       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value basis (other) </th <th>Par</th> <th>t V</th> <th>Endowment Funds. Complete i</th> <th>f the organization an</th> <th>swered "Yes" on Fo</th> <th>rm 990, Part IV, line</th> <th>10.</th> <th></th> <th></th> <th></th> <th></th>	Par	t V	Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
b Contributions 380 830 155 715 890.  c Net investment earnings, gains, and losses 2,203 2,142 2,250 1,728 1,313.  d Grants or scholarships 477.  e Other expenditures for facilities and programs 477.  f Administrative expenses 9 93,943 91,360 88,865 86,460 84,017.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 16.92 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation (c) Accumulated depreciation basis (investment) basis (other) depreciation (c) Accumulated depreciation depreciation basis (investment) basis (other) depreciation (d) Book value decomposition of property (a) Easehold improvements (d) Equipment (e) Other (e) Accumulated depreciation (d) Equipment (e) Other				(a) Current year	(b) Prior year	(c) Two years back	(d) Th	rree years back	<b>(e)</b> Fou	r years	back
C Net investment earnings, gains, and losses	1a	Begir	nning of year balance	91,360.	88,865.	86,460.		84,017.		81	,814.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 93,943. 91,360. 88,865. 86,460. 84,017.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 00 % b Permanent endowment ▶ 16.92 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) X 3a(ii) X 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  depreciation  4 Land  5 Buildings  C Leasehold improvements 6 Equipment 6 Other	b	Cont	ributions	380.	830.	155.		715.			890.
to the expenditures for facilities and programs  f Administrative expenses g End of year balance 93,943, 91,360, 88,865, 86,460, 84,017.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 43.08	С			2,203.	2,142.	2,250.		1,728.		1	,313.
and programs 477.	d	Gran	ts or scholarships								
F   Administrative expenses   93,943   91,360   88,865   86,460   84,017	е	Othe	r expenditures for facilities								
g End of year balance 93,943. 91,360. 88,865. 86,460. 84,017.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ .00 %  Permanent endowment ▶ 83.08 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations 3a(i) X 3a(ii) X ii) related organizations by:  (ii) related organizations Sendowment funds as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land		and p	programs		477.						
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (investment) basis (investment) basis (other) depreciation dequents (d) Book value dequipment counter that and balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Admi	nistrative expenses								
a Board designated or quasi-endowment ▶	g	End o	of year balance	93,943.	91,360.	88,865.		86,460.		84	,017.
b Permanent endowment ▶ 83 ⋅ 08	2	Provi	de the estimated percentage of the curi	rent year end balanc	e (line 1g, column (a	a)) held as:					
Temporarily restricted endowment ▶ 16.92 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:    i) unrelated organizations   3a(i)   X   X   3a(ii)   X   3a(ii	а	Board		.00	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a	b	Perm									
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  C Leasehold improvements  C Equipment  G Other  Othe	С	Temp	porarily restricted endowment $lacksquare$	6.92 %							
by:		The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) unrelated organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other	За	Are th	here endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the or	ganization			
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		by:								Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other		(i) u	nrelated organizations						. 3a(i)		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  Land basis (investment) basis (other) (c) Accumulated depreciation  Land basis (other) basis (other) (d) Book value depreciation  Land basis (other) basis (other) (c) Accumulated depreciation (d) Book value depreciation  Land basis (other) basis (other) (c) Accumulated depreciation (d) Book value (d) Book		(ii) re	elated organizations						. 3a(ii)	<u> </u>	X
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	b								. 3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (other)  basis (other)  c Leasehold improvements d Equipment e Other	<u> </u>				wment funds.						
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other	Par	t VI									
basis (investment) basis (other) depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other			Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	See Form 990, Part X	(, line	10.			
b Buildings c Leasehold improvements d Equipment e Other			Description of property	1 ' '	1 , ,				( <b>d</b> ) Boo	ık valu	.е
b Buildings c Leasehold improvements d Equipment e Other	1a	Land									
c Leasehold improvements d Equipment e Other											
d Equipment											
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Total	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)					0.

Schedule D (Form 990) 2016

Sche	edule D	(For	m 990) 2	2016	11	CN.
					A	_

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part	t X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part	t X line 15
	Description		(b) Book value
(1)			.,
(2)			
(3)			
(4)			
(5)			
(6)			+
(7)			
(8)			
(9)	- 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
	F 000 D+ IV II	44 446 O F 00	0. Deat V. Fee 05
Complete if the organization answered "Yes"  (a) Description of liability		(b) Book value	U, Part X, line 25.
		(b) book value	
(1) Federal income taxes		217 004	
(2) COPSS FUND		217,994.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

217,994.

onio aano b	(, 0,,,,	, _0.0									
Part XI	Recond	ciliation o	of Revenue	per	Audited	d Financial	Stater	nents	With R	evenue	per Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements with	nevellue per n	eturi	••
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,740,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	284,697.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	284,697.
3	Subtract line 2e from line 1			3	2,455,836.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2 )			0 455 006
<u> </u>				5	2,455,836.
Pa	rt XII Reconciliation of Expenses per Audited Financial S			_	
Pa		tatements Wit		_	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit ine 12a.	h Expenses per	_	
	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements Wit ine 12a.	h Expenses per	Retu	irn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements Wit	h Expenses per	Retu	irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wit	h Expenses per	Retu	irn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tatements Wit ine 12a.  2a 2b	h Expenses per	Retu	irn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	h Expenses per	Retu	1,909,430.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial S  Complete if the organization answered "Yes" on Form 990, Part IV, I  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a	5,000.	Retu	1,909,430. 5,000.
1 2 a b c	Table Table 1  Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	tatements Withine 12a.  2a 2b 2c 2d	5,000.	Retu	1,909,430.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	tatements Withine 12a.  2a 2b 2c 2d	5,000.	Retu	1,909,430. 5,000.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	tatements Withine 12a.  2a 2b 2c 2d	5,000.	Retu	1,909,430. 5,000.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	5,000.	Retu	1,909,430. 5,000.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	5,000.	Retu	1,909,430. 5,000.

#### | Part XIII | Supplemental Information.

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

#### PART V, LINE 4:

THE ENDOWMENT CONSISTS OF TWO DONOR-RESTRICTED ENDOWMENT FUNDS, THE LE CAM ENDOWMENT AND THE BLACKWELL LECTURE ENDOWMENT, ESTABLISHED IN ORDER TO FUND PROFESSIONAL LECTURES.

#### PART X, LINE 2:

INCOME TAXES ARE ACCOUNTED FOR UNDER THE PROVISIONS OF THE "INCOME TAXES" TOPIC OF THE FASB ASC. UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. THE INSTITUTE CLASSIFIES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2016 AND 2015, THE INSTITUTE HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS

632054 08-29-16

Schedule D (Form 990) 2016

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

ΤN	STITUTE OF MA	<b>ТИЕМАТТ</b> С	ΑΙ, STATT	STICS		94-131778	7
				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3	Activities per Region. (TI			an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUR	OPE	0	1	PROGRAM SERVICE	EDITORIAL		74,989.
EUR	OPE	0	1	PROGRAM SERVICE	IT SPECIALI	ST	6,749.
							,
3 a	Sub-total	0	2				81,738.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	2				81,738.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

			Outside the United States. Cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	or any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ons listed above that are	recognized as charities by the	e foreign country	recognized as tax-e	exempt by		
the IRS, or for which	the grantee or couns	el has provided a section	n 501(c)(3) equivalency letter				_	
3 Enter total number of	other organizations	or entities						

Part III Grants and Other Assistand Part III can be duplicated if a			ates. Complete r	the organization answered "Yes"	on Form 990, Part	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

	1.010.81.1.01		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

632075 09-21-16

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INSTITUT	E OF MATHE	EMATICAL STA	ATISTICS				94-1317	787
Part I General Information on Grants	and Assistance					•		
1 Does the organization maintain record				-	•			
criteria used to award the grants or as	sistance?						X Yes	No
2 Describe in Part IV the organization's p	procedures for moni	toring the use of gran	t funds in the Unite	ed States.				
Part II Grants and Other Assistance t	o Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "	es" on Form 990, Part I'	V, line 21, for any	
recipient that received more that	n \$5,000. Part II car	be duplicated if addi	tional space is nee	ded.				
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 noncash assistance	(h) Purpose of grar or assistance	nt
	_							
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>							<b>&gt;</b>	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TO PROVIDE FUNDS FOR STUDENTS AND NEW RESEARCHERS					
TO TRAVEL TO PRESENT A PAPER AT THE IMS ANNUAL					
MEETING.	25	39,435.	0.		
	+				
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
_					
PART I, LINE 2:					
CONTEXTANTAL AMMENITATION AM ANNULAL MI					
CONFIRMING ATTENDANCE AT ANNUAL MI	EETING.				

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

r 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number 94-1317787

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLICATIONS, ORGANIZATION OF SCIENTIFIC MEETINGS AND COOPERATION WITH OTHER SCIENTIFIC ORGANIZATIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROBABILITES ET STATISTIQUES. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ELECT THE PRESIDENT AND COUNCIL MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS VOTE ON THE INSTITUTE OF MATHEMATICAL STATISTICS PRESIDENT AND THE INSTITUTE OF MATHEMATICAL STATISTICS 15 ELECTED COUNCIL MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: ANY CHANGES TO THE CONSTITUTION OR BYLAWS MUST BE APPROVED BY THE IMS MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 WAS DISTRIBUTED TO THE FINANCE AND EXECUTIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization  INSTITUTE OF MATHEMATICAL STATISTICS	Employer identification number 94-1317787
COMMITTEES FOR REVIEW AND COMMENT. SEVEN DAYS WERE ALLOW	ED FOR THE REVIEW
PERIOD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE IMS HAS A CONFLICT OF INTEREST POLICY WHICH IS POSTED	ON THE WEBSITE
FOR PUBLIC REVIEW IN THE HANDBOOK OF THE IMS. NEW MEMBER	S IN LEADERSHIP
ARE DIRECTED TO REVIEW EACH PART OF THIS HANDBOOK. COMPL	IANCE IS REVIEWED
BY THE EXECUTIVE DIRECTOR AND MONITORED BY THE EXECUTIVE	COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR INCLUDES INPU	T FROM EDITORS,
COMMITTEE CHAIRS AND THE EXECUTIVE COMMITTEE. A SALARY S	URVEY OF
COMPARABLE PERSONNEL IN THE AREA IS USED TO EVALUATE THE	APPROPRIATENESS OF
COMPENSATION IN THE FIELD. FINAL APPROVAL OF THE COMPENS	ATION MUST BE
APPROVED BY THE FULL EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THEY ARE DISCLOSED ON IMS'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBTS	-5,000.

## Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must	use Form 7004 to request an extension of time to file incomi	e tax retui	ms.	Enter file	er's identifying n	umber				
Type print	Name of exempt organization or other filer, see instruc	Employer identification number (EIN) or $94-1317787$								
	INSTITUTE OF MATHEMATICAL S									
File by t due dat filing yo return. S	e for Number, street, and room or suite no. If a P.O. box, seur P.O. BOX 22718	Social se	Social security number (SSN)							
instructi										
Enter	the Return Code for the return that this application is for (file			0 1						
Application		Return	Application			Return				
ls For		Code	Is For			Code				
Form 990 or Form 990-EZ			Form 990-T (corporation)	07						
Form 990-BL			Form 1041-A	08						
Form 4720 (individual)		03	Form 4720 (other than individual)			09				
Form 990-PF		04	Form 5227			10				
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069							
Form 990-T (trust other than above)  ELYSE GUSTAFSON			Form 8870 12							
Tel If t	e books are in the care of $\blacktriangleright$ P.O. BOX 22718 ephone No. $\blacktriangleright$ $216-295-2340$ he organization does not have an office or place of business his is for a Group Return, enter the organization's four digit $\bullet$ . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No.	f this is for all memb	r the whole group ers the extension	is for.				
1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2016 or										
	tax year beginning	, an	d ending							
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period									
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any							
	nonrefundable credits. See instructions.	3a	\$	0.						
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069		_							
	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.				
	Balance due. Subtract line 3b from line 3a. Include your pa	•	, , ,		φ.	0.				
	by using EFTPS (Electronic Federal Tax Payment System).			3c						
∪auti	on: If you are going to make an electronic funds withdrawal.	tairect de	DID WITH THIS FORM 8868. See FORM 8	453-FU ar	10 FORM 88/9-FO	tor payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.