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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address change INSTITUTE OF MATHEMATICAL STATISTICS Name change 94-1317787 Doing Business As Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Termin-P.O. BOX 22718 216-295-2340 Amended 2,342,062. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-BEACHWOOD, OH 44122 H(a) Is this a group return pendina F Name and address of principal officer: ELYSE GUSTAFSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? ∟Yes └∟ No Tax-exempt status: X 501(c)(3) 4947(a)(1) or ___ 501(c) () (insert no.) l If "No," attach a list (see instructions) J Website: ► WWW.IMSTAT.ORG H(c) Group exemption number ▶ Trust X Association K Form of organization. Corporation Other -L Year of formation: 1935 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE INSTITUTE OF MATHEMATICAL Governance STATISTICS IS AN INTERNATIONAL PROFESSIONAL SOCIETY DEVOTED TO THE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) <u> 29</u> Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 <u> 300</u> Total number of volunteers (estimate if necessary) 6 58,825. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 32 RECEIVED **Prior Year Current Year** 6,044. 11,108. Contributions and grants (Part VIII, line 1h) RS-OSC 1,219,989. 2,192,022. Program service revenue (Part VIII, line 2g) ල් ක්ර 7d) NOV 17 2014 43,418. 80,107. Investment income (Part VIII, column (A), lines 3, 4, 18,790. 58,825. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue add lines 8 through 11 (must equal Part VIII) Column (A) Nine 42) 288,241. 342,062. 9,191. 33,104. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 69,560. 147,102. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 819,698. 1,645,543. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,825,749. 898,449. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 389,792. 516,313. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,287,990. 5,452,087. Total assets (Part X, line 16) 1,143,740. 1,339,875. 21 Total liabilities (Part X, line 26) let Per 144,250. 4,112,212 Net assets or fund balances Subtract line 21 from line 20 | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Degaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ELYSE GUSTAFSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Paid DAVID M. REAPE, P00068117 CPA CIUNI & PANICHI Preparer Firm's name Firm's EIN ь 34-1322309

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

25201 CHAGRIN BLVD.

CLEVELAND, OH 44122-5683

Firm's address

Use Only

X Yes No Form 990 (2013)

Phone no. (216)831-7171

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)?	Γ—	163	140
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	_	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u>X</u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	╚		
	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_		X
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	١	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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 167 If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
ď	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	.		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4-		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2013) INSTITUTE OF MATHE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			π,
	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 individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	х	
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	Ļ	<u> </u>
24a	5			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		v
	Schedule K. If "No", go to line 25a	24a		X
b	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	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
_	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		Х
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 so,			
	complete Schedule L, Part II	26		Х
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		X
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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
31	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		⊦orm	990 (2013)

a Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable b Enter the number of Porms W2G shaded in line 1a. Enter 0- if not applicable c Did the organization comply with backup, withholding rules for reportable payments to vendors and reportable gaming (gambling) within 50 prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within 50 prize		Check if Schedule O contains a response or note to any line in this Part V						
b Enter the number of Forms W2G included in line 1a. Enter 0 at not applicable C bid the organization corphy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 1b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b If the sum of lines 1a and 2 as greater than 250, you may be required to e-life (see instructions) 3b If the expansization have unrelated business gross income of \$1,000 or more during theyer? 3c If Yes, 1s at fleat a form 950 for fith seyar? 1 %0. ** for line 2, provide an explanation in Schedule O 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign outrity (such as a bank account, sort or other financial account)? 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign outrity (such as a bank account, securities account, or other financial account)? 5d Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax sheller transaction? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that they are tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, 1 did the organization neture applied that ever are a party to a prohibited tax sheller transaction and party for goods and services provided to the payor? 7a If Yes, 1 did the organization neture applied to the foreign accounts of the state of the s					Yes	No		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gradinaling withings to pinze winness? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 3b If at least one is reported on line 28, 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). 3c Did the organization have unrelated business gross income of St. 100 or more during the year? 3c If Yes, * has it field a Form 990.T for this year? If *No, * to line 3b, prowde an explanation in Schedule O. 3c At any time during the calendar year, did the organization have an interest in, or a significant organization and the foreign ocurity. 3c Enter the number of the foreign ocurity. 3c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c If Yes, * to line 5a or 5b, did the organization have all the was or is a party to a prohibited tax shelter transaction? 3c If Yes, * to line 5a or 5b, did the organization have antity than 5c organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibile as charitable contributions? 3c If Yes, * to line organization necessed annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 3c Did the organization self the organization than the number of Forms 8282 filed during the year 3c If Yes, * to line or organization self the organization file a Form 100 the value of the goods or services provided? 3c Did the organization received a contribution of qualified intellectua	1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	5				
Segmentation of workings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field 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 feefal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3b Ob the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, *inet the name of the foreign country ▶ See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial accounts. 5a Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *in the same of the foreign country ▶ See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial accounts. 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclict any contributions that were not tax deductables of Form 88612 for the second services provided? 7b Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclict any contributions that were not tax deductables as charitable contributions? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclict any contribution of accounts and the property of the which it was required to the foreign expert to the foreign accounts of the segmentation foreign and the segmentation foreign and the organization receive a payment in excess of \$75 made partly as a contribution of any office the organization	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)				
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See Dear the organization have unrelated business gross income of \$1,000 or more during the year? Sa X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	X			
b If "Yes," has if field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floreign country [such as a bank account, securities account, or other financial account!? 4 b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Id any taxable party nofify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from embers 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? 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 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		- ·						
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					 	<u>X</u>		
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U			(00.15)		

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 29 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 29 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? Х 3 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? X 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? X 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELYSE GUSTAFSON - 216-295-2340 P.O. BOX 22718, BEACHWOOD, OH 44122 332006 10-29-13

Form 990 (2013) 94-1317787 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

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.

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

Check this box if neither the organiz	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ntion more	than	one	Reportable	Reportable	Estimated
	hours per		, unle cer an					compensation	compensation	amount of
	week (list any	 -					Ĺ	from the	from related organizations	other compensation
	hours for	or directo				pg.		organization	(W-2/1099-MISC)	from the
	related	ste	rustee			ensat		(W-2/1099-MISC)	·	organization
	organizations	lal tru	onal t		ploye	S 83				and related
	below Inne)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BIN YU	5.00	┝╧	=	-	×	==	正			
PRESIDENT		x		$ \mathbf{x} $				0.	0.	0.
(2) ERWIN BOLTHAUSEN	10.00									
PRESIDENT-ELECT		X		Х				0.	0.	0.
(3) JEAN OPSOMER	5.00									
TREASURER		X		X				0.	0.	0.
(4) AURORE DELAIGLE	5.00								_	
EXECUTIVE SECRETARY		Х		Х				0.	0.	0.
(5) JUDITH ROUSSEAU	5.00	l							_	
PROGRAM SECRETARY		Х		X				0.	0.	0.
(6) PETER HALL	5.00	١,,								•
AOS EDITOR (7) RUNZE LI	5.00	X						0.	0.	0.
(7) RUNZE LI AOS EDITOR	3.00	x						0.	0.	0
(8) STEVE FIENBERG	5.00	Δ	H	_		\vdash		0.	0.	0.
AOAS EDITOR	3.00	x						0.	0.	0.
(9) TIMO SEPPAILINEN	5.00	-	Н					0.		
AAP EDITOR	3.00	х			!			0.	0.	0.
(10) CHRIS BURDZY	5.00		Н							
AOP EDITOR		х						0.	0.	0.
(11) PETER GREEN	5.00									
STS EXECUTIVE EDITOR		Х		l				0.	0.	0.
(12) DIMITRIS POLITIS	5.00									
IMS BULLETIN EDITOR		Х			i			0.	0.	0.
(13) MICHAEL PHELAN	2.00									
MANAGING EDITOR		Х						0.	0.	0.
(14) SANDRINE DUDOIT	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(15) STEVE EVANS	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(16) SONIA PETRONE	1.00	_						_		_
COUNCIL MEMBER		Х		_				0.	0.	0.
(17) CHRISTIAN ROBERT	1.00	,		- 1					_	•
COUNCIL MEMBER	l	X				لِلــا		0.	0.	0.

332007 10-29-13

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	(B)	pioy	ees.		<u>а ні</u> С)	igne	ST			$\overline{}$		<i>(</i> 5)	
(A) Name and title	Average			۱۰ Pos		1		(D) Reportable	(E)	- 1		(F)	
Name and title	hours per		not c					compensation	Reportable compensation	- 1		stimate nount	
	week		cer an					from	from related			other	•
	(list any	director				1		the	organizations		com	pensa	ition
	hours for related	or di	8			ated		organization	(W-2/1099-MISC)		om th	
	organizations	Individual trustee or	trust		gg	Suadu		(W-2/1099-MISC)			_	anızat d relat	
	below	dual tr	Foon	_	ě	st co	<u>,</u>			ŀ		anızatı	
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						00
(18) QIWEI YAO	1.00												
COUNCIL MEMBER		X						0.	() .			0.
(19) ALISON ETHERIDGE	1.00						ł						
COUNCIL MEMBER		Х					L	0.		9 •			0.
(20) XIAO-LI MENG	1.00	١					1						_
COUNCIL MEMBER	1 00	X	ļ	<u> </u>		_	_	0.	1	٠.			0.
(21) NANCY REID	1.00	Į.,					l		l ,	,			0
COUNCIL MEMBER	1.00	Х		\vdash		ļ	┝	0.	<u> </u>	٠.			0.
(22) RICHARD SAMWORTH COUNCIL MEMBER	1.00	X						0.	Ι ,	٥.			0.
(23) OFER ZEITOUNI	1.00	<u> </u>		├	\vdash	┢	\vdash		<u>'</u>	' 			<u> </u>
COUNCIL MEMBER	1.00	x					l	0.	، ا	١. ٥			0.
(24) RICHARD DAVIS	5.00	Ħ		 	-	 	一	1	`				
COUNCIL MEMBER		x						0.	(ا. د			0.
(25) RICK DURRETT	1.00									寸			
COUNCIL MEMBER		X					l	0.	(). C			0.
(26) STEFFEN LAURITZEN	1.00												
COUNCIL MEMBER		Х		<u> </u>				0.		9.			0.
1b Sub-total							▶	0.		9.			0.
c Total from continuation sheets to Part V													
d Total (add lines 1b and 1c)			1			\ I	<u> </u>	117,077.	l	٠.		<u> </u>	43.
2 Total number of individuals (including but n compensation from the organization	iot ilmitea to tr	iose	HSTE	ea ai	DOV	e) Wi	no r	eceived more than \$100),000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	olan	vee	. or	highest compensated e	mplovee on	ſ			
line 1a? If "Yes," complete Schedule J for s			,	,	,	,	,	J			3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		L	4		Х
5 Did any person listed on line 1a receive or a							elat	ed organization or indiv	idual for services				,
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch _i	pers	son					5		Х
Section B. Independent Contractors								 	4100.000 /				
Complete this table for your five highest co the argentiation. Report componential for	•	•							•	ensa	ation 1	rom	
the organization. Report compensation for (A)	uie calendal y	eare	enun	ng v	VILLI	OI W	10111	(B)	year.		{C	2)	
Name and business	address	NC	ONE	3			İ	Description of s	services	C		nsatio	n
	-												
	 _						\dashv						
							\dashv						
							+						
				_						_			
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to			sted	above) who received m	nore than				
\$100,000 of compensation from the organi	rotion -				- ()							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 11,108 similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 11,108 Total. Add lines 1a-1f Business Code 2 a NON MEMBER SUBSCRIPTIO 511120 762,386. 762,386. Program Service MEMBER DUES AND SUBSCR 511120 278,037. 278,037. OFFPRINTS AND OTHER SA 511120 103,278. 103,278. 29,156. PAGE CHARGES 511120 29,156. 12,200. 12,200. SCIENTIFIC MEETINGS 900099 900099 6,965. 6,965. All other program service revenue 192,022. Total. Add lines 2a-2f Investment income (including dividends, interest, and 80,107 80,107. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other \$ 2 assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events \triangleright 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 58,825 ADVERTISING 511120 58,825 11 a d All other revenue 58,825. Total. Add lines 11a-11d 342,062.2,192,022. 58,825. Total revenue. See instructions. 80,107. Form 990 (2013)

Part IX Statement of Functional Expenses

Sect	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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	33,104.	33,104.							
3	Grants and other assistance to governments,				-					
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	116,085.	58,043.	58,042.						
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 salanes and wages									
8	Pension plan accruals and contributions (include	40 400								
	section 401(k) and 403(b) employer contributions)	12,409.	6,205.	6,204.						
9	Other employee benefits	9,834.	4,917.	4,917.						
10	Payroll taxes	8,774.	4,387.	4,387.						
11	Fees for services (non-employees)	112 050	EC (30	FC (20)						
а	Management	113,259.	56,630.	56,629.						
	Legal	12 246		12 246						
	Accounting	12,246.		12,246.						
	Lobbying Professional fundamental acquires Con Port IV June 17									
e	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·							
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion		-							
13	Office expenses	4,071.	2,850.	1,221.						
14	Information technology	8,820.	8,151.	669.						
15	Royalties		,							
16	Occupancy	4,950.	2,475.	2,475.						
17	Travel	·								
18	Payments of travel or entertainment expenses				-					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	53,354.	53,354.							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	- 04 252	14 -0.5							
23	Insurance	21,379.	14,965.	6,414.	· · · · · · · · · · · · · · · · · · ·					
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 O.)									
а	PRODUCTION EXPENSES	950,027.	950,027.		الموسيد					
b	EDITORIAL EXPENSES	278,615.	278,615.							
С	POSTAGE AND SHIPPING	102,482.	98,472.	4,010.						
d	ROYALTIES	45,720.	45,720.							
е	All other expenses	50,620.	41,497.	9,123.						
25	Total functional expenses Add lines 1 through 24e	1,825,749.	1,659,412.	166,337.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
332010	10-29-13				Form 990 (2013)					

332010 10-29-13

Form 990 (2013)
Part X Balance Sheet

Pai		balance Sileet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		328,767.	1	313,438.
	2	Savings and temporary cash investments		1,425,784.	2	1,364,341.
- 1	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		95,543.	_ 4	118,411
	5	Loans and other receivables from current and for	ormer officers, directors,	··· ·		
ı		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L	Į		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
<u> </u>		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
ヾ	8	Inventories for sale or use			_8	
- {	9	Prepaid expenses and deferred charges		49,824.	9	40,505
	10a	Land, buildings, and equipment: cost or other				
ł		basis Complete Part VI of Schedule D	10a			
i	b	Less: accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities	2,309,955.	11	3,537,237	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments · program-related. See Part IV, line	11		13	
	14	Intangible assets			14	50 455
	15	Other assets See Part IV, line 11		78,117.	15	78,155
4	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	4,287,990.	16	5,452,087
	17	Accounts payable and accrued expenses	330,931.	17	146,468	
	18	Grants payable	04.0	18	1 100 100	
	19	Deferred revenue	-	812,809.	19	1,193,407
	20	Tax-exempt bond liabilities	ļ		20	
	21	Escrow or custodial account liability Complete I	· · · · · · · · · · · · · · · · · · ·		21	
2	22	Loans and other payables to current and former	·	-		· 3 3 1 6
Liabilities		key employees, highest compensated employees	es, and disqualified persons			
		Complete Part II of Schedule L			22	
- [23	Secured mortgages and notes payable to unrela	·		23	
- 1	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	(17-24) Complete Part X of			
	00	Schedule D	}	1,143,740.	25	1,339,875
\dashv	26	Total liabilities. Add lines 17 through 25), check here	1,143,740.	26	1,339,673
,		Organizations that follow SFAS 117 (ASC 958	"			
Net Assets of Fulld balances	27	complete lines 27 through 29, and lines 33 an Unrestricted net assets	a 34.	3,024,030.	27	3,987,679
	27		44,250.	28	47,848	
š		Temporarily restricted net assets Permanently restricted net assets	75,970.	29	76,685	
Í	25	Organizations that do not follow SFAS 117 (A)	SC 059) shock hors	73,3700	29	70,005
:						
	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds	ŀ		30	
;		Paid-in or capital surplus, or land, building, or eq	unment fund		31	
ξ		Retained earnings, endowment, accumulated in	' ' <u> </u>		32	
4		Total net assets or fund balances	come, or other turios	3,144,250.	33	4,112,212.
- 1		Total liabilities and net assets/fund balances	ŀ	4,287,990.	34	5,452,087
		Total habilities and fiet assets/fund balances		1,201,000	J-4	Form 990 (2013)

Form **990** (2013)

	990 (2013) INSTITUTE OF MATHEMATICAL STATISTICS	94-	<u> 1</u> 317787	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	2,34					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,82					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>13.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,14					
5	Net unrealized gains (losses) on investments	5	45	1,6	49.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Pnor penod adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	4,11	2,2	<u> 12.</u>			
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	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	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	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,					
	consolidated basis, or both:		,	· 94	,			
	X Separate basis Consolidated basis Both consolidated and separate basis		4	. 19				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit	`@ 	<u> </u>			
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>			

3320 12 10-29-13 Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

INSTITUTE OF MATHEMATICAL STATISTICS 94-1317787 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part T The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated b Type II d ___ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary ganizátion in col. n col (i) listed in your organization in col. (described on lines 1-9 organization support organized in the governing document? (i) of your support? above or IRC section U.S 7 (see instructions)) Yes No Yes No Yes No Total LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Form 990 or 990-EZ.

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			!		•		
	include any "unusual grants.")							
2	Tax revenues levied for the organ-				1			
	ization's benefit and either paid to	ľ						
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to				i			
	the organization without charge		İ	1		İ		
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a	İ						
	governmental unit or publicly		ļ		İ			
	supported organization) included		1					
	on line 1 that exceeds 2% of the							
	amount shown on line 11,	i						
	column (f)							
6	Public support. Subtract line 5 from line 4			1				
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,	•						
	dividends, payments received on							
	secunties loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the	•						
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	•	•			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
<u> </u>	organization, check this box and stor							
	tion C. Computation of Publ				-			
	Public support percentage for 2013 (column (f))		14	%	
	Public support percentage from 2012					15	%	
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or n	nore, check this bo	ox and	
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2012. If the c				d line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual		•					
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
	meets the "facts-and-circumstances"	_	-		•		▶└┘	
b	10% -facts-and-circumstances test							
	more, and if the organization meets the						·	
40	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17 <u>t</u>				
					Sche	dule A (Form 990	or 990-EZ) 2013	

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

50	qualify under the tests listed beating the cities of the c	elow, please comp	olete Part II)						
	ndar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(a) 2011	(4) 0010	(=) 2012	(A) T-4-1		
	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
'	membership fees received (Do not								
	include any "unusual grants.")	3,986.	1,694.	59,795.	6,044.	11,108.	82,627.		
2		3,300.	1,004.	33,733.	0,044.	11,100.	02,027.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,821,506.	2,164,821.	2,068,475.	1,219,989.	2,192,022.	9,466,813.		
3	Gross receipts from activities that	1		İ					
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ızatıon'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	ļ							
	Total. Add lines 1 through 5	1,825,492.	2,166,515.	2,128,270.	1,226,033.	2,203,130.	9,549,440.		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
t	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.		
8	Public support (Subtract line 7c from line 6.)	₹			(\$) \		9,549,440.		
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	•						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6	1,825,492.	2,166,515.	2,128,270.	1,226,033.	2,203,130.	9,549,440.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,413.	37,974.	56,840.	43,418.	80,107.	253,752.		
b	Unrelated business taxable income	-	i				<u> </u>		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b	35,413.	37,974.	56,840.	43,418.	80,107.	253,752.		
11	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			$\overline{}$					
	assets (Explain in Part IV)	217,937.	5,659.				223,596.		
	Total support. (Add lines 9, 10c, 11, and 12)	2,078,842.	2,210,148.	2,185,110.	1,269,451.	2,283,237.	10,026,788.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	ation,		
	check this box and stop here						<u>▶</u>		
Sec	tion C. Computation of Publ	ic Support Per	rcentage						
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	95.24 %		
_	16 Public support percentage from 2012 Schedule A, Part III, line 15 16 92.87 %								
Sec	tion D. Computation of Inves	<u>stment Income</u>	e Percentage						
	Investment income percentage for 20	•	•	e 13, column (f))	-	17	2.53 %		
18	Investment income percentage from 2	2012 Schedule A, F	Part III, line 17			18	2.45 %		
19a	9a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
b	more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	-					▶□		
20	Private foundation. If the organizatio			·		•	▶□		

art 117	Company	Z) 2013 INSTITUTE Information. Provide t	OF MATHE	MATICAL	DIWITPLICE	94-1317787	Pag
art IV	• •			,	line 10; Part II, line 17	7a or 17b, and Part III, line	12.
	Also complete this	part for any additional info	rmation (See insti	ructions).			
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			<u> </u>				
	<u> </u>						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	-	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	rcally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form 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	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(
_	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections o	f Art Historical Transuras or Oth	or Similar Accets
Fai	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	er Sillilar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		e of public service, provide, in Part XIII,
b	the text of the footnote to its financial statements that describe the organization elected as permitted under SEAS 116 (AS		and belonge about worden of out bustoment
b	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 public	service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	acures or other similar assets for financial a	Ψ
~	the following amounts required to be reported under SFAS 1		ani, provide
а	Revenues included in Form 990, Part VIII, line 1	TO prode 350) relating to these items	• \$
a b	Assets included in Form 990, Part X		► \$ ► \$
	, access monadod in i orini odo, i are A		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		TE OF MATH						7 Page 2			
Pa											
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	n items			
	(check all that apply).										
а	Public exhibition	d	I ├── Loan or exc	hange programs							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	•	•	•		ose in Par	t XIII				
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simila	ar assets	_	_				
_	to be sold to raise funds rather than to be m						Yes	No_			
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	Form 990	D, Part IV,	line 9, or				
	reported an amount on Form 990, Pa		·····								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	is or other assets no	t included	· _	٦				
_	on Form 990, Part X?						」Yes	∟ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.								
					-		Amount				
C	Beginning balance				1c	<u> </u>					
	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f	<u> </u>	Υ:	No			
2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII											
Par											
Fai	t V Endowment Funds. Complete						l r				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	<u> </u>	(e) Four	years back 38,150.			
1a	ÿ ÿ ,										
	b Contributions 715. 890. 42,660.										
	c Net investment earnings, gains, and losses 1,728. 1,313. 165. 174.										
	d Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
Ţ	Administrative expenses	86,460.	94 017	01 014		30 000		30 015			
g	End of year balance	· · · · ·	84,017.	81,814.		38,989.	l	38,815.			
2	Provide the estimated percentage of the cur			i)) held as:							
a	Board designated or quasi-endowment ► Permanent endowment ► 89.00	.00	_%								
		% 1.00 %									
С											
20	The percentages in lines 2a, 2b, and 2c should be there and automate finds not in the percentage.		-4		41						
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	no administered for	ine organi	zation	Г	Yes No			
	by:							Yes No			
	(ii) unrelated organizations (iii) related organizations						3a(ı)	$\frac{x}{x}$			
h	If "Yes" to 3a(ii), are the related organizations	e lietad ae ragijirad a	n Schodulo P2				3a(ii) 3b				
4	Describe in Part XIII the intended uses of the	•					SU				
Par			willent funds.								
	Complete if the organization answere		. Part IV. line 11a S	ee Form 990 Part X	line 10						
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·		ccumulate	ed	(d) Book	value			
	2000 property	basis (investr	1 ' '	1 ' '	preciation		(4) 500	value			
	Land	, , , , , , , , , , , , , , , , , , ,	,	- / -							
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line 1	O(c))				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.

Schedule D (Form 990) 2013

(6) (7) (8)

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. ► See separate instructions.

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

2013
Open to Public Inspection

Name of the organization

Employer identification number

INSTIT	TUTE OF MA	тнематтс	AL STATT	STICS		94-131778	37
Part I				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
				ds to substantiate the amount of its gr the selection criteria used to award the			Yes No
	grantmakers. Desc ed States	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
		he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed)		,
	a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	ıs a prod describe	vity listed in (d) gram service, especific type e(s) in region	(f) Total expenditures for and investments in region
					EDITORIAL		
EUROPE				PROGRAM SERVICE			73,160.
EUROPE				PROGRAM SERVICE	IT SPECIALI	ST	6,591.
3 a Sub-te	otal	0	0				79,751.
sheet	from continuation is to Part I	0	0				0.
c lotals	s (add lines 3a lb)	0	0				79,751.

332071 10-03-13

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Part II

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance		,			
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement		-			recognized as tax-e
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region					Enter total number of recipient organizations listed above that are ri the IRS, or for which the grantee or counsel has provided a section
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse
1 (a) Name of organization					Enter total number of rthe IRS, or for which th

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 INSTITUTE OF MATHEMATICAL STATISTICS 94-1317787

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
	(g) Description of non-cash assistance					Schedule
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	(a) Amount of cash grant					
Q	(c) Number of (d) Amount of recipients cash grant					
ditional space is neede	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

Part	IV	Foreign Forms		
1	orga	is the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qual <i>Infoi</i>	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, irmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Instructions for Form 8621)	Yes	X No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Schedule F (F	form 990) 2013	INSTITUTE	OF	MATHEMATICAL	STATISTICS	94-1317787	Page 5
	Supplemental						ago o
			سدا السد	0 (Dark I. Iran O. and Iran (6.)		
						accounting method; amounts of	
						g method), and Part III, column (c)	
(estimated_number	of recipients), as a	oplicat	ble Also complete this pa	rt to provide any addition	al information.	
	<u>-</u>			· - · · · · · · · · · · · · · · · · · · 			
					.		
					· · · · · ·		
					 		
							
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				<u>-</u>			
		·					

SCHEDULE

(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" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047 Inspection

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

Name of the organization INSTITUTE	INSTITUTE OF MATHEMATI		CAL STATISTICS		ı		Employer identification number $94-1317787$
Part I General Information on Grants and Assistance	and Assistance						
	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
꺙	rocedures for moni	toring the use of grant	t funds in the Unite	d States	1		
Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Governments an	d Organizations in th be duplicated if addit	ie United States. (Iional space is nee	Somplete if the org	anization answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
]		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	and government or	rganizations listed in the	ne line 1 table				
۔ ا	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance ٥. EXPLANATION: CONFIRMING ATTENDANCE AT ANNUAL MEETING 33,104. (c) Amount of cash grant (b) Number of recipients 28 TO PROVIDE FUNDS FOR STUDENTS AND NEW RESEARCHERS TO TRAVEL TO PRESENT A PAPER AT THE IMS ANNUAL (a) Type of grant or assistance PART I, LINE 2: MEETING.

Schedule I (Form 990) (2013)

28

332102 10-29-13

Page 2

94-1317787

INSTITUTE OF MATHEMATICAL STATISTICS

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 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:
EXPLANATION: MEMBERS ELECT THE PRESIDENT AND COUNCIL MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: 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:
EXPLANATION: ANY CHANGES TO THE CONSTITUTION OR BYLAWS MUST BE APPROVED BY
THE IMS MEMBERSHIP.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization INSTITUTE OF MATHEMATICAL STATISTICS	Employer identification number 94-1317787
EXPLANATION: A DRAFT OF THE FORM 990 WAS DISTRIBUTED TO T	HE FINANCE AND
EXECUTIVE COMMITTEES FOR REVIEW AND COMMENT. SEVEN DAYS	WERE ALLOWED FOR
THE REVIEW PERIOD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE IMS HAS A CONFLICT OF INTEREST POLICY WH	ICH IS POSTED ON
THE WEBSITE FOR PUBLIC REVIEW IN THE HANDBOOK OF THE IMS.	NEW MEMBERS IN
LEADERSHIP ARE DIRECTED TO REVIEW EACH PART OF THIS HANDB	OOK. COMPLIANCE
IS REVIEWED BY THE EXECUTIVE DIRECTOR AND MONITORED BY TH	E EXECUTIVE
COMMITTEE.	
	<u></u>
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR	INCLUDES INPUT
FROM EDITORS, COMMITTEE CHAIRS AND THE EXECUTIVE COMMITTE	E. A SALARY
SURVEY OF COMPARABLE PERSONNEL IN THE AREA IS USED TO EVA	LUATE THE
APPROPRIATENESS OF COMPENSATION IN THE FIELD. FINAL APPR	OVAL OF THE
COMPENSATION MUST BE APPROVED BY THE FULL EXECUTIVE COMMI	TTEE.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THEY ARE DISCLOSED ON IMS'S WEBSITE.	

								FATISTICS	94-131	1181
		mplo T	yee			ligh	est			
(A) Name and title	(B) Average hours per	(cl		Pos all t	ition		oly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (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
27) SUSAN MURPHY	1.00								_	
COUNCIL MEMBER	1 00	X						0.	0.	
(28) JANE-LING WANG COUNCIL MEMBER	1.00	x						0.	0.	(
(29) HANS KUNSCH	1.00	^				-		- 0.	0.	•
PAST PRESIDENT		x						0.	0.	(
(30) ELYSE GUSTAFSON	40.00	Ť	 	H		<u> </u>				
EXECUTIVE DIRECTOR				х		_		117,077.	0.	22,24
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		_					<u> </u>			··
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		_	_							
otal to Part VII, Section A, line 1c								117,077.		22,24

Form **8868** (Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Department of the Treasury ternal Revenue Service

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

OMB No 1545-1709

 If you a 	ire filing for an Automatic 3-Month Extension, complet	e only Pa	art I and check this box		•	لکیا
• If you a	ire filing for an Additional (Not Automatic) 3-Month Ext	ension,	complete only Part II (on page 2 o	of this form)		
Do not co	omplete Part II unless you have already been granted a	n autom	atic 3 month extension on a previoi	usly filed For	m 8868	
	c filing (e-file). You can electronically file Form 8868 if y					oration
	o file Form 990 T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in paper					
	irs gov/efile and click on e-file for Chanties & Nonprofits				•	
Part I	Automatic 3-Month Extension of Time	. Only	submit original (no copies n	eeded)		
	ition required to file Form 990-T and requesting an autom				<u> </u>	
Part I only	•				•	. 🗆
•	, corporations (including 1120-C filers), partnerships, REMI	Cs. and	trusts must use Form 7004 to requ	est an extens	sion of time	
	ome tax returns	•	•		r's identifying nui	mber
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification num	ber (EIN) or
print	, and the same of			' '		
	INSTITUTE OF MATHEMATICAL S	TATI	STICS		94-13177	87
File by the due date for	Number, street, and room or suite no. If a P.O. box, se			Social sec	curity number (SSI	
filing your	P.O. BOX 22718					•
return See instructions	City, town or post office, state, and ZIP code flor a to	reign add	dress, see instructions			
	BEACHWOOD, OH 44122	řa.	·			
	10/	///	714.	····		
Enter the	Return code for the return that this application is for (file	a separa	etel adologation for each return)			0 1
2.1101 1.10	ristani sodo ioi dio rotani dia application io rei (iii					
Applicati	on	Return	application 7			Return
's For		Code	ADA. WILL	1/2.	er.	Code
	or Form 990 EZ	01	Form 196 (Korporation)	77	223 600	- 07
Form 990		02	Form 104#-A	4 -1	TRECI	-1/68/17
	0 (individual)	03	Form 4720 (other than individual)	-	09.
Form 990		04	Form 5227		E MAY,	10
	T (sec 401(a) or 408(a) trust)	05	Form 6069		7	7 2414 1
	-T (trust other than above)	06	Form 8870		() ()	. 12
	ELYSE GUSTAFSON				UGDE	Allir
• The bo	ooks are in the care of > 3163 SOMERSET I		- SHAKER HEIGHTS	, OH 4	4122	4.01
	none No ► 216-295-2340		Fax No ▶			
	organization does not have an office or place of business	in the U	•			- 🗀
	is for a Group Return, enter the organization's four digit (If this is for	the whole group.	check this
box ▶ [If it is for part of the group, check this box		ach a list with the names and EINs			
	quest an automatic 3 month (6 months for a corporation					
	AUGUST 15, 2014 to file the exempt				The extension	
ıs fo	or the organization's return for	J	3			
_	X calendar year 2013 or					
أَ	tax year beginning	. aı	nd endina			
,					_	
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	neck reas	son Initial return	Final return	1	
<u>ר</u>	Change in accounting period			_ , u	•	
3a If th	ns application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	refundable credits. See instructions	0, 0003,	erner the ternative tax, icss any	3a	\$	0.
	his application is for Forms 990 PF, 990 T, 4720, or 6069	ontor or	av refundable credits and	Ja I	Ψ	
				Зь	\$	0.
	mated tax payments made Include any prior year overp			30		<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa			20	œ	0.
	using EFTPS (Electronic Federal Tax Payment System) S			3c	\$ = 0.00 EO f	
Caution.	If you are going to make an electronic funds withdrawal	(direct de	edil) with this Form 8868, see Form	1 0453-EU an	a Form 88/9 EO 1	or payment

Form 886	8 (Rev 1-2014)					Page 2	
 If you a 	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check the	box .	. •	\mathbf{x}	
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	led Form 8	868		
 If you a 	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).		
			Enter filer's	identifying	number, see inst	ructions	
Type or	Name of exempt organization or other filer, see instru	ıctions			dentification numb		
print						(C.1.1) C.	
File by the	INSTITUTE OF MATHEMATICAL S	יפדייעי	TTCS		94-131778	7	
due date for	Number, street, and room or suite no if a P.O box, s			Social sec	unty number (SSN		
filing your	P.O. BOX 22718		lions.	Cociai Scc	unity humber (0014)	,	
return See	City, town or post office, state, and ZIP code For a fi	oroigo odd	drong and instructions				
	BEACHWOOD, OH 44122	oreign add	ress, see instructions.				
	BEACHWOOD, On 44122						
Enter the	Return code for the return that this application is for (fil	e a separa	ite application for each return)			01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
	or Form 990-EZ	01				-	
Form 990		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227			10	
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	OT (trust other than above)			12			
Form 990-T (trust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3 the first hands a previously finding at 1888.							
5 For 6 If ti		NOVEM	FORMATION FROM AN	g Final re	turn		
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069.	enter the tentative tax, less any				
	nrefundable credits. See instructions.	,,	The second secon	8a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and estimated	1	- 		
	payments made include any prior year overpayment al		•				
	eviously with Form 8868		, , , , , , , , , , , , , , , , , , , ,	8b	\$	0.	
	lance due. Subtract line 8b from line 8a. Include your pa	avment wi	th this form, if required, by using	- - 			
	TPS (Electronic Federal Tax Payment System) See instr	•		8c	\$	0.	
			st be completed for Part II		Ψ		
Under pen	alties of perjury, I declare that I have examined this form, include orrest, and complete, and that I am Juthorized to prepare this f	ding accomp	•	-	my knowledge and b	elief,	
Signature				Date	2/5/14	!	
olyllature		CIA		Daic		2014	
	O		DECEN/ED		Form 8868 (Re	ev 1-2014)	
			RECEIVED				
		3048					
		1	OGDEN, UT				