EXTENDED TO NOVEMBER 15, 2024 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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2023 calendar year, or tax year beginning and e	ending	-				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
Г	Addres	INSTITUTE OF MATHEMATICAL STATISTICS						
	Name change			94-13177	87			
	Initial return	-	Room/suite	E Telephone number	•			
	Final return/	9760 SMITH ROAD		216-295-	2340			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,988,511.			
	Amend			H(a) Is this a group re				
	Application pendin			for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527		list. See instructions			
_	Websit			H(c) Group exemption				
		organization: Corporation Trust X Association Other	L Year	of formation: 1935 N	State of legal domicile: CA			
P	art I	Summary	NOMIT	ITIME OF MAMIT	DWAMT CAT			
Se	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{I}}$ $\overline{ ext{STATISTICS}}$ $\overline{ ext{IS}}$ $\overline{ ext{AN}}$ $\overline{ ext{INTERNATIONAL}}$ $\overline{ ext{(CONTINUED)}}$	NOM C	CHEDILE O	EMATICAL			
nan		Check this box if the organization discontinued its operations or dispose			· · · · · · · · · · · · · · · · · · ·			
Governance		Number of voting members of the governing body (Part VI, line 1a)			30			
යි		Number of voting members of the governing body (rart vt, line ray) Number of independent voting members of the governing body (Part VI, line 1b)			30			
Activities &		Fotal number of individuals employed in calendar year 2023 (Part V, line 1a)			1			
)ţį		Total number of volunteers (estimate if necessary)			275			
jġ		Total unrelated business revenue from Part VIII, column (C), line 12			50,722.			
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		9,514.	111,358.			
eun	9	Program service revenue (Part VIII, line 2g)		2,251,672.	2,464,813.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		236,562.	361,618.			
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,354.	50,722.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,546,102.	2,988,511.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		70,218.	63,417.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		206,088.	220,264.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.			
Ä	1 b	Total fundraising expenses (Part IX, column (D), line 25)		1,985,436.	2,084,023.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,261,742.	2,367,704.			
		Revenue less expenses. Subtract line 18 from line 12		284,360.				
or es		Teveride less expenses. Oubtract line to nontline 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		12,745,644.	15,039,176.			
ASS	21	Total liabilities (Part X, line 26)	·····	1,857,994.	1,917,470.			
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		10,887,650.	13,121,706.			
P	art II	Signature Block						
Unc	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Observations of afficient		Date				
Sig	'''	Signature of officer		Date				
He	re	ELYSE GUSTAFSON, EXECUTIVE DIRECTOR Type or print name and title						
				Date Check	II PTIN			
Do:		Print/Type preparer's name Preparer's signature TEFEDEN D CDENCED CDA TEFEDEN D CDENC		OHOOK				
Pai		JEFFREY R. SPENCER, CPA JEFFREY R. SPENC Firm's name CIUNI & PANICHI, INC.	, r, r,	1/12/24 if self-employe	P01367852 4-1322309			
		Firm's name CIUNI & PANICHI, INC. Firm's address 25201 CHAGRIN BLVD. #200		Firm's EIN 34-13223				
J30	, omy	CLEVELAND, OH 44122-5683		Phone no (2)	16)831-7171			
Ma	v the IC	S discuss this return with the preparer shown above? See instructions		I Holle Ho. (Z	X Yes No			
ivid	y une iF	o discuss this return with the preparer shown above? See instructions			165 110			

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly 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 (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	==_ 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3	If "Yes," describe these changes on Schedule O.	- <u></u> 140
4	· · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	-1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	a
	revenue, if any, for each program service reported.	20 .
4a		<u>30.</u>)
	PUBLICATION, EDITORIAL AND SHIPPING FOR ALL PUBLICATIONS. THE	<u> </u>
	SCIENTIFIC JOURNALS ARE THE ANNALS OF APPLIED PROBABILITY, THE ANNAL	<u>S</u>
	OF APPLIED STATISTICS, THE ANNALS OF PROBABILITY, THE ANNALS OF	
	STATISTICS, AND STATISTICAL SCIENCE. THE IMS BULLETIN IS THE NEWS OR	GAN
	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 GRAPHICAL STATISTICS, PROBABILITY SURVE	ΥS,
	AND STATISTICS SURVEYS. ON BEHALF OF OTHER ORGANIZATIONS, THE INSTIT	UTE
	PRODUCES BAYESIAN ANALYSIS, BERNOULLI, BERNOULLI NEWS, BRAZILIAN	
	JOURNAL OF PROBABILITY AND STATISTICS, AND ANNALES DE L'INSTITUT HEN	RT
	POINCARE (B) PROBABILITES ET STATISTIQUES.	
415	252 000 62 447 227 2	98 /
4b	(Code:) (Expenses \$ 353,880. including grants of \$ 63,417.) (Revenue \$ 337,3 THE IMS SPONSORS AND CO-SPONSORS SEVERAL MEETINGS INCLUDING: THE JO	
	STATISTICAL MEETINGS, THE IMS ANNUAL MEETING, ENAR/IMS MEETING,	<u> </u>
	WNAR/IMS MEETING, STOCHASTIC PROCESSES AND THEIR APPLICATIONS, IMS	
	CHINA ANNUAL MEETING, THE IMS ASIA-PACIFIC RIM MEETING AND MCMSKI.	
4c	(Code:) (Expenses \$ 1,967. including grants of \$) (Revenue \$ 1,9	85.)
	THE INSTITUTE PUBLISHES SEVERAL BOOK SERIES INCLUDING, THE IMS LECTU	
	NOTES - MONOGRAPH SERIES AND IMS COLLECTIONS, IMS MONOGRAPHS, IMS	
	TEXTBOOKS, AND NSF-CBMS REGIONAL CONFERENCE SERIES IN PROBABILITY AN	D
	STATISTICS. CURRENTLY THE IMS HAS A TOTAL OF 85 BOOKS AMONG THESE	
	SERIES.	
	DEKIED.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,178,435.	
	Form 99	0 (2023)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Rev. Proc. 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?		Х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	112		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	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		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
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		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ `		
.5	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

332003 12-21-23

	1 990 (2023) INSTITUTE OF MATHEMATICAL STATISTICS 94-1317	7787	Р	age 4			
Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l			
	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	X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١			
	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>			
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					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١			
	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			١			
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١,,			
	"Yes," complete Schedule L, Part IV	28a		X X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			١,,			
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in noncash 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			١,,			
	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		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١,,			
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,			
	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	l		٠,			
	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?			_v			
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v			
	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 on Schedule O for Part VI, lines 11b and 19?		₩.				
Do	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>			
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>			
-			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12	1					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	/					

332004 12-21-23

Х Form **990** (2023)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $$				
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	, ,			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		۵.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	ruinea provided to the power			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•	70		Х
a	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	1 1	7c		21
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
_	organization is licensed to issue qualified health plans	13b			
C 140	Enter the amount of reserves on hand	13c	140		X
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	le ()	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		שריו		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		1.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

332005 12-21-23

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			$\lfloor X \rfloor$						
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 la									
	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 on Schedule O.									
b	Enter the number of voting members included on 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	1								
	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, 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										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b										
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	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 on Schedule O	9		Х						
Sec	tion 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		Х						
	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?	11a	Х							
b	Describe on 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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	Х							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on 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		Х						
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, OH									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able						
	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 on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finai	ncial							
	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									
	9760 SMITH ROAD, WAITE HILL, OH 44094									

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	aniza			npe	nsat			
(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	┢						from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional 1	er	Key employee	est c loyee	Jer			organizations
	line)	indi	Insti	Officer	Key	Highest compensated employee	Por			
(1) ELYSE GUSTAFSON	40.00									
EXECUTIVE DIRECTOR				Х				173,998.	0.	30,974.
(2) SIVA ATHREYA	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(3) MOULINATH BANERJEE	5.00									
STS EXECUTIVE EDITOR		Х						0.	0.	0.
(4) RINA FOYGEL BARBER	1.00	l								
COUNCIL MEMBER		Х						0.	0.	0.
(5) PETER BUEHLMANN	5.00	١								•
PAST PRESIDENT		Х		Х				0.	0.	0.
(6) PAUL BOURGADE	5.00	l								
AOP EDITOR		Х						0.	0.	0.
(7) TONY CAI	5.00	l								
PRESIDENT-ELECT		Х		Х				0.	0.	0.
(8) SOURAV CHATTERJEE	1.00	l								
COUNCIL MEMBER		Х						0.	0.	0.
(9) AURORE DELAIGLE	1.00	l								
COUNCIL MEMBER		Х						0.	0.	0.
(10) JULIEN DUBEDAT	5.00	١								•
AOP EDITOR		Х						0.	0.	0.
(11) PETER HOFF	5.00	,,		77				_		0
EXECUTIVE SECRETARY	F 00	Х		Х				0.	0.	0.
(12) JIASHUN JIN	5.00	٠,,		37				_		0
TREASURER	1 00	Х		Х				0.	0.	0.
(13) ROBERT KEENER	1.00	. ,						_		0
MANAGING EDITOR	1 00	X						0.	0.	0.
(14) DAVAR KHOSHNEVISAN	1.00							_		0
COUNCIL MEMBER	10.00	Х						0.	0.	0.
(15) MICHAEL KOSOROK	10.00			х				0.	0.	0.
PRESIDENT (16) SAMUEL KOU	1.00	Х		Λ	_			0.	0.	0.
	1.00	X						0.	0.	0.
COUNCIL MEMBER (17) GABOR LUGOSI	1.00	^						0.	0.	0.
COUNCIL MEMBER	1.00	x						0.	0.	0.
COONCIL MEMDEK		L						<u> </u>	1 0.	٠.

332007 12-21-23

Page 8

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	th ar	compensation	(E) Reportable compensation		an	(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated employee	Ť	the	from related organizations (W-2/1099-MISC 1099-NEC)	\$/ 	other compensation from the organization and related organizations		e tion ted
(18) ENNO MAMMEN	5.00									\Box			_
AOS EDITOR		Х						0.		0.			0.
(19) ANNIE QU	5.00									ا ۲			^
PROGRAM SECRETARY	F 00	Х		Х			<u> </u>	0.		0.			0.
(20) KAVITA RAMANAN	5.00	٠,,								,			^
AAP EDITOR	1.00	Х				-	-	0.		0.			0.
(21) JUDITH ROUSSEAU	1.00	Х						0.		0.			Λ
COUNCIL MEMBER	1.00	^				-	\vdash	0.		" 			0.
(22) QI-MAN SHAO	1.00	Х						0.		٥.			0.
AAP EDITOR (23) DYLAN SMALL	1.00	^				\vdash	╁	0.		' 			0.
COUNCIL MEMBER	1.00	Х						0.		٥.			0.
(24) RYAN TIBSHIRANT	1.00	^				\vdash	╁	0.		" 			0.
COUNCIL MEMBER	1.00	Х						0.		٥.			0.
(25) CAROLINE UHLER	1.00					\vdash	╁	•		`			•
COUNCIL MEMBER	100	x						0.		0.			0.
(26) LAN WANG	5.00					\vdash	t			+			
AOS EDITOR		x						0.		0.			0.
1b Subtotal	1	_				1	_	173,998.		0.	3	0,9	74.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								173,998.		0.	3	0,9	74.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable				
compensation from the organization									•				1
										_		Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	emp	loye	e, o	r hi	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
4 For any individual listed on line 1a, is the su	•								-				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				,			•					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	/ith		year.				
(A) Name and business	address	NIC	INC	7				(B) Description of s	ervices	Co	(C	ز) nsatio	n
- Name and pasiness	- 444,000	14(7141					Becomplian or a	51 11000				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ste	d above) who received m	ore than				
\$100,000 of compensation from the organi					(0							
SEE PART VII, SECTION	N A CON	ΓĪ	NUZ	\T	ΙΟΊ	N S	SH	EETS			Form	99 0 (2023)

332008 12-21-23

Form 990 INSTITUT	E OF MA'	ГНІ	ĽM.⁄	AΤ.	I CZ	AL_	S'.	PATISTICS	94-131	7787
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) HUIXIA JUDY WANT COUNCIL MEMBER	1.00	x						0.	0.	0.
(28) DANIELA WITTEN	1.00									
COUNCIL MEMBER		Х						0.	0.	0.
(29) HARRISON ZHOU	1.00	,,							0	0
COUNCIL MEMBER	1.00	Х	_	_			_	0.	0.	0.
(30) LINDA ZHOU COUNCIL MEMBER	1.00	X						0.	0.	0.
(31) JI ZHU	5.00	<u> </u>		\vdash				0.	0.	0.
AOAS EDITOR	3,00	х						0.	0.	0.
				\vdash						
Total to Part VII, Section A, line 1c										

	Part VIII Statement of Revenue										
			Check if Schedule O contains a response	or note to any lin	o in this Dort VIII						
			Crieck if Scriedule O Contains a response	or note to any iii	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under			
σ σ								sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a								
שַׁבַּע			Membership dues 1b								
rts,			Fundraising events 1c								
ia ia			Related organizations 1d								
Sir			Government grants (contributions) 1e								
utio	1	f	All other contributions, gifts, grants, and	111 250							
ğ			similar amounts not included above 1f	111,358.							
ng		_	Noncash contributions included in lines 1a-1f 1g \$		111 250						
<u>a</u> C		h	Total. Add lines 1a-1f	T	111,358.						
			NON MEM GUDGODIDETONG	Business Code	1 715 020	1 715 020					
Program Service Revenue			NON-MEM. SUBSCRIPTIONS		1,715,039.						
ue v			MANAGED MEETINGS	513120	325,198.						
m S			MEM. DUES & JOURNAL SU	513120	198,046.						
gra Re			OFFPRINTS, ROYALTIES,	513120	147,505.	147,505.					
rog			PUBLICATION CHARGES	513120	64,840.	64,840.					
-			All other program service revenue	513120	14,185.	14,185.					
_		g	Total. Add lines 2a-2f		2,464,813.						
	3		Investment income (including dividends, intere	est, and	361,618.			261 610			
	other similar amounts)			301,010.			361,618.				
	4		Income from investment of tax-exempt bond p								
	5		Royalties								
			(i) Real	(ii) Personal							
			Gross rents 6a								
			Less: rental expenses 6b								
			Rental income or (loss) 6c								
			Net rental income or (loss)								
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other							
			assets other than inventory 7a								
o l		b	Less: cost or other basis								
Revenue			and sales expenses 7b								
eve			Gain or (loss) 7c								
			Net gain or (loss)								
Other	8	а	Gross income from fundraising events (not								
0			including \$ of								
			contributions reported on line 1c). See								
		_	Part IV, line 18								
			Less: direct expenses 8b								
			Net income or (loss) from fundraising events	 I							
	9 :	а	Gross income from gaming activities. See								
			Part IV, line 19 9a Less: direct expenses 9b								
			Net income or (loss) from gaming activities	<u> </u>							
	10	а	Gross sales of inventory, less returns								
		L	and allowances 10a Less: cost of goods sold 10b	†							
				· L							
_		C	Net income or (loss) from sales of inventory	Business Code							
snc	44	2	ADVERTISING	513120	50,722.		50,722.				
nec				313120	50,722.		30,722.				
ella		b									
Miscellaneous Revenue		q	All other revenue								
Σ			Total. Add lines 11a-11d	1	50,722.						
	12	ت	Total revenue. See instructions		2,988,511.	2.464.813.	50.722.	361,618.			
	12		TOTAL TO VOITAGE OUG HISTI ACTIONS		_,,,,,,,,,,,,,,,	<u> </u>					

332009 12-21-23

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 respon	se 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 domestic organizations			9	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	63,417.	63,417.		
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,	004 050	100 406	100 406	
	trustees, and key employees	204,972.	102,486.	102,486.	
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)				
9	Other employee benefits	15,292.	7 616	7 616	
10	Payroll taxes	15,292.	7,646.	7,646.	
11	Fees for services (nonemployees):	0F 710	17 056	17 056	
а	Management	95,712.	47,856.	47,856.	
b	Legal	21,157.		21,157.	
С.	Accounting	41,137.		21,137.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	15,284.	15,284.		
40	column (A), amount, list line 11g expenses on Sch 0.)	13,204.	13,204.		
12	Advertising and promotion	5,036.	4,059.	977.	
13	Office expenses	4,082.	2,857.	1,225.	
14	Information technology	4,002.	2,037.	1,225	
15 16	Royalties	3,600.	1,800.	1,800.	
16 17	Occupancy	3,000.	1,000.	1,000.	
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10	· · · · · · · · · · · · · · · · · · ·	353,880.	353,880.		
19 20	Conferences, conventions, and meetings	333,333.	223,000.		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	. Г	20,406.	14,284.	6,122.	
23 24	Other expenses. Itemize expenses not covered		,	5,223	
4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION EXPENSES	1,083,206.	1,083,206.		
b	EDITORIAL EXPENSES	318,682.	318,682.		
C	SUPPORTED JOURNAL ROYAL	93,204.	93,204.		
d	MAILING AND SHIPPING AT	53,008.	53,008.		
	All other expenses	16,766.	16,766.		
25	Total functional expenses. Add lines 1 through 24e	2,367,704.	2,178,435.	189,269.	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.				

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 169,722. 190,551. Cash - non-interest-bearing 1 1,790,471.1,845,459. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 194,779. 173,912. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 53,389. 66,694. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c 9,777,613. 11,804,662. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 971,203. 746,365. Other assets. See Part IV, line 11 15 15 12,745,644. 15,039,176. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 181,929. 161,697. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,416,114. 19 1,463,409. 19 Deferred revenue Tax-exempt bond liabilities 20 20 259,951. 292,364. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 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 1,857,994. 1,917,470. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,359,072. 12,415,957. 27 Net assets without donor restrictions 27 528,578. 705,749. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,887,650. 13,121,706. Total net assets or fund balances 32 32 12,745,644. 15,039,176. 33 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						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,98			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,36			
3	Revenue less expenses. Subtract line 2 from line 1	3				07.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			50.		
5	Net unrealized gains (losses) on investments	5	1	,61	3,2	<u>49.</u>	
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	13	,12	1,7	06.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					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 on Schedule O.						
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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	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 on Scl	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number 94-1317787

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
•		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
3				nege of utiliversity owner	u or opera	ted by a g	overnmentar unit descrit	Ded III			
_		section 170(b)(1)(A)(iv). (C	•			.	()				
6	H	A federal, state, or local gov	-								
7		An organization that norma		ntial part of its support i	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C									
8	Н	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or			
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on			
		lines 12a through 12d that	~								
а		Type I. A supporting orga				•	, ,	, aivina			
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•						
		organization. You must o						, app 69			
b		Type II. A supporting org	-		tion with it	e sunnorti	ed organization(s) by ha	avina			
~		control or management o	· ·					-			
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported			
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with			
·		its supported organization					•	ea with,			
d		Type III non-functionally		•				ization(a)			
u								• •			
		that is not functionally int	-	-	•		-	iveriess			
		requirement (see instruct	•	-							
е		Check this box if the orga					i Type i, Type ii, Type iii				
	C.a.t.a	functionally integrated, or				zation.					
f		r the number of supported or ride the following information		d organization(s)							
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
	•	organization	(-,	(described on lines 1-10	in your governi Yes	ng document?	support (see instructions)	support (see instructions)			
				above (see instructions))	165	140					
Tota											

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
4	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2023 (14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	•	VI how the organiz	zation
	meets the facts-and-circumstances to	-		• • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 160, 1/a, or 1/	b, cneck this box		/Form 000) 2022

Schedule A (Form 990) 2023

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.)

0 -	qualify under the tests listed b	ciow, picase comp	noto i art iii,j				
<u>5e</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,632.	59,897.	104,588.	9,514.	111,358.	338,989.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,152,079.	2,083,423.	2,076,048.	2,251,672.	2,464,813.	11,028,035.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5	2,205,711.	2,143,320.	2,180,636.	2,261,186.	2,576,171.	11,367,024.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
D	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.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						11,367,024.
Sec	ction B. Total Support						, ,
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	2,205,711.	2,143,320.	2,180,636.	2,261,186.	2,576,171.	11,367,024.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources unrelated business taxable income	192,983.	208,519.	223,761.	236,562.	361,618.	1,223,443.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	acquired after June 30, 1975	192,983.	208,519.	223,761.	236,562.	361,618.	1,223,443.
	,	192,983.	208,519.	223,761.	236,562.	361,618.	1,223,443.
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	·					
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.)	2,398,694.	2,351,839.	2,404,397.	2,497,748.	2,937,789.	12,590,467.
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the	2,398,694.	2,351,839.	2,404,397.	2,497,748.	2,937,789.	12,590,467.
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here	2,398,694. ne organization's fil	2,351,839. rst, second, third,	2,404,397.	2 , 497 , 748 . year as a section 5	2 , 937 , 789 . 501(c)(3) organizati	12,590,467.
11 12 13 14 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ	2,398,694. ne organization's fi ic Support Pe	2,351,839. rst, second, third,	2,404,397. fourth, or fifth tax	2 , 497 , 748 . year as a section 5	2 , 937 , 789 . i01(c)(3) organizati	12,590,467. on,
11 12 13 14 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2023 (I	2,398,694. ne organization's fii ic Support Perine 8, column (f), co	2,351,839. rst, second, third, rcentage	2,404,397. fourth, or fifth tax y	2,497,748. year as a section 5	2 , 937 , 789 . i01(c)(3) organizati	12,590,467. on, 90.28 %
11 12 13 14 Sec 15 16	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I	2,398,694. ne organization's fii ic Support Perine 8, column (f),	2,351,839. rst, second, third, rcentage livided by line 13,4	2,404,397. fourth, or fifth tax	2,497,748. year as a section 5	2 , 937 , 789 . i01(c)(3) organizati	12,590,467. on,
11 12 13 14 Sec 15 16 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Investigation of Investigation in the properties of the computation of Investigation in the computation in the computation of Investigation in the computation of Investigation in the computation in the c	2,398,694. ne organization's fin ic Support Per ine 8, column (f), construction of the state of	2,351,839. rst, second, third, rcentage livided by line 13, lll, line 15 e Percentage	2,404,397. fourth, or fifth tax y	2,497,748. year as a section 5	2,937,789. 501(c)(3) organizati 15 16	12,590,467. on, 90.28 % 91.37 %
11 12 13 14 Sec 15 16 Sec 17	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Support percentage for 2023 (In Public support percentage for 2022) Investment income percentage for 20	2,398,694. ne organization's finition of the second of the	2,351,839. rst, second, third, rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by line	2,404,397. fourth, or fifth tax scolumn (f))	2,497,748. year as a section 5	2,937,789. 501(c)(3) organizati 15 16	12,590,467. on, 90.28 % 91.37 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage from 2022 ction D. Computation of Investing Investment income percentage from 2020 Investment income percentage from 2021 Investment Income Investment Investment Income Investment Income Investment Investment Investment Investment Investment Inv	2,398,694. ne organization's finition of the second of the	2,351,839. rst, second, third, rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by line Part III, line 17	2,404,397. fourth, or fifth tax y	2,497,748. year as a section 5	2,937,789. i01(c)(3) organizati 15 16	12,590,467. on, 90.28 % 91.37 % 9.72 % 8.63 %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2023 (Investment income percentage for 2021 Investment income percentage from 2021 Investment income percentage from 2023 (Investment income percentage from 2023 (Investment income percentage from 2023).	2,398,694. ne organization's fine Support Peline 8, column (f), celebrate A, Part stment Income 123 (line 10c, colum 2022 Schedule A, organization did necessity)	2,351,839. rst, second, third, rcentage livided by line 13,0 III, line 15 e Percentage nn (f), divided by line Part III, line 17 ot check the box of	2,404,397. fourth, or fifth tax y	2,497,748. year as a section 5	2,937,789. 501(c)(3) organizati 15 16 17 18 3 1/3%, and line 1	12,590,467. on, 90.28 % 91.37 % 9.72 % 8.63 % 7 is not
11 12 13 14 15 16 Sec 17 18 19a	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2023 (In Public support percentage from 2022 ction D. Computation of Investment income percentage from 2021 as 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	2,398,694. ne organization's file ic Support Per ine 8, column (f), ce Schedule A, Part stment Income 123 (line 10c, colum 2022 Schedule A, organization did n ndstop here. The	2,351,839. rst, second, third, rcentage livided by line 13, a Be Percentage In (f), divided by line Part III, line 17 ot check the box of organization quality	2,404,397. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line iies as a publicly s	2,497,748. year as a section 5	2,937,789. i01(c)(3) organizati 15 16 17 18 3 1/3%, and line 1	12,590,467. on, 90.28 % 91.37 % 9.72 % 8.63 % 7 is not X
11 12 13 14 15 16 Sec 17 18 19a	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2023 (Investment income percentage for 2021 Investment income percentage from 2021 Investment income percentage from 2023 (Investment income percentage from 2023 (Investment income percentage from 2023).	2,398,694. ne organization's filine 8, column (f), col	2,351,839. rst, second, third, rcentage livided by line 13,4 III, line 15 e Percentage In (f), divided by line Part III, line 17 ot check the box of organization quality ot check a box on	2,404,397. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line iies as a publicly s line 14 or line 19a	2,497,748. year as a section 5	2,937,789. 301(c)(3) organization 15 16 17 18 3 1/3%, and line 1 tion are than 33 1/3%, a	12,590,467. on, 90.28 % 91.37 % 9.72 % 8.63 % 7 is not X

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		V	
1		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	F-		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
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Par	ort IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	•		•
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's	officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sugarization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	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	ction C. Type II Supporting Organizations			•
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 ins	tructions).		
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 governmental en	ntity (see instruction	ns).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.

332025 12-21-23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 INSTITUTE OF MATHEMATI	CAL S	TATISTICS	94-1317787 Page 6
Pai		ing Orga	anizations	-
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explai	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E	
Sect	ion A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8, column A)	3		

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) 2023

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).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>	Excess from 2023				l

Schedule A (Form 990) 2023

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

INSTITUTE OF MATHEMATICAL STATISTICS

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

94-1317787

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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), 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).

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 space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	HANS AND SANDRA LEE 50 LIBERTY DRIVE, UNIT 9C BOSTON, MA 02210-1348	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	THELMA ZELEN 162 SWAN POINT ROAD RINDGE, NH 03461	\$80,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	PARSE LTD 99 PERRY STREET, UNIT 5 BROOKLINE, MA 02445	\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	SU-CHUN CHENG 99 PERRY STREET, UNIT 5 BROOKLINE, MA 02445	\$5,000.	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.)				

Name of organization Employer identification number

INSTITUTE OF MATHEMATICAL STATISTICS

94-1317787

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part 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
		<u> </u>	

Schedule B (Form 990) (2023)

Name of or	rganization		Employer identification number
TNSTT	TUTE OF MATHEMATICAL ST	ATTSTICS	94-1317787
		ons to organizations described in set through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferoe's name address a	(e) Transfer of gift	Polationship of transferor to transferor
	Transferee's name, address, a	IIU ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INSTITUTE OF MATHEMATICAL STATISTICS

Employer identification number 94-1317787

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
-		(a) Donor advised	d 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 w	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreation	on or education) L	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extilliguished, or i	terminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Starrand Volunteer near devoted to monitoring, inspecting, in	arraning or violations, ar	ia emereng conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

332051 09-28-23

Schedule D (Form 990) 2023

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

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significan	t use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements Complet	te if the organizatior	answered "Yes" on	Form 99	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	t X, line 21.						
1a	Is the organization an agent, trustee, custod	an, or other intermed	diary for contribution	ns or other assets no	ot include	d	_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance				1f			
	Did the organization include an amount on F				ility?	X	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII				X
Pai	t V Endowment Funds Complete if	the organization ans	swered "Yes" on Fo	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,270,230.	597,271.	437,100.		344,389.		238,498.
b	Contributions	107,608.	1,012,105.	101,430.		57,832.		52,192.
	Net investment earnings, gains, and losses	213,048.	-331,057.	61,941.		39,379.		53,699.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	56,087.	8,089.	3,200.		4,500.		
f	Administrative expenses							
	End of year balance	1,534,799.	1,270,230.	597,271.		437,100.		344,389.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	57.0046	%					
	Permanent endowment $35.833\overline{4}$	%	_					
С	Term endowment 7.1621	 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	· ·	ation that are held a	nd administered for	the			
	organization by:	· ·					Γ	Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o		` '	Accumulate preciation		(d) Book	value
1a	Land	- ` ` 						
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X, line 10c, column	(B))				0.

Schedule D (Form 990) 2023

	()
Part VII	Investments - Other Securities

investinents - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

 \ = /	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	18,946.
(2) RESTRICTED FUNDS	659,893.
(3) CASH & INVESTMENTS HELD FOR OTHERS	292,364.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	971,203.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

94	l – 1	ี 2 1	.77	87	Page 4
24	F — T	$^{\prime}$		0 /	Page 4

Part XI Reconciliation of Revenue per Audite	ed Financial Statements \	With Revenue per F	₹eturr	1
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited fina	ncial statements		1	4,601,760.
2 Amounts included on line 1 but not on Form 990, Part V	II, line 12:			
a Net unrealized gains (losses) on investments	2a	1,613,249	•	
b Donated services and use of facilities	2b	1		
c Recoveries of prior year grants		;		
d Other (Describe in Part XIII.)				
			2e	1,613,249.
3 Subtract line 2e from line 1			3	2,988,511.
4 Amounts included on Form 990, Part VIII, line 12, but no				
a Investment expenses not included on Form 990, Part VI	II, line 7b 4a			
b Other (Describe in Part XIII.)		,		
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form			5	2,988,511.
Part XII Reconciliation of Expenses per Audit			Retu	rn
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.			
Total expenses and losses per audited financial statement			1	2,367,704.
2 Amounts included on line 1 but not on Form 990, Part IX				
a Donated services and use of facilities	·			
b Prior year adjustments		,		
c Other losses		;	1	
d Other (Describe in Part XIII.)		1		
e Add lines 2a through 2d		· I	2e	0.
3 Subtract line 2e from line 1			3	2,367,704.
4 Amounts included on Form 990, Part IX, line 25, but not				· · ·
a Investment expenses not included on Form 990, Part VI				
b Other (Describe in Part XIII.)		,		
c Add lines 4a and 4b		•	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Fo			5	2,367,704.
Part XIII Supplemental Information	, , ,			
Provide the descriptions required for Part II, lines 3, 5, and 9; I	Part III. lines 1a and 4: Part IV. line	es 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 t			,	, ,
PART IV, LINE 2B:				
IN JANUARY 2017, IMS BEGAN ACTI	NG AS FISCAL AGE	NT FOR ANOTHE	ER A	SSOCIATION,
•				<u> </u>
THE COMMITTEE OF PRESIDENTS OF	STATISTICAL SOCI	ETIES (COPSS))	AS PART OF
		(
THIS ARRANGEMENT, IMS HOLDS COP	SS'S ASSETS AND 1	MAKES TRANSAC	CTIO	NS ON ITS
BEHALF.				
DEMARIT •				
			-	
PART V, LINE 4:				
= =:				
THE ENDOWMENT CONSISTS OF TWO D	ONOR-RESTRICTED	ENDOWMENT FUN	NDS,	THE LE CAM

PART X, LINE 2:

FUND PROFESSIONAL LECTURES.

Schedule D (Form 990) 2023

ENDOWMENT AND THE BLACKWELL LECTURE ENDOWMENT, ESTABLISHED IN ORDER TO

Part XIII Supplemental Information (continued)

THE INSTITUTE IS A SECTION 501(C)(3) ORGANIZATION EXEMPT FROM INCOME TAXES ON ACTIVITIES RELATED TO ITS EXEMPT PURPOSE UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN REPORTED IN ITS FINANCIAL STATEMENTS.

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, 2023 AND 2022, THE INSTITUTE HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED.

THE INSTITUTE FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A STATE REGISTRATION AT THE OFFICE OF THE STATE'S ATTORNEY GENERAL FOR THE STATES OF OHIO AND CALIFORNIA.

SCHEDULE F (Form 990)

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.

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Nam	e of the organization					Employer identi	fication number
INS	STITUTE OF MA	THEMATIC	AL STATI	STICS		94-131778	37
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1	Form 990, Part IV, line 14b.						
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? L	Yes No
2		ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	tside the
2	United States.	ha fallowing Dad	t Llina O table o	on he duplicated if additional appear is	acadad \		
3	(a) Region	(b) Number of		an be duplicated if additional space is a (d) Activities conducted in the region		vity listed in (d)	(f) Total
	() 3	offices	`employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	I independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EURC	OPE			PROGRAM SERVICE	EDITORIAL		88,679.
							1
3 a	Subtotal	0	0				88,679.
	Total from continuation						,
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				88,679.

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

Schedule F (Form 990) 2023

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

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 organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

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) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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 the Instructions for Form 926)	Yes	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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)		X No
		Schedule F (For	n 990) 2023

332074 11-29-23

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	FITUTE OF MATH	EMATICAL ST	ATISTICS				Employer identification number 94-1317787
Part I General Information of	on Grants and Assistance						
 Does the organization mainta criteria used to award the gra Describe in Part IV the organi 	ants or assistance?ization's procedures for mon	itoring the use of gran	t funds in the Unite	ed States.			X Yes No
	istance to Domestic Orgar more than \$5,000. Part II ca				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of org or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section	1 501(c)(3) and government c	rganizations listed in t	he line 1 table				······
3 Enter total number of other o							

(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
IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
T I, LINE 2:					
FIRMING ATTENDANCE AT ANNUAL M	EETING.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

INSTITUTE OF MATHEMATICAL STATISTICS

 $\begin{array}{c} \textbf{Employer identification number} \\ 94-1317787 \end{array}$

Pa	art I Questions Regarding Compensation							
	·		Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:	_		v				
a	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X				
С	Participate in or receive payment from an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only continue $501(a)(2)$, $501(a)(4)$, and $501(a)(20)$ organizations must complete lines 50							
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
3	contingent on the revenues of:							
•		5a		х				
	The organization? Any related organization?	5b		X				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
-	contingent on the net earnings of:							
а	The organization?	6a		Х				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELYSE GUSTAFSON	(i)	173,998.	0.	0.	17,409.	13,565.	204,972.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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: PROFESSIONAL SOCIETY DEVOTED TO THE DEVELOPMENT AND DISSEMINATION OF THE THEORY AND APPLICATION OF STATISTICS AND PROBABILITY. 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: SPONSORSHIP OF JOURNALS AND OTHER SCIENTIFIC PUBLICATIONS, ORGANIZATION OF SCIENTIFIC MEETINGS AND COOPERATION WITH OTHER SCIENTIFIC ORGANIZATIONS. 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 GOVERNING BODY FOR REVIEW

AND COMMENT.

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** INSTITUTE OF MATHEMATICAL STATISTICS 94-1317787 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 MEMBERS IN LEADERSHIP ARE DIRECTED TO REVIEW EACH PART OF THIS HANDBOOK. COMPLIANCE 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 INPUT FROM EDITORS, COMMITTEE CHAIRS AND THE EXECUTIVE COMMITTEE. A SALARY SURVEY OF COMPARABLE PERSONNEL IN THE AREA IS USED TO EVALUATE THE APPROPRIATENESS OF COMPENSATION IN THE FIELD. FINAL APPROVAL OF THE COMPENSATION 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 XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.