<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locator</td>
<td>3385CQ</td>
</tr>
<tr>
<td>Taxpayer Name</td>
<td>Mathematical Optimization Society, Inc.</td>
</tr>
<tr>
<td>Return Type</td>
<td>990</td>
</tr>
<tr>
<td>Submitted Date</td>
<td>11/14/2011 09:25:38</td>
</tr>
<tr>
<td>Acknowledgement Date</td>
<td>11/14/2011 09:56:30</td>
</tr>
<tr>
<td>Status</td>
<td>Accepted</td>
</tr>
<tr>
<td>Submission ID</td>
<td>23695320113185000002</td>
</tr>
</tbody>
</table>
IRS e-file Signature Authorization
for an Exempt Organization

For calendar year 2010, or fiscal year beginning ____________ , 20__, and ending ______________ , 20__.

Do not send to the IRS. Keep for your records.

See instructions on back.

Mathematical Optimization Society, Inc.

23-2161580

Mathematical Optimization Society, Inc.

Juan Meza, Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, or 5b, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [ ]
   Total revenue, if any (Form 990, Part VIII, column (A), line 12), ....... 1b
2a Form 990-EZ check here ▶ [x]
   Total revenue, if any (Form 990-EZ, line 9), ....... 2b
3a Form 1120-POL check here ▶ [ ]
   Total tax (Form 1120-POL, line 22) ................. 3b
4a Form 990-PF check here ▶ [ ]
   Tax based on investment income (Form 990-PF, Part VI, line 6), ....... 4b
5a Form 8868 check here ▶ [ ]
   Balance Due (Form 8868, Part I, line 3c or Part II, line 8c), ....... 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-363-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only
[ x ] I authorize GRANT THORNTON LLP to enter my PIN 15125 as my signature

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[1] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ❀

Juan C. Meza

Date ❀

11/11/11

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23695386957
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (Mef) Information for Authorized RS e-file Providers for Business Returns.

ERO's signature ❀

Date ❀

11/14/2011

ERS Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2010)
Return of Organization Exempt From Income Tax

Form 990-EZ

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than $250,000 and total assets less than $600,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 2010, and ending 2010

B Check if applicable:

C Name of organization

MATHMATICAL OPTIMIZATION SOCIETY, INC.

F/K/A MATHEMATICAL PROGRAMMING SOCIETY, INC.

D Employer Identification number

23-2161580

E Telephone number

(718) 263-9874

F Group Exemptor Number

G Accounting method: X Cash  Accrual  Other (specify) ➤

H Check ➤ X if the organization is not required to attach Schedule B

J Tax-exempt status

Form 990, 990-EZ, or 990-PF

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

X

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6a Gross income from gaming (attach Schedule G if greater than $16,000)

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $16,000)

6c Less: direct expenses gaming and fundraising events

6d Net Income or (losses) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6, 7c, 8, and 9

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

Quantity: 1

Public Disclosure Copy

For Paperwork Reduction Act Notice, see the separate instructions.

3385CQ 700P 11/14/2011 8:42:38 AM V 10-8.2 0154805-00010
Balance Sheets (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>ATTACHMENT 4</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>ATTACHMENT 5</td>
</tr>
<tr>
<td>25 Total assets</td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td></td>
</tr>
</tbody>
</table>

Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? ATTACHMENT 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

ATTACHMENT 7

(Grants $ 13,000) If this amount includes foreign grants, check here.

PREPARE, PUBLISH, AND DISTRIBUTE THE SOCIETY'S GENERAL NEWSLETTER, OPTIMA.

(Grants $ 2,000) If this amount includes foreign grants, check here.

Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here.

Total program service expenses (add lines 28a through 31a)

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (if not paid, enter "-"

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

ATTACHMENT 8
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the organization engage in any activity not previously reported to the IRS? If &quot;Yes,&quot; provide a detailed description of each activity in Schedule O.</td>
<td>33</td>
<td>X</td>
</tr>
<tr>
<td>Were any significant changes made to the organizing or governing documents? If &quot;Yes,&quot; attach a conform copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).</td>
<td>34</td>
<td>X</td>
</tr>
<tr>
<td>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>a. Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?</td>
<td>35a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; has it filed a tax return on Form 990-T for this year (see instructions)?</td>
<td>35b</td>
<td></td>
</tr>
<tr>
<td>Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If &quot;Yes,&quot; complete applicable parts of Schedule N.</td>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>Enter amount of political expenditures, direct or indirect, as described in the instructions.</td>
<td>37a</td>
<td></td>
</tr>
<tr>
<td>Did the organization file Form 1120-POL for this year?</td>
<td>37b</td>
<td>X</td>
</tr>
<tr>
<td>Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?</td>
<td>38a</td>
<td>X</td>
</tr>
<tr>
<td>a. If &quot;Yes,&quot; complete Schedule L, Part II and enter the total amount involved.</td>
<td>38b</td>
<td></td>
</tr>
<tr>
<td>Section 501(c)(7) organizations. Enter:</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>a. Initiation fees and capital contributions included on line 9.</td>
<td>39a</td>
<td></td>
</tr>
<tr>
<td>b. Gross receipts, included on line 9, for public use of club facilities.</td>
<td>39b</td>
<td></td>
</tr>
<tr>
<td>Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>a. Section 4911.</td>
<td>40a</td>
<td></td>
</tr>
<tr>
<td>b. Section 4912.</td>
<td>40b</td>
<td>X</td>
</tr>
<tr>
<td>c. Section 4955.</td>
<td>40c</td>
<td></td>
</tr>
<tr>
<td>d. Section 4982.</td>
<td>40d</td>
<td></td>
</tr>
<tr>
<td>All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If &quot;Yes,&quot; complete Form 8886-T.</td>
<td>41</td>
<td>X</td>
</tr>
<tr>
<td>The organization's books are in care of:</td>
<td>42a</td>
<td></td>
</tr>
<tr>
<td>Telephone no.</td>
<td>510-486-7684</td>
<td></td>
</tr>
<tr>
<td>Located at:</td>
<td>1 CYCLOTRON ROAD, NS 50B-4230 BERKELEY, CA 94720</td>
<td></td>
</tr>
<tr>
<td>At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If &quot;Yes,&quot; enter the name of the foreign country.</td>
<td>42b</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td>42c</td>
<td>X</td>
</tr>
<tr>
<td>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year.</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain any donor advised funds during the year? If &quot;Yes,&quot; Form 990 must be completed instead of Form 990-EZ.</td>
<td>44a</td>
<td>X</td>
</tr>
<tr>
<td>Did the organization operate one or more hospital facilities during the year? If &quot;Yes,&quot; Form 990 must be completed instead of Form 990-EZ.</td>
<td>44b</td>
<td>X</td>
</tr>
<tr>
<td>Did the organization receive any payments for indoor tanning services during the year?</td>
<td>44c</td>
<td>X</td>
</tr>
<tr>
<td>d. If &quot;Yes&quot; to line 44c, has the organization filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>44d</td>
<td></td>
</tr>
</tbody>
</table>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
   a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ. .........................................................
   Yes No  45 X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. .........................................................
   Yes No  46 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI .................................
   Yes No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .................................
   Yes No  47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .................................
   Yes No  48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? .................................
   Yes No  49a X

49b If "Yes," was the related organization a section 527 organization? .................................
   Yes No  49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expenses account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000 ................................. ➤ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| d Total number of other independent contractors receiving over $100,000 | ➤ NONE |

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ................................. ➤ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ➤ GRANT THORNTON LLP

Firm's EIN ➤ 36-6055558

Firm's address ➤ 2041 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103

Phone no 215-561-4200

May the IRS discuss this return with the preparer shown above? See instructions. ................................. ➤ Yes No

Form 990-EZ (2010)
Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. 

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8700, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

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

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the due date for</td>
<td>MATHEMATICAL PROGRAMMING SOCIETY, INC. C/O SIAM</td>
<td>23-2161580</td>
</tr>
<tr>
<td>filing your return. See</td>
<td>3600 UNIVERSITY SCIENCE CENTER</td>
<td></td>
</tr>
<tr>
<td>Instructions.</td>
<td>City, town or post office, state, and ZIP code. For a foreign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>address, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHILADELPHIA, PA 19104</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return) 03

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or</td>
<td>05</td>
<td>Form 6089</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

The books are in the care of DR. DAVID M. GAY

Telephone No. 718-263-9874 FAX No. 

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   - □ calendar year 20 10 or
   - □ tax year beginning , 20 , and ending , 20 .

2. If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ NONE

3b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b $ NONE

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions. 3c $ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.
Form 8868 (Rev. 1-2011)  
Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MATHEMATICAL PROGRAMMING SOCIETY, INC. C/O SIAM</td>
<td>23-2161580</td>
</tr>
</tbody>
</table>

File by the extended due date for filing your return. See instructions.

<table>
<thead>
<tr>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3600 UNIVERSITY SCIENCE CENTER</td>
</tr>
</tbody>
</table>

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

| PHILADELPHIA, PA 19104 |

Enter the Return code for the return that this application is for (file a separate application for each return).

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>08</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **DR. DAVID M. GAY**
- Telephone No. **718-263-9874**
- FAX No. **347-650-6217**

- If the organization does not have an office or place of business in the United States, check this box. **☐**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _________. If this is for the whole group, check this box. **☐** If it is for part of the group, check this box. **☐** and attach a list with the names and EINs of all members the extension is for.

4. I request an additional 3-month extension of time until ___________ 11/15 ___________ 20 ___________.

5. For calendar year 2010, or other tax year beginning ___________ 20 ___________ and ending ___________ 20 ___________.

6. If the tax year entered in line 5 is for less than 12 months, check reason:

   - Initial return **☐**
   - Final return **☐**

7. Change in accounting period **☐**

State in detail why you need the extension. **ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

---

8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8068, enter the tentative tax, less any nonrefundable credits. See instructions.

| 8a | $ | NONE |

8b. If this application is for Form 990-PF, 990-T, 4720, or 8068, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

| 8b | $ | NONE |

8c. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

| 8c | $ | 0.00 |

---

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature**

**Title**

**Date** 7/7/2011

Form 8868 (Rev. 1-2011)
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. See separate instructions.

Name of the organization: MATHEMATICAL OPTIMIZATION SOCIETY, INC.
Employer Identification number: 23-2161580

Part I  Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [X] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. [X] An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. [ ] An organization organized and operated exclusively for the benefit of public safety. See section 509(a)(4).
11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a. [ ] Type I  b. [ ] Type II  c. [ ] Type III - Functionally Integrated  d. [ ] Type III - Other
12. [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
13. [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
14. [ ] Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
   (ii) A family member of a person described in (i) above.
   (iii) A 35% controlled entity of a person described in (i) or (ii) above.
15. [ ] Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2010
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2009 Schedule A, Part II, line 14</td>
<td>15</td>
</tr>
</tbody>
</table>

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 

16b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 

17b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 

---

JSA 0E1220.1000

3385CQ 700P 11/14/2011 8:42:38 AM V 10-8.2 0154805-00010
### Section A. Public Support

<table>
<thead>
<tr>
<th>Year</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50,262</td>
<td>55,651</td>
<td>43,195</td>
<td>52,359</td>
<td>79,119</td>
<td>280,566</td>
</tr>
<tr>
<td>2</td>
<td>23,776</td>
<td>69,700</td>
<td>52,292</td>
<td>32,522</td>
<td>57,153</td>
<td>235,443</td>
</tr>
<tr>
<td>3</td>
<td>640</td>
<td>680</td>
<td>595</td>
<td>630</td>
<td>720</td>
<td>3,265</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>73,978</td>
<td>125,351</td>
<td>95,487</td>
<td>84,881</td>
<td>136,312</td>
<td>516,009</td>
</tr>
<tr>
<td>7a</td>
<td>640</td>
<td>680</td>
<td>595</td>
<td>630</td>
<td>720</td>
<td>3,265</td>
</tr>
<tr>
<td>7b</td>
<td>640</td>
<td>680</td>
<td>595</td>
<td>630</td>
<td>720</td>
<td>3,265</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>73,978</td>
<td>125,351</td>
<td>95,487</td>
<td>84,881</td>
<td>136,312</td>
</tr>
<tr>
<td>10a</td>
<td>13,837</td>
<td>15,710</td>
<td>9,716</td>
<td>1,931</td>
<td>749</td>
</tr>
<tr>
<td>11</td>
<td>13,837</td>
<td>15,710</td>
<td>9,716</td>
<td>1,931</td>
<td>749</td>
</tr>
<tr>
<td>12</td>
<td>125</td>
<td>0</td>
<td>125</td>
<td>0</td>
<td>530</td>
</tr>
<tr>
<td>13</td>
<td>87,940</td>
<td>141,061</td>
<td>105,328</td>
<td>86,812</td>
<td>137,591</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

- **15** Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))
  - 91.77%
- **16** Public support percentage from 2009 Schedule A, Part III, line 15
  - 89.10%

### Section D. Computation of Investment Income Percentage

- **17** Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))
  - 7.51%
- **18** Investment income percentage from 2009 Schedule A, Part III, line 17
  - 10.20%
- **19a** 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box. The organization qualifies as a publicly supported organization
  - X
- **19b** 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box
  - X

### Section E. Private Foundation

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
**Part IV  Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions.)

**ATTACHMENT 1**

**SCHEDULE A, PART III - OTHER INCOME**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>125.</td>
<td>0.</td>
<td>125.</td>
<td>0.</td>
<td>530.</td>
<td>780.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>125.</td>
<td>0.</td>
<td>125.</td>
<td>0.</td>
<td>530.</td>
<td>780.</td>
</tr>
</tbody>
</table>
PART I, LINE 10

GRANTS AND ALLOCATIONS IN 2010

GRANTS CONSISTED OF HONORARIA FOR EDITORIAL SERVICES FOR THE SOCIETY'S
PUBLICATIONS. NONE OF THE RECIPIENTS IS RELATED TO ANY PERSON OR
CORPORATION WITH AN INTEREST IN THE SOCIETY. THE RECIPIENTS, THEIR
ADDRESSES, AND AMOUNTS ARE LISTED BELOW:

PROF. KURT M. ANSTREICHER ($4,000, MPA)

THE UNIVERSITY OF IOWA

DEPT. OF MANAGEMENT SCIENCES

S322 PAPPJOHN BUILDING

IOWA CITY, IA 52242

PROF. ALBERTO CAPRARAS ($500, OPTIMA)

DEIS UNIVERSITA DI BOLOGNA

VIALE RISORGIMENTO 2

I - 40136 BOLOGNA

ITALY

PROF. WILLIAM COOK ($2,000, MFC)

GEORGIA INSTITUTE OF TECHNOLOGY

SCHOOL OF INDUSTRIAL AND SYSTEMS ENGINEERING

765 FERST DRIVE

ATLANTA, GA 30332-0205
PROF. MICHAEL C. FERRIS ($1,000, MPA)

UNIVERSITY OF WISCONSIN

DEPARTMENT OF COMPUTER SCIENCES

1210 WEST DAYTON STREET

MADISON, WI 53706

PROF. DR. MICHAEL JUNGER ($1,000, MPA)

INSTITUT FUR INFORMATIK

UNIVERSITAT ZU KOLN

POHLIGSTRABE 1

D-50969 KOLN, GERMANY

DR. THORSTEN KOCH ($1,000, MFC)

BLISSESTRABE 51

10713 BERLIN

GERMANY

PROF. ADRIAN S. LEWIS ($1,000, MPA)

SCHOOL OF OR & IE

CORNELL UNIVERSITY

ITHACA, NY 14853

PROF. ANDREA LODI ($1,000, OPTIMA)

DEIS UNIVERSITA DI BOLOGNA
VIALE RISORGIMENTO 2
I - 40136 BOLOGNA
ITALY

PROF. DANNY RALPH ($2,000, MPB)
JUDGE BUSINESS SCHOOL
UNIVERSITY OF CAMBRIDGE
TRUMPINGTON STREET
CAMBRIDGE CB2 1AG
UNITED KINGDOM

DR. KATYA SCHEINBERG ($500, OPTIMA)
310 S. W. MUDD BUILDING
500 W. 120TH STREET
NEW YORK, NEW YORK 10027

PROF. F. B. SHEPHERD ($1,000, MPA)
MCGILL UNIVERSITY
805 SHERBROOKE WEST
MONTREAL, QUEBEC H3A 2K6
CANADA

FORM 990EZ, PART I - INVESTMENT INCOME

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INVESTMENTS</td>
<td>749.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>749.</td>
</tr>
</tbody>
</table>

ATTACHMENT 1
FORM 990EZ, PART I - OTHER REVENUE

ADVERTISING INCOME

TOTALS

530.

530.

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES
ADVERTISING
BANK FEES AND CREDIT CARD CHARGES
MISCELLANEOUS

TOTAL

252.
826.
2,932.
300.

4,310.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION
CASH

BEGINNING OF YEAR
348,601.

END OF YEAR
423,619.

TOTALS
348,601.
423,619.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION
ACCOUNTS RECEIVABLE

BEGINNING OF YEAR
7.

END OF YEAR
0.

TOTALS
7.
0.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SOCIETY IS AN INTERNATIONAL ORGANIZATION DEDICATED TO THE PROMOTION AND MAINTENANCE OF HIGH PROFESSIONAL STANDARDS IN THE SUBJECT OF MATHEMATICAL OPTIMIZATION. IT PUBLISHES THE JOURNALS MATHEMATICAL PROGRAMMING A AND B, CONSISTING OF TECHNICAL ARTICLES ON ALL ASPECTS OF THE SUBJECT; THE JOURNAL MATHEMATICAL PROGRAMMING
COMPUTATION, FOR ARTICLES WITH A COMPUTATIONAL FOCUS; THE MOS/SIAM SERIES ON OPTIMIZATION, COMPRISING MONOGRAPHS AND TEXTS ON PARTICULAR OPTIMIZATION TOPICS; AND THE NEWSLETTER OPTIMA. EVERY THREE YEARS THE SOCIETY SPONSORS THE INTERNATIONAL SYMPOSIUM ON MATHEMATICAL PROGRAMMING (ISMP). IN OTHER YEARS, IT SUPPORTS THE CONFERENCE ON INTEGER PROGRAMMING AND COMBINATORIAL OPTIMIZATION (IPCO) AND THE INTERNATIONAL CONFERENCE ON CONTINUOUS OPTIMIZATION (ICCOPT).

PREPARE, PUBLISH AND DISTRIBUTE THE SOCIETY'S TECHNICAL JOURNALS: (1) MATHEMATICAL PROGRAMMING A, 6-9 TIMES A YEAR, (2) MATHEMATICAL PROGRAMMING B INTERMITTENTLY, AND (3) MATHEMATICAL PROGRAMMING COMPUTATION INTERMITTENTLY.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</th>
<th>COMPENSATION</th>
<th>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</th>
<th>EXPENSE ACCT. AND OTHER ALLOWANCES</th>
</tr>
</thead>
</table>
| PROF PHILIPPE TOINT  
61, RUE DE BRUXELLES  
B5000  
NAMUR  
NAMUR  
BELGIUM | CHAIR  
8.00 | 0. | 0. | 0. |
| PROF STEPHEN J WRIGHT  
COMPUTER SCIENCES DEPARTMENT  
1210 W. DAYTON STREET  
MADISON, WI 53706 | VICE-CHAIR  
2.00 | 0. | 0. | 0. |
| DR JUAN MEZA  
LAWRENCE BERKELEY NATIONAL LAB.  
1 CYCLOTRON ROAD, MS 50B-4230  
BERKELEY, CA 94720 | TREASURER  
2.00 | 0. | 0. | 0. |
| PROF JEFFREY T LINDEROTH  
DEPARTMENT OF MANAGEMENT SCIENCES  
S322 PAPPANOJH BUILDING  
IOWA CITY, IA 52242-1000 | COUNCIL MEMBER AT-LARGE  
1.00 | 0. | 0. | 0. |
| DR CLAUDIA SAGASTIZABAL  
ESTRADA DONA CASTORINA 110  
22460-320  
RIO DE JANEIRO  
RIO DE JANEIRO  
 BRAZIL | COUNCIL MEMBER AT-LARGE  
1.00 | 0. | 0. | 0. |
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<th>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</th>
<th>EXPENSE ACCT. AND OTHER ALLOWANCES</th>
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GRAND TOTALS

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