Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning 2018, and ending 20 D Employer identification number C Name of organization B Check if applicable MATHEMATICAL OPTIMIZATION SOCIETY, INC. 23-2161580 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 3600 UNIVERSITY SCIENCE CENTER (718) 263-9874Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended PHILADELPHIA, PA 19104 G Gross receipts \$ 74.524 Application pending H(a) Is this a group return for F Name and address of principal officer: JOHN BIRGE Х Nο Yes subordinates' 3600 UNIVERSITY SCIENCE CTR, PHILADELPHIA, PA 19104 H(b) Are all subordinates included? Yes No X 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ WWW.MATHOPT.ORG H(c) Group exemption number L Year of formation: 1981 M State of legal domicile: Form of organization: X Corporation PΑ Other > Summary 1 Briefly describe the organization's mission or most significant activities: ADVANCE KNOWLEDGE OF MATHEMATICAL OPTIMIZATION Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 8. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 7. Number of independent voting members of the governing body (Part VI, line 1b) 0. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ο. **b** Net unrelated business taxable income from Form 990-T, line 38 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) Λ 0. 44,512 61,364. Program service revenue (Part VIII, line 2g) 13,160. 6,599. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 O 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,524. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,111. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 75,061. 69,702. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 75,061. 69,702. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -23,950. 4,822. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 780,989. 776,016. 20 Total assets (Part X, line 16) 5,479 5,630. 21 Total liabilities (Part X, line 26) 770,537. 775,359. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. wina Man 11/15/2019 Sign Signature of officer Date Here TREASURER MARINA A EPELMAN Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid ALICIA HAINES self-employed P01620068 Preparer ▶GRANT THORNTON LLP Firm's EIN ▶ 36-6055558

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

No

215-561-4200

X Yes

Use Only

Firm's name

Firm's address ▶2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103

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

MATHEMATICAL OPTIMIZATION SOCIETY, INC. 23-2161580 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 67,491. including grants of \$) (Revenue \$ 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. PREPARE, PUBLISH, AND DISTRIBUTE THE SOCIETY'S GENERAL NEWSLETTER, OPTIMA. **4b** (Code: including grants of \$) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$

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

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

67,491.

Form 990 (2018) Page **3**

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," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III, 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

JSA 8E1021 1.000

Page 4 Form 990 (2018)

Part	V 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	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 Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26		230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		Х
07	disqualified persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		_
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		100		
rait				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		105	NO
	Enter the number of forms W 20 moradod in line fat. Enter of infortaphicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

Page 5 Form 990 (2018)

Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х
	solicit any contributions that were not tax deductible as charitable contributions?	va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	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 was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

23-2161580 MATHEMATICAL OPTIMIZATION SOCIETY, INC. Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

Did the organization delegate control over management duties customarily performed by or under the direct

	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
٠. ٠.	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
_	The governing body?	8a	Х	
a 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			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		·.)	
		-	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	X	
	describe in Schedule O how this was done	13		Х
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14		21
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	130	21	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	46:		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

Upon request

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

State the name, address, and telephone number of the person who possesses the organization's books and records ►

MARINA A EPELMAN 3600 UNIVERSITY SCIENCE CENTER PHILADELPHIA, PA 19104 734-717-7805

Χ

2

18

19

20

X Own website

financial statements available to the public during the tax year.

Another's website

Other (explain in Schedule O)

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

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

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

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

Name and Title	(B) Average hours per week (list any hours for	1					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)KAREN AARDAL	8.00									
CHAIR	0.	Х		Х				0.	0.	0.
(2)WILLIAM COOK	2.00									
VICE-CHAIR (END 6/18)	0.	Х		Х				0.	0.	0.
(3)JOHN BIRGE	2.00									
VICE-CHAIR (BEG 7/18)	0.	X		Х				0.	0.	0.
(4)MARINA EPELMAN	4.00									
TREASURER	0.	X		Х				0.	0.	0.
(5)LUIS NUNES VICENTE	1.00									
CHAIR OF EXECUTIVE COMMITTEE	0.	X						0.	0.	0.
(6)SHABBIR AHMED (END 6/18)	1.00									
COUNCIL MEMBER AT-LARGE	0.	Х						0.	0.	0.
(7)ROBERTO COMINETTI (END 6/18)	1.00							_	_	_
COUNCIL MEMBER AT-LARGE	0.	X						0.	0.	0.
(8) JACEK GONDZIO (END 6/18)	1.00									
COUNCIL MEMBER AT-LARGE	0.	Х						0.	0.	0
(9)ADRIAN LEWIS (END 6/18)	1.00							500		
COUNCIL MEMBER AT-LARGE	0.	Х						500.	0.	0
(10)SANTANU DEY (BEG 7/18)	1.00									
COUNCIL MEMBER AT-LARGE	0.	Х						0.	0.	0.
(11)TITO HOMEM-DE-MELLO (BEG 7/18)		37						0	_	
COUNCIL MEMBER AT-LARGE	0.	Х						0.	0.	0.
(12)JAMES LUEDTKE (BEG 7/18) COUNCIL MEMBER AT-LARGE	1.00	X						0.	0.	0.
(13)BRITTA PEIS (BEG 7/18)	1.00	Λ						0.	0.	0
COUNCIL MEMBER AT-LARGE	0.	X						0.	0.	0.
	 0.	Λ.						0.	0.	
(14)										

Form **990** (2018)

.ISA

Form 990 (2018) Page **8**

	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	lig	hest Compensat	ed Employ	yees (c	ontinue	<u>d)</u>	ago e
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles	Pos heck ss pe d a d	rson lirect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d tions	Esi am comp	(F) timated ount of other pensation om the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	orga and	nnizatio related nization	t
1b	Sub-total								500.		0.			0.
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	_						>	0. 500.		0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste		bove	e) who	re	eceived more than	\$100,000	of			
_	Did the executaction list only farmer office	o		4		_	l.a		Javaa ar highaa		atad		Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	. If	"Yes	,"				4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5		Х
	ction B. Independent Contractors Complete this table for your five highest com	noncated i	ndone	nde	nt (cont	tracto	rc t	hat received more	than \$100	0,000,0	v.f		
•	compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compens	ation	
					-									

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	nv line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
a C	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		0.			
ne	<u> </u>	Totali Alda iirioo Ta Ti	Business Code				
Program Service Revenue	2a b c	SUBSCRIPTIONS MEMBERSHIP FEES		29,100. 32,264.	29,100. 32,264.		
Program	e f g	All other program service revenue Total. Add lines 2a-2f		61,364.			
	3	Investment income (including divider					
		and other similar amounts)	▶	13,160.			13,160.
	4	Income from investment of tax-exempt bond		0.			
	6a b	Royalties	(ii) Personal	0.			
	C	Rental income or (loss)					
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other	0.			
	b c	Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
Ö	C	Less: direct expenses b Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a	0.				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b	-					
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		74 524	63.361		12.160
	12	Total revenue. See instructions		74,524.	61,364.		13,160.

MATHEMATICAL OPTIMIZATION SOCIETY, INC.

23-2161580

Pa	art IX Statement of Functional Expense	S			
Se	ction 501(c)(3) and 501(c)(4) organizations mu	st complete all column	s. All other organization	ons must complete col	umn (A).
	Check if Schedule O contains a resp	oonse or note to any lin	ne in this Part IX		X
	not include amounts reported on lines 6b, 7b, 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				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic	0.			
_	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
3	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0.			
9		0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
	a Management	0.			
	Legal	1,393.	1,393.		
	Accounting	1,517.	1,517.		
c	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
1	f Investment management fees	0.			
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,200.	1,200.		
12	Advertising and promotion	0.			
13	Office expenses	2,585.	2,585.		
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	E 500		
	Conferences, conventions, and meetings	7,500.	7,500.		
20	Interest	0.			
21	Payments to affiliates	0.			
		0.			
	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	ADMIN FEES	37,200.	37,200.		
_	PRIZES AND AWARDS	7,555.	7,555.		
-	HONORARIA	7,333.	7,400.		
	BANK FEES AND CREDIT CHARGES	2,211.	, , 100.	2,211.	
_	•	1,141.	1,141.	2,211.	
	All other expenses Add lines 1 through 24e	69,702.	67,491.	2,211.	
			/	2,221.	
	organization reported in column (B) joint costs from a combined educational campaign and				

0.

fundraising solicitation. Check here ▶ [following SOP 98-2 (ASC 958-720)

Page **11** Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
_		, , , , , , , , , , , , , , , , , , ,	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	29,991.	1	61,804.
	2	Savings and temporary cash investments	723,205.	2	696,365.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	70.	4	70.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
G		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities ATCH 2	22,750.		22,750.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	17	0.
	15	Other assets. See Part IV, line 11	0.	13	0.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	776,016.	_	780,989.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	5,479.	10	5,630.
	19	Deferred revenue	0.	19	0.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0.
"	22	Loans and other payables to current and former officers, directors,	<u> </u>	21	0.
Liabilities	22	trustees, key employees, highest compensated employees, and			
ij		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25.	5,479.	26	5,630.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	702,256.	27	706,190.
Bal	28	Temporarily restricted net assets	48,783.	28	49,291.
bu	29	Permanently restricted net assets	19,498.	29	19,878.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	770,537.	33	775,359.
	34	Total liabilities and net assets/fund balances	776,016.	34	780,989.
					Form 990 (2018)

Form **990** (2018)

Page **12** Form 990 (2018)

OIIII J	50 (2010)			ıα	JC
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74,5	524.
2	Total expenses (must equal Part IX, column (A), line 25)	2 69			702.
3	Revenue less expenses. Subtract line 2 from line 1	· — — — — — — — — — — — — — — — — — — —			322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	70,5	37.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7	75,3	359.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed 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 aud				
	separate basis, consolidated basis, or both:				
	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	oversiaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent action	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3h		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

TAM	THEMATICAL OPTIMIZATION	N SOCIETY, IN	IC.			23-216158	30			
Par	rt I Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions				
	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1	A church, convention of chu		•		•	•				
2	A school described in section									
3	A hospital or a cooperative					: :				
4	A medical research organiz	-	_				(iii). Enter the			
-	hospital's name, city, and st			-			(,- =			
5	An organization operated f		a college or universit	v owned	d or one	erated by a governme	ntal unit described in			
•	section 170(b)(1)(A)(iv). (C		a conogo or arrivoron	., 0111101	и от орс	rated by a governme	inai aini acconboa ii			
6	A federal, state, or local go	•	rnmental unit describe	d in sact	ion 170/	h)(1)(A)(v)				
7	An organization that norma	•					om the general public			
′		-	•	ірроп по	Jili a go	verninental unit of hic	on the general public			
	described in section 170(b)			Dort II \						
8	A community trust describe					l in annimantina mitala	land anaut sallana			
9	An agricultural research org				-	-				
	or university or a non-land-o	grant college of ag	friculture (see instruct	ions). Ei	nter the	name, city, and state of	the college or			
	university:		4 00 00 14		,					
10	X An organization that normal receipts from activities relaisupport from gross investment.	ted to its exempt f	unctions - subject to o	certain e	xception	is, and (2) no more that	n 331/3 %of its			
	acquired by the organization						Duoii icooco			
11	An organization organized a									
12	An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes			
	of one or more publicly sup	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3)			
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g									
а	Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving			
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
	supporting organization. Y	` ' '	0 , 11		.,,					
b	Type II. A supporting orga	-			with its	supported organization	on(s), by having			
	control or management o					· · ·	• • • •			
	organization(s). You must		-				9			
С	Type III functionally integ	=		ated in co	onnectio	n with and functional	ly integrated with			
•	its supported organization						iy intogratod with,			
d	Type III non-functionally		· ·				ed organization(s)			
u	that is not functionally inte	•		•			• ,			
	requirement (see instructi	•	•	•		·	an attentiveness			
_	Check this box if the orga	•	•				I. Two III			
е						•••	і, туре ііі			
f	functionally integrated, or Enter the number of supported				nganizai	IOH.				
	Provide the following information									
9_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of			
	(i) Name of Supported organization	(11) = 11	(described on lines 1-10		ur governing	support (see	other support (see			
			above (see instructions))		ment?	instructions)	instructions)			
				Yes	No					
(A)										
(B)										
(C)										
				-						
(D)										
·- <i>,</i>										
(E)										
										
Tota	اما									
. 014	41					1				

Schedule A (Form 990 or 990-EZ) 2018

Part II

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 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						
	tion B. Total Support		T	Г		T	T
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. 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. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li					14	<u>%</u>
15	Public support percentage from 2017	•	•			15	<u>%</u>
16a	331/3% support test - 2018. If the or						
	box and stop here. The organization q						
D	331/3% support test - 2017. If the organization						
172	this box and stop here . The organizati 10%-facts-and-circumstances test - 2	-		-			
174	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			•	•		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						-
	supported organization				_		
18	Private foundation. If the organization						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	35,534.	87,796.	45,617.	8,585.	32,264.	209,796.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	53,447.	48,135.	137,763.	35,927.	29,100.	304,372.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	88,981.	135,931.	183,380.	44,512.	61,364.	514,168.
	Amounts included on lines 1, 2, and 3	33,7321	200,702.		,		
	received from disqualified persons	720.	720.	720.	720.	720.	3,600.
b	Amounts included on lines 2 and 3	.23.	7.20	.23.	, 20.		3,000.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
_	or 1% of the amount on line 13 for the year	720.	720.	720.	720.	720.	3,600.
8 8	Add lines 7a and 7b	720.	720.	720.	720.	720.	3,000.
0	line 6.)						510,568.
Sec	tion B. Total Support						310,300.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		88,981.	135,931.	183,380.	44,512.	61,364.	514,168.
9 10 a	Amounts from line 6 Gross income from interest, dividends,	00,701.	1337331.	100,000.	11,312.	01,3011	311,100.
	payments received on securities loans,						
	rents, royalties, and income from similar sources	381.	364.	2,288.	6,599.	13,160.	22,792.
h	Unrelated business taxable income (less	301.	301.	2,200.	0,333.	13,100.	22,752.
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
_	·	381.	364.	2,288.	6 500	12 160	22,792.
	Add lines 10a and 10b	301.	304.	2,200.	6,599.	13,160.	22,192.
11	activities not included in line 10b,						
	whether or not the business is regularly						0
	carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets			105			105
12	(Explain in Part VI.) ATCH 1			125.			125.
13	Total support. (Add lines 9, 10c, 11,	00.360	126 205	105 703	E1 111	74 504	E27 00F
	and 12.)	89,362.	136,295.	185,793.	51,111.	74,524.	537,085.
14	First five years. If the Form 990 is for	•	•		•		` ` ` ` _
	organization, check this box and stop here						
	Public support paragraph of Public Supp			(f))		45	95.06%
15	Public support percentage for 2018 (line 8,		•			15	
16	Public support percentage from 2017 Sche					16	97.50%
	tion D. Computation of Investment				I		1 21 2
17	Investment income percentage for 2018 (lin	·				17	4.24%
18	Investment income percentage from 2017 S				`	18	1.83%
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi	-	-	•		• • •	
b	331/3% support tests - 2017. If the orga						. \square
	line 18 is not more than 331/3 %, check		-				. —
20	Private foundation. If the organization of	did not check a	a box on line 1.	4. 19a. or 19b.	. check this bo	x and see instru	ictions

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
_	

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng by			
us ed	1		
er	2		
nd he	3a		
В)	3b		
If	3c		
gn o <i>n</i>	4a		
on	4b		
ed B)			
s," IN n;	4c		
on	5a		
dy	5b 5c		
to ed or			
or ty	6		
7?	8		
re ed			
ch	9a 9b		
fit	9с		
on ed	10a		
to	10a		
			_

	ne A (1 0111 330 01 330 EZ) 2010			age e
Part	N Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
2004	11 0 0	2		
secti	on C. Type II Supporting Organizations		Vas	NI -
			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		
Secti	on D. All Type III Supporting Organizations		\ <u>'</u>	
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		Yes	No
	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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
С	——————————————————————————————————————	แเงแน	Yes	
2	Activities Test. Answer (a) and (b) below.		1 63	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organization	-		•		
(B) Current Yea					
Section A - Adjusted Net Income		(A) Prior 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				
Section B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year		
Section B - Minimum Asset Amount		(A) Prior 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				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets					
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)					
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4					
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see		
instructions).	-		- ,		

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART II	I - OTHER INCO	ME				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME			125.			125.
TOTALS			125.			125.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 23-2161580

MATHEMATICAL OPTIMIZATION SOCIETY, INC.

FORM 990, PART VI, SECTION A, QUESTION 6

THE SOCIETY CONSISTS OF DUES-PAYING MEMBERS FROM ACADEMIA, INDUSTRY, AND RESEARCH LABS.

FORM 990, PART VI, SECTION A, QUESTION 7

ELECTIONS ARE HELD ONCE EVERY THREE YEARS TO ELECT THE CHAIR, VICE CHAIR,

TREASURER, AND 4 COUNCIL MEMBERS AT LARGE. THE CHAIR OF THE EXECUTIVE

COMMITTEE IS APPOINTED BY THE COUNCIL, FOLLOWING A NOMINATION BY THE

CHAIR, WHICH THE COUNCIL MAY APPROVE OR DISAPPROVE, AND THEREAFTER SERVES

UNTIL THE CHAIR NOMINATES A REPLACEMENT CANDIDATE FOR THE OFFICE.

FORM 990, PART VI, SECTION B, QUESTION 11A - REVIEW OF FORM 990

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE

DRAFT FORM 990 WAS CIRCULATED TO THE FULL EXECUTIVE COMMITTEE FOR

DISCUSSION AND COMMENT. EACH EXECUTIVE COMMITTEE MEMBER WAS PROVIDED

AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990

PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B

QUESTION 12A - WRITTEN CONFLICT OF INTEREST POLICY EACH OFFICER,

DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF MOS IS REQUIRED TO ANNUALLY

DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR

EMPLOYMENT, BOARD SERVICE, OR POSITION WITH MOS. MOS MONITORS COMPLIANCE

WITH ITS CONFLICT OF INTEREST POLICY THROUGH A SEMI-ANNUAL DISCLOSURE

STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS

ARE INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, SECTION B, QUESTION 15A AND B COUNCIL MEMBERS (INCLUDING ALL THREE OFFICERS) WILL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICES AS COUNCIL MEMBERS, NOR WILL OFFICERS RECEIVE ANY COMPENSATION FOR THEIR SERVICES AS OFFICERS, BUT BY RESOLUTION OF THE COUNCIL, COUNCIL MEMBERS (INCLUDING OFFICERS) MAY BE REIMBURSED FOR THEIR EXPENSES OF ATTENDANCE AT COUNCIL MEETINGS. HOWEVER, NOTHING HEREIN WILL BE CONSTRUED TO PREVENT A COUNCIL MEMBER OR A MEMBER OF THE FAMILY OF SUCH COUNCIL MEMBER FROM SERVING THE SOCIETY IN ANOTHER CAPACITY FOR WHICH COMPENSATION OR AN HONORARIUM IS PAID. IF A COUNCIL MEMBER, OR A MEMBER OF THE FAMILY OF SUCH COUNCIL MEMBER SERVES THE SOCIETY IN ANOTHER CAPACITY FOR WHICH THE SOCIETY MAY PAY ANY OF THEM COMPENSATION, A REIMBURSEMENT, OR AN HONORARIUM, SUCH COUNCIL MEMBER SHALL REVEAL SUCH CONFLICT BEFORE THE COUNCIL CONSIDERS WHETHER TO APPROVE SUCH PAYMENT AND SHALL NOT VOTE ON A COUNCIL ACTION TO APPROVE SUCH PAYMENT. IF SUCH PAYMENT TO A COUNCIL MEMBER OR MEMBER OF THE FAMILY OF SUCH COUNCIL MEMBER SHALL BE EXPECTED IN COMBINATION WITH ANY OTHER PAYMENTS FOR SUCH CALENDAR YEAR TO EXCEED \$5,000, THE MEMBER SHALL ALSO NOT PARTICIPATE IN THE DISCUSSION WHETHER TO APPROVE SUCH PAYMENT. IN ANY CASE IN WHICH THE COUNCIL VOTES TO APPROVE A PAYMENT TO A COUNCIL MEMBER OR MEMBER OF THE FAMILY OF SUCH COUNCIL MEMBER, THE MINUTES SHALL INCLUDE:

(1) THE NAMES OF EACH PERSON WHO WAS PRESENT FOR THE DISCUSSION OF THE

PAYMENT,

- (2) THE NAMES OF EACH PERSON WHO WAS PRESENT FOR THE COUNCIL VOTE ON THE PAYMENT, AND
- (3) THE NAMES AND VOTES OF EACH COUNCIL MEMBER WHO VOTED ON THE PAYMENT.

 FOR THE PURPOSES OF THIS SECTION, THE FAMILY OF AN INDIVIDUAL INCLUDES

 ONLY HIS OR HER SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR

 HALF-BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,

 GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,

 GRANDCHILD.

FORM 990, PART VI, SECTION C, QUESTION 19 - GOVERNING DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE BY POSTING TO THE

ORGANIZATION'S WEBSITE.

FORM 990, PART IX, GRANTS

SELECTION CRITERIA USED TO AWARD THE GRANTS OR ASSISTANCE

A MEMBER OF A COMMITTEE THAT SELECTS THE WINNERS OF A PRIZE OR NAMED

LECTURESHIP MAY NOT PARTICIPATE IN A DISCUSSION CONCERNING A CANDIDATE

FOR THE AWARD IF THE CANDIDATE IS THE MEMBER'S SPOUSE, ANCESTOR, BROTHER,

SISTER (WHETHER WHOLE OR HALF-BLOOD), CHILD (WHETHER NATURAL OR ADOPTED),

GRANDCHILD. GREAT-GRANDCHILD, OR THE SPOUSE OF THE MEMBER'S BROTHER,

SISTER, CHILD, GRANDCHILD, OR GREAT GRANDCHILD. ANY SUCH COMMITTEE MEMBER

SHALL REVEAL SUCH CONFLICT OF INTEREST BEFORE THE COMMITTEE CONSIDERS

WHETHER SUCH FAMILY MEMBER SHOULD BE A PRIZE OR NAMED LECTURESHIP WINNER.

A PRIZE OR NAMED-LECTURESHIP SELECTION COMMITTEE MAY NOT SELECT ONE OF

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

MATHEMATICAL OPTIMIZATION SOCIETY, INC.

Employer identification number
23-2161580

ITS MEMBERSHIPS AS THE WINNER OF THE PRIZE OR NAMED LECTURESHIP FOR WHICH IT HAS BEEN ESTABLISHED.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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).

ATTACHMENT	2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE

INVESTMENTS HELD BY 3RD PARTY 22,750.

TOTALS 22,750.

DESCRIPTION