DLN: 93493305012199 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization AMERICAN MATHEMATICAL SOCIETY D Employer identification number **B** Check if applicable ☐ Address change 05-0264797 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 201 CHARLES STREET ☐ Application pending (401) 455-4000 City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI $\,$ 029042294 $\,$ G Gross receipts \$ 45,910,370 Name and address of principal officer H(a) Is this a group return for CATHERINE ROBERTS ☐Yes ☑No subordinates? 201 CHARLES STREET H(b) Are all subordinates PROVIDENCE, RI 029042294 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)() ◀ (insert no) **H(c)** Group exemption number ▶ Website: ► WWW AMS ORG L Year of formation 1888 M State of legal domicile DC K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities THE SOCIETY'S BROAD MISSION IS TO FURTHER THE INTEREST OF MATHEMATICAL RESEARCH, SCHOLARSHIP AND EDUCATION, WHICH IS ACCOMPLISHED THROUGH PUBLICATIONS, MEETINGS, SERVICES, ADVOCACY IN EDUCATION, RESEARCH AND OTHER AREAS Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance Number of voting members of the governing body (Part VI, line 1a) . . . 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 241 552 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 25,231 b Net unrelated business taxable income from Form 990-T, line 34 7b 42,157 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 4.993.622 7,158,426 9 Program service revenue (Part VIII, line 2g) . . 24,352,108 25,167,513 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 3,699,247 3,619,998 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,044,977 35,945,937 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 664,361 684,122 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 20,699,343 21,532,549 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶535,793 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,061,685 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,425,389 19 Revenue less expenses Subtract line 18 from line 12 . 1,619,588 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 189,250,626 26,267,029 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 162,983,597 Signature Block 2019-10-30 Signature of officer EMILY D RILEY CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-10-30 P00734640 self-employed Firm's name ► CBIZ MHM LLC Firm's EIN ▶ 26-3753134 Firm's address ► 500 BOYLSTON STREET Phone no (617) 761-0600 BOSTON, MA 02116

10,561,598 32,778,269 3,167,668 Net Assets or Fund Balances 181,214,563 26,152,520 155,062,043 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 Sign Here Paid Preparer Use Only ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (20 | 018) | | | | | Page 2 |
|-------------------------------------|---------------------------------------|--|---|--|--|--|---|
| Pa | rt III | Statement o | f Program Servic | e Accomplis | hments | | |
| | | Check if Schedu | ule O contains a respo | nse or note to | any line in this Part III | | 🗹 |
| 1 | Briefly | describe the org | ganızatıon's mıssıon | | | | |
| RESE PUBL AND PROF ENCO | ARCH, S ICATION PROMOT ESSION OURAGIN | SCHOLARSHIP, A IS, MEETINGS, A E THE TRANSMI , (C) SUPPORT I IG AND FACILITA | AND EDUCATION, SER ADVOCACY AND OTHE ISSION OF MATHEMA MATHEMATICAL EDUC | EVES THE NATION OF PROGRAMS, TICAL UNDERST CATION AT ALL PATION OF ALL | DNAL AND INTERNATION WHICH (A) PROMOTE TANDINGS AND SKILL LEVELS, (D) ADVANCE INDIVIDUALS, AND, (I | B TO FURTHER THE INTERESTS DNAL MATHEMATICAL COMMU E MATHEMATICAL RESEARCH S TO ENSURE THE CONTINUE THE STATUS OF THE PROFES E) FOSTER AN AWARENESS AR | NITY THROUGH ITS AND ITS USES, (B) ENCOURAGE D VITALITY OF THE SSION OF MATHEMATICS, |
| 2 | | e organization ur or Form 990 or 9 | | nt program ser | vices during the year v | which were not listed on | . □Yes ☑No |
| | • | | e new services on Sch | edule O | | | . Lives Lino |
| 3 | service | s ⁷ | ease conducting, or m e changes on Schedul | | changes in how it cond | ducts, any program | . 🗆 Yes 🗹 No |
| 4 | Describ Section | be the organizati n 501(c)(3) and | ion's program service | accomplishmer | to report the amount | e largest program services, as of grants and allocations to ot | |
| 4a | (Code See Ado | ditional Data |) (Expenses \$ | 19,266,449 | including grants of \$ |) (Revenue \$ | 22,843,650) |
| 4b | (Code See Ado | ditional Data |) (Expenses \$ | 7,036,443 | including grants of \$ | 684,122) (Revenue \$ | 404,615) |
| 4c | (Code See Ado | ditional Data |) (Expenses \$ | 1,700,461 | including grants of \$ |) (Revenue \$ | 1,666,129) |
| | AGENCI PROVID | ES AND INDIVIDU | ALS IN THE GOVERNMEN BOTH TO THE GOVERNM | T WHOSE PURPOS ENT ABOUT ISSUE | SE IS TO SUPPORT SCIEN |) (Revenue \$ H OTHER PROFESSIONAL SCIENTIF CE AND MATHEMATICAL RESEARCH AND MATHEMATICAL RESEARCH AF THESE AREAS | AND EDUCATION THE OFFICE |
| 4d | Other p | _ | s (Describe in Schedi 811,294 incli | ıle O) udıng grants of | \$ |) (Revenue \$ | 227,888) |
| 4e | Total _I | program servi | ce expenses 🟲 | 28,814,6 | 47 | | |

| Form | 990 (2018) | | | Page 3 |
|------|---|-----|-----|---------------|
| Par | Checklist of Required Schedules | | | |
| | | | Yes | No |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 | 2 | Yes | <u> </u> |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| | 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 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 | Yes | |
| | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2 | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | 1 |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| 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 | Yes | |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | | No |

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . .

19

21

22

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

18

19

20a

20b

21

22

Yes

Yes

Form **990** (2018)

Νo

No

Nο

| ar Sc Sc Di to Cc Di Cc Cc Di Is th If | Old 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 | 24a 24b 24c 24d 25a | Yes | No No No |
|---|--|--|-----|----------|
| ar Sc Sc Di to Cc Di Cc Cc Di Is th If | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete is chedule J. In 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. In the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? In the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? In the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I If "Yes," complete Schedule L, Part I If "Yes," complete Schedule L, Part II If "Yes," complete Schedule L, Part II If "Yes," complete Schedule L, Part II | 24a 24b 24c 24d 25a 25b | | No |
| ar Sc Sc Di to Cc Di Cc Cc Di Is th If | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete is chedule J. In 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. In the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? In the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? In the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? In the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I If "Yes," complete Schedule L, Part I If "Yes," complete Schedule L, Part II If "Yes," complete Schedule L, Part II If "Yes," complete Schedule L, Part II | 24a 24b 24c 24d 25a 25b | Yes | No |
| b Di to to d Di cc. b Is th If 126 Di cc. | 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 | 24b 24c 24d 25a 25b | | No |
| c Di to to d Di Coco b Is th If | Old the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? | 24c 24d 25a 25b | | |
| to d Di 25a Sc Di cc b Is th If | odefease any tax-exempt bonds? | 24d 25a 25b | | |
| 25a So Di ccc b Is th If 26 Di | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Ond the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a 25b | | |
| b Is th <i>If</i> | ond the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," omplete Schedule L, Part I | 25b | | |
| th <i>If</i> 26 Di | hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? f "Yes," complete Schedule L, Part I od the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes," complete Schedule L, Part II | 25b | | No |
| | ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes," complete Schedule L, Part II | 26 | | |
| | | | | No |
| cc | Old the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member if any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| | Vas 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) | | | |
| | current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> | | | . |
| ь л | family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | 28a | | No |
| | Part IV | 28b | | No |
| | on 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 | | No |
| 29 Di | Old the organization receive more than \$25,000 in non-cash contributions 7 If "Yes," complete Schedule M | 29 | | No |
| | Old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule M | 30 | | No |
| 31 Di | old the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 Di | old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? f "Yes," complete Schedule N, Part II | 32 | | No |
| | old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 101 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| | Vas 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 | Yes | |
| 35a Di | old the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| w | f '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 | | No |
| or | iganization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| | old the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 Di | old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. Ill Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | | |

1b

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

0

13a

14a

14b

15

No

Nο

Form **990** (2018)

13b

13c

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

| Form | 990 (2018) | | | Page 6 |
|------|---|---------|-----------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | " respo | onse to i | lines |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year label 1a 8 | | Yes | No_ |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | the following | | | |
| | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Coae | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| L | taxable entity during the year? | 16a | | No |
| D | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed DC , AL , AR , CA , FL , GA , HI , IL , KS , I , MS , NH , NJ , NM , NY , NC , OR , PA , R | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s | . , | | |
| | only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ▶EMILY D RILEY 201 CHARLES ST PROVIDENCE, RI 029042294 (401) 455-4000 | | | |

CHIEF FINANCIAL OFFICER

(12) CATHERINE ROBERTS

EXECUTIVE DIRECTOR

(13) EDWARD DUNNE

EXECUTIVE EDITOR-MI

ASSOCIATE EXEC DIR

ASSOCIATE EXEC DIR

ASSOCIATE EXEC DIR

(17) THOMAS BLYTHE

(15) ROBERT HARINGTON

(16) T CHRISTINE STEVENS

CHIEF INFORMATION OFFICER

(14) KAREN SAXE

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

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

| of reportable compensation from the organization | and any relate | ed organ | nızatı | ons | | | J, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| List all of the organization's former director Appropriate property by the property by t | | | | | | | | | | | |
| organization, more than \$10,000 of reportable co List persons in the following order individual trus | • | | _ | | | | | - | | | |
| compensated employees, and former such person | | , . | • | - | •• | , | | ,, , | ·, · y==- | | |
| Check this box if neither the organization no | r any related or | ganızat | ion c | omp | ens | ated a | any o | current officer, dire | ctor, or trustee | | |
| (A) Name and Title | (B) Average hours per week (list any hours | person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| (1) ROBERT K LAZARSFELD TRUSTEE | 2 00 | × | | | | | | 0 | 0 | 0 | |
| (2) JOSEPH H SILVERMAN TRUSTEE | 2 00 | × | | | | | | 0 | 0 | 0 | |
| (3) BRYNA KRA TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| (4) RALPH L COHEN TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| (5) JUDY L WALKER TRUSTEE | 2 00 | x | | | | | | 0 | 0 | 0 | |
| (6) JANE M HAWKINS TREASURER | 2 00 | x | | × | | | | 0 | 0 | 0 | |
| (7) ZBIGNEW H NITECKI ASSOCIATE TREASURER | 2 00 | х | | × | | | | 0 | 0 | 0 | |
| (8) KENNETH RIBET PRESIDENT | 20 00 | х | | x | | | | 30,000 | 0 | 0 | |
| (9) KAREN VOGTMANN TRUSTEE (UNTIL 1/18/18) | 2 00 | x | | | | | | 0 | 0 | 0 | |
| (10) CARLA D SAVAGE SECRETARY | 25 00 | | | х | | | | 101,094 | 0 | 0 | |
| (11) EMILY RILEY | 40 00 | | | | | | | | | | |

40 00

40.00

40 00

40 00

40 00

40 00

Х

X

Х

Х

х

0

0

0

0

32.355

50,970

39,955

23.569

47,692

28,079

38.084

188.334

246,513

182,976

185,686

220,414

170,365

169.713

| Part VII Section A. Officers, Directors | , Trustees, K | ey Em | ploy | ees, | , an | d Hig | hes | st Compensated | Employees (con | tınued) | |
|---|--|-----------------------------------|-----------------------|------------------------|---------------------------------|------------------------------|--------|--|--|---|----------|
| (A) Name and Title | (B) Average hours per week (list any hours for related | than c | ne bo | ox, u n off or/t | t che inle: ficer rust | and a | son | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | able Estimat ation amount of ated compensa- tions from the | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | 2/1033 (1130) | MISC) | relat organiz | ed |
| (18) SERGEI GELFAND PUBLISHER | 40 00 | | | | | × | | 152,372 | 0 | | 35,004 |
| (19) EROL OZIL SYSTEMS SUPPORT MANAGER | 40 00 | | | | | х | | 165,278 | 0 | | 28,672 |
| (20) GERARD LOON DIRECTOR INFO SYSTEMS | 40 00 | | | | | х | | 147,669 | 0 | | 25,941 |
| (21) ASSEN DONTCHEV ASSOCIATE EDITOR | 40 00 | | | | | х | | 143,554 | 0 | | 35,475 |
| (22) NORMAN RICHERT MANAGING EDITOR | 40 00 | | | | | × | | 144,872 | 0 | | 33,436 |
| | | | | | | | | | | | |
| 1b Sub-Total | Ⅲ, Section A . | | | • | ; | • | | 2,248,840 | 0 | | 419,232 |
| 2 Total number of individuals (including but of reportable compensation from the organization) | | those li | sted a | abov | e) v | vho re | ceive | ed more than \$100 | ,000 | | |
| 3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for | • | | key e | | oye • | e, or h | nghe | est compensated er | mployee on 3 | Yes | No No |
| For any individual listed on line 1a, is the organization and related organizations grandividual | | | | | | | | | he 4 | Yes | |
| 5 Did any person listed on line 1a receive o services rendered to the organization? If ' | | | | | | | | ganızatıon or ındıvıd | dual for 5 | Yes | |
| Section B. Independent Contractors | | | | | | | | | | | |
| Complete this table for your five highest of from the organization. Report compensations are compensations. | compensated in | | | | | | | | | nsation | |
| | (A) ousiness address | | | | | | | | (B) tion of services | (C Compen | sation |
| DAVID P CERVONE 364 KENMORE STREET MORGANTOWN. WV 26505 | | | | | | | | CONSULTANT | | | 119,570 |

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

DATA ANALYSIS

102,644

Form **990** (2018)

MORGANTOWN, WV 26505

WESTAT INC

PO BOX 1004 ROCKVILLE, MD 20850

| .¥. | b MEETINGS | | 54190 | 1,69: | 1,360 1,666, | ,129 25,2 | 31 |
|----------------------------|--|---------------|---|------------|--------------|-----------|-------------------------------------|
| Ϋ́ | c SERVICES AND OUTREA | CH | 54190 | 404 | 4,615 404, | ,615 | |
| Ĭ. | d OTHER | | | 22 | 7,888 227, | ,888 | |
| ፠ | | | 90009 | 39 | | | |
| ran | e ——— | | | | | | |
| Tog | f All other program ser | rvice revenue | 25 167 51 | | I | | |
| Δ. | gTotal. Add lines 2a-2 | f | > 23,167,31 | . 3 | | | |
| Other Revenue Service Reve | f All other program ser gTotal. Add lines 2a–2 3 Investment income (in similar amounts). 4 Income from investments 5 Royalties 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or rom sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss). 8a Gross income from file | f | nd proceeds (ii) Personal (iii) Other | 99 | 7,888 227, | | 3,619,998 |
| | c | | | | | | |
| | d All other revenue . | L | | | | | |
| | e Total. Add lines 11a- | -11d | • | | | | |
| | 12 Total revenue. See | Instructions | | 25.045.027 | 25 442 202 | 25.224 | 3.610.000 |
| | | | · | 35,945,937 | 25,142,282 | 25,231 | 3,619,998 Form 990 (2018) |
| | | | | | | | 555 (2010) |

| Form 990 (2018) | | | | Page 10 |
|--|----------------------------|------------------------------|-------------------------------------|-----------------------------------|
| Part IX Statement of Functional Expenses | ali and a All and a second | | -1 | |
| Section 501(c)(3) and 501(c)(4) organizations must complete all c | - | | piete column (A) | |
| Check if Schedule O contains a response or note to an | y line in this Part IX . | | | <u> ⊔</u> |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 494,193 | 494,193 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 160,324 | 160,324 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 29,605 | 29,605 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,966,838 | 1,448,666 | 518,172 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 14,132,316 | 12,857,002 | 968,157 | 307,157 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,464,211 | 1,369,865 | 71,431 | 22,915 |
| 9 Other employee benefits | 2,854,804 | 2,553,423 | 273,683 | 27,698 |
| 10 Payroll taxes | 1,114,380 | 995,950 | 99,360 | 19,070 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 73,694 | 19,675 | 49,894 | 4,125 |
| c Accounting | 84,600 | | 82,619 | 1,981 |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | 104,117 | 82,419 | 2,093 | 19,605 |
| 13 Office expenses | | | | |

581,618

510,909

736,797

1,310,188

3,750

972,534

195,598

2,326,021

990,102

659,458

462,547

1,549,665

32,778,269

581,618

437,849

494,819

1,308,698

762,898

159,466

1,825,668

974,609

636,197

294,076

1,327,627

28,814,647

70,946

216,951

1,455

204,727

35,286

453,720

3,267

5,705

164,526

205,837

3,427,829

2,114

35

3,750

4,909

46,633

12,226

17,556

3,945

16,201 535,793

Form 990 (2018)

846

25,027

| | · | | | | |
|---|--|------------|------------|---------|--|
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,966,838 | 1,448,666 | 518,172 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 14,132,316 | 12,857,002 | 968,157 | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,464,211 | 1,369,865 | 71,431 | |
| ۵ | Other employee henefits | 2 854 804 | 2 553 423 | 273 683 | |

14 Information technology

20 Interest . . .

23 Insurance .

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b PRINTING/PUBLICATIONS

c POSTAGE AND SHIPPING

d SERVICE CONTRACTS - EQU

a OUTSIDE SERVICES

e All other expenses

15 Royalties .

17 Travel .

16 Occupancy .

Page **11**

1.962.787 2.654.670

4,754,916 51,655,012

1.343.036

181.214.563

6,188,485

12.357.270

7.606.765

26.152.520

133.063.598

12,573,505

9.424.940

155,062,043

181,214,563

Form **990** (2018)

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

1.385.235

189.250.626

5,759,250

12.257.831

8.249.948

26.267.029

141.304.483

14,185,308

7.493.806

162,983,597

189,250,626

Form 990 (2018)

13

14

15

16

17

18 19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

| | | beginning or year | | End of year |
|---|--|-------------------|---|-------------|
| | 1 Cash-non-interest-bearing | 993,242 | 1 | 797,668 |
| | 2 Savings and temporary cash investments | 13,165,952 | 2 | 16,859,294 |
| | 3 Pledges and grants receivable, net | 87,861 | 3 | 56,202 |
| | 4 Accounts receivable, net | 1,259,779 | 4 | 1,130,978 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined und section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | er | 6 | |
| 2 | Part II or Schedule L | | | |

| | 6 | Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. | n 4958 ations o (see in: | (c)(3)(B), and if section 501(c)(9) structions) Complete | | 6 | |
|--------|-----|---|--------------------------------|--|-------------|-----|----|
| Assets | 7 | Notes and loans receivable, net | • | | | 7 | |
| SS | 8 | Inventories for sale or use | | | 1,937,399 | 8 | |
| A | 9 | Prepaid expenses and deferred charges | | | 2,380,588 | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 16,693,145 | | | |
| | ь | Less accumulated depreciation | 10 b | 11,938,229 | 5,040,855 | 10c | |
| | 11 | Investments—publicly traded securities . | | | 162,999,715 | 11 | 15 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | |
| | l . | | | | | | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 05-0264797

Name: AMERICAN MATHEMATICAL SOCIETY

Form 990 (2018)

Form 990, Part III, Line 4a:

PUBLICATION AND DISSEMINATION OF MATHEMATICAL LITERATURE, INCLUDING RESEARCH JOURNALS, BOOKS OF GENERAL MATHEMATICAL INTEREST, GRADUATE AND UPPER LEVEL UNDERGRADUATE COURSE MATERIAL, PROCEEDINGS OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND UNDERGRADUATE COURSE THE MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND UNDERGRADUATE COURSE THE MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETING AND ADMINISTRATION OF MATHEMATICAL PROFESSION OF MEETI

UPPER LEVEL UNDERGRADUATE COURSE MATERIAL, PROCEEDINGS OF MEETINGS IN CURRENT TOPICAL AREAS AND HIGH LEVEL RESEARCH MONOGRAPHS. AMS
PUBLICATIONS ALSO INCLUDE THE MATHEMATICAL REVIEWS DATABASE, MATHSCINET, THE PREMIER MATHEMATICAL RESEARCH TOOL, CONTAINING CITATIONS AND
REVIEWS OF MATHEMATICAL LITERATURE DATING BACK TO 1940, AND BIBLIOGRAPHIC ITEMS DATING BACK TO 1812. IN ADDITION, THE AMS PUBLISHED 26,908 PAGES
OF NEW MATERIAL IN 87 NEW BOOKS. ALSO, JOURNAL AND OTHER PUBLICATIONS INCLUDED 31,684 PAGES OF PUBLISHED MATERIAL.

MEMBERSHIP AND OUTREACH ACTIVITIES, AS WELL AS PROFESSIONAL SERVICES AND PROGRAMS FOR THE MATHEMATICAL COMMUNITY, SUCH AS EMPLOYMENT SERVICES, GRANT OR ENDOWMENT SUPPORTED CONFERENCE, SURVEYS OF THE PROFESSION, ENDOWMENT SUPPORTED PRIZES, AWARDS, SCHOLARSHIPS AND

FELLOWSHIPS FOR ACHIEVEMENTS IN MATHEMATICS, HIGH SCHOOL OUTREACH, PUBLIC AWARENESS, AND OTHER PROGRAMS. THE SOCIETY HAS APPROXIMATELY

30,000 INDIVIDUAL AND INSTITUTIONAL MEMBERS, WITH NO CRITERIA FOR MEMBERSHIP, WHO ARE SERVED THROUGH THE MEMBERSHIP PROGRAM TO SUPPORT ITS MISSION. THE SOCIETY AWARDED FELLOWSHIPS, PRIZES, AND OTHER AWARDS TO APPROXIMATELY 205 INDIVIDUALS AND ORGANIZATIONS, TOTALING MORE THAN

\$629,000 THE SOCIETY ALSO RECEIVED FUNDING FROM INDIVIDUALS, FOUNDATIONS, AND FEDERAL GRANTS TO FUND EXPENSES FOR APPROXIMATELY 370

Form 990, Part III, Line 4b:

MATHEMATICIANS TO ENGAGE IN MATHEMATICAL RESEARCH AND COLLABORATION

Form 990, Part III, Line 4c:

MEETINGS OF THE SOCIETY INCLUDE THE ANNUAL JOINT MATHEMATICAL MEETING HELD IN JANUARY FACH YEAR AND CO-SPONSORED WITH THE MATHEMATICAL ASSOCIATION OF AMERICA. IN ADDITION, EIGHT TO NINE SECTIONAL MEETINGS ARE HELD IN FOUR REGIONS OF THE U.S. EACH YEAR. THE JOINT MATHEMATICS.

MEETING, HELD IN SAN DIEGO, CA IN 2018 AND HAD ATTENDANCE OF APPROXIMATELY 6.400 PARTICIPANTS

| efile | GR/ | APHIC pri | nt - DO NOT P | ROCESS | As Filed Data - | | | DLN: 9 | 3493305012199 |
|-------|-------------------|---------------------------|---|-------------------------------|--|-------------------------------|-----------------------------------|---|---|
| SCH | lED | ULE A | | Public (| Charity Statu | e and Pul | hlic Sunn | ort | OMB No 1545-0047 |
| | n 990 | | | | ganization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) empt charitable | organization o | | 2018 |
| • | | the Treasury | | ► Go to | www.irs.gov/Forms | | | | Open to Public Inspection |
| ame | of th | ue Service ne organiza | | | | | | Employer identific | <u> </u> |
| MEKI | LAN MA | ATHEMATICAL | SOCIETY | | | | | 05-0264797 | |
| Pai | | | | | ıs (All organızatıon | | | See instructions. | |
| ne o | ganız | ation is not | a prıvate foundatı | on because | it is (For lines 1 thro | ugh 12, check o | nly one box) | | |
| 1 | | A church, c | onvention of chui | rches, or as | sociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | П | A school de | escribed in sectio | n 170(b)(: | L)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | $\overline{\Box}$ | A hospital o | or a cooperative h | nospital serv | rice organization desc | rıbed ın section | 170(b)(1)(A)(| iii). | |
| 4 | | · · | • | • | - | | | ,. 170(b)(1)(A)(iii). E | nter the hospital's |
| • | Ш | name, city, | | tion operate | ed in conjunction with | a nospital descri | ibed iii sectioii | 170(D)(1)(A)(III). E | inter the nospitars |
| 5 | | - | ation operated for (iv). (Complete F | | of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | state, or local gov | ernment or | governmental unit de | scribed in sectio | on 170(b)(1)(<i>t</i> | \)(v). | |
| 7 | | | ation that normall '0(b)(1)(A)(vi). | | | s support from a | governmental ι | init or from the gener | al public described in |
| 8 | | A communi | ty trust described | ın section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | scribed in 170(b)(1) ee instructions Enter | | | with a land-grant coll college or university | ege or university or a |
| 0 | ✓ | from activit | ies related to its | exempt fun- lated busin | ctions—subject to cer ess taxable income (le | taın exceptions, | and (2) no more | ns, membership fees, than 331/3% of its su sses acquired by the c | pport from gross |
| 1 | | | | | exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 2 | | more public | cly supported org | anızatıons d | | 09(a)(1) or se | ction 509(a)(2 | s of, or to carry out th). See section 509(a | |
| а | | Type I. A sorganization | supporting organi | zation opera regularly a | ated, supervised, or c | ontrolled by its s | upported organi | zation(s), typically by of the supporting orga | |
| b | | Type II. A manageme | supporting organ | nization supe ing organiza | tion vested in the sar | | | organization(s), by ha ge the supported orga | |
| С | | Type III f | unctionally inte | grated. A s | | | | nd functionally integra | ted with, its |
| d | | functionally | Integrated The | organizatıor | | fy a distribution | requirement and | th its supported orgar I an attentiveness req | |
| e | | Check this | <i>,</i> box if the organiz | ation receiv | ed a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | or Type III non-f of supported org | • | integrated supporting | organization | | | |
| g | | | - | | pported organization(| 5) | | _ | |
| | | lame of support | ported | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the org | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
| otal | | vork Reduc | | | | | | | Ī |

| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----|---|--------------------|---------------------|----------------------|--------------------|--------------------|------------|
| _ | (or fiscal year beginning in) ▶ | . , | . , | . , | ` , | . , | |
| L | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| _ | include any "unusual grant ") | | | | | | |
| 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 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 5 | Public support. Subtract line 5 from | | | | | | |
| | line 4 | | | | | | |
| 9 | Section B. Total Support | | | | | | |
| | Calendar year | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| | (or fiscal year beginning in) 🕨 | (4)2014 | (6)2013 | (6)2010 | (4)2017 | (0)2010 | (1) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | _ · · · · · · · · · · · · · · · · · · · | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 11 | ` ' | | | | | | |
| _ | 10 | | | | | | |
| 12 | Gross receipts from related activities, e | tc (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization' | s first, second, th | rd, fourth, or fifth | ntax year as a sec | tion 501(c)(3) org | anızatıon, |
| | check this box and stop here | | | | | ▶□ | |

Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2018. 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

box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2017. 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 VI 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 Schedule A (Form 990 or 990-EZ) 2018

20

| P | art III Support Schedule | | | | | | |
|-----|--|--|---|---|---|--------------------------------------|------------------|
| | (Complete only if yo the organization fail | | | | | | Part II. If |
| S | ection A. Public Support | 3 to quality under | the tests hated | below, please co | ompiete rait II., | | |
| | Calendar year | (a) 2014 | (h) 201E | (-) 2016 | (4) 2017 | (-) 2019 | (6) Total |
| | (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 | 4,581,648 | 6,272,338 | 5,206,790 | 4,993,622 | 7,158,426 | 28,212,824 |
| | include any "unusual grants") | 4,361,046 | 0,272,338 | 3,200,790 | 4,993,022 | 7,138,420 | 20,212,024 |
| 2 | · | | | | | | |
| | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | 22,849,699 | 22,855,888 | 23,699,112 | 24,332,835 | 25,142,282 | 118,879,816 |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| _ | are not an unrelated trade or | | | | | | |
| _ | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| | | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | ° | | | | | |
| 6 | Total. Add lines 1 through 5 | 27,431,347 | 29,128,226 | 28,905,902 | 29,326,457 | 32,300,708 | 147,092,640 |
| | Amounts included on lines 1, 2, and | 4 | | | | | |
| | 3 received from disqualified person | s 11,445 | 9,630 | 20,652 | 11,791 | 23,575 | 77,093 |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the | ا | | | | | C |
| | greater of \$5,000 or 1% of the | <u> </u> | | | | | · |
| | amount on line 13 for the year | | | | | | |
| _ | Add lines 7a and 7b | 11,445 | 9,630 | 20,652 | 11,791 | 23,575 | 77,093 |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 147,015,547 |
| S | ection B. Total Support | | | | | | |
| | Calendar year | (-) 2014 | (1-) 2015 | (-) 2016 | (4) 2047 | (-) 2010 | (6) T-1-1 |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | | 27,431,347 | 29,128,226 | 28,905,902 | 29,326,457 | 32,300,708 | 147,092,640 |
| 10a | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | 3,588,750 | 2,889,375 | 3,539,687 | 3,699,247 | 3,619,998 | 17,337,057 |
| | and income from similar sources | | _,, | -,, | 5,522,2 | 5,525,535 | ,, |
| | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from | ₽ | | | | | |
| | businesses acquired after June 30, | 19,401 | 21,361 | 20,303 | 17,687 | 23,481 | 102,233 |
| | 1975 | | | | | | |
| C | | 3,608,151 | 2,910,736 | 3,559,990 | 3,716,934 | 3,643,479 | 17,439,290 |
| 11 | | | | | | | |
| | business activities not included in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI) Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | 31,039,498 | 32,038,962 | 32,465,892 | 33,043,391 | 35,944,187 | 164,531,930 |
| 14 | First five years. If the Form 990 | s for the organizatio | n's fırst, second, t | hird, fourth, or fift | th tax year as a se | ction 501(c)(3) org | anızatıon, |
| | check this box and stop here | | | | | | ▶⊔ |
| | ection C. Computation of Pub | | | | | | |
| 15 | Public support percentage for 2018 | | | column (f)) | | 15 | 89 350 % |
| 16 | Public support percentage from 20: | <u> </u> | • | | | 16 | 89 930 % |
| | ection D. Computation of Inve | | | | | | |
| 17 | Investment income percentage for | • | • | iine 13, column (f | 7)) | 17 | 10 600 % |
| | inizatione income necessition for | m 2017 Schedule A, | Part III, line 17 | | | 18 | 10 030 % |
| 18 | Investment income percentage from | | | and the second second | | | |
| 19a | 331/3% support tests—2018. If | the organization did | | | | | _ |
| 19a | 331/3% support tests—2018. If more than 33 1/3%, check this box a | the organization did and stop here. The d | organization qualifi | es as a publicly si | upported organizat | ion | ▶ ☑ |
| 19a | 331/3% support tests—2018. If | the organization did and stop here. The of f the organization did | organization qualifi d not check a box | es as a publicly so on line 14 or line | upported organizat 19a, and line 16 is | ion more than 33 1/3 ⁰ | ▶ ☑ |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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)

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

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 3b

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 3с 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

4a 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 4b supervised by or in connection with its supported organizations 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 4c 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 5a amendment to the organizing document)

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? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) 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. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

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.

9a

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.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| D. | art IV Supporting Organizations (continued) | | | age 3 | |
|----|--|--------|---------|-------|--|
| | Capporting Organizations (continued) | | Yes | No | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 163 | 110 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | | |
| - | governing body of a supported organization? | 11a | | | |
| b | A family member of a person described in (a) above? | 11b | | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | | |
| | Section B. Type I Supporting Organizations | | | | |
| | ection B. Type I Supporting Organizations | | Yes | No | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 | 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 | | | | |
| S | ection C. Type II Supporting Organizations | | | | |
| | | | Yes | No | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | | |
| _ | Section D. All Type III Supporting Organizations | | | | |
| | ection B. Air Type 111 Supporting Organizations | | Yes | No | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | | |
| | | 1 | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | | |
| | | 2 | | | |
| 3 | By reason of the relationship described 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 | | | |
| | Section E. Type III Functionally-Integrated Supporting Organizations | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ons) | | | |
| | a The organization satisfied the Activities Test Complete line 2 below | | | | |
| | b | | | | |
| | | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | instru | ctions) | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No | |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | | | |
| _ | | 2b | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | | |
| | a 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 | 26 | | | |

instructions)

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | |
|-----|--|------------|--------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 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 | | |
| 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-in | tegrate | d Type III supporting oi | ganization (see |

Page 6

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c 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 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

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

Additional Data

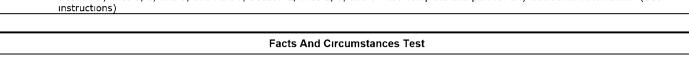
Software ID:

Software Version:

EIN: 05-0264797

Name: AMERICAN MATHEMATICAL SOCIETY

| Schedule A (Form 990 or 990-EZ) 2018 | Page |
|---|-------|
| Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part 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 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) | ne 1, |



Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493305012199

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN MATHEMATICAL SOCIETY 05-0264797 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-2

Grassroots ceiling amount (150% of line 2d, column (e))

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount

Grassroots lobbying expenditures

| Pa | t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)). | ed | | | Page 3 |
|---------------|--|----------|--------------|-----------|---------------|
| | | (a |) | (b) |) |
| or e ctivi | ach "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ty | Yes | No | Amoi | unt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| а | Volunteers? | Yes | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | | |
| С | Media advertisements? | | No | | |
| d | Mailings to members, legislators, or the public? | | No | | |
| е | Publications, or published or broadcast statements? | | No | | |
| f | Grants to other organizations for lobbying purposes? | | No | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | | 214,05 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | | |
| i | Other activities? | | No | | |
| j | Total Add lines 1c through 1i | | | | 214,05 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | (5), o | r section | | |
| | | | _ | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | <u> </u> |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | <u> </u> | 1.42 |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." | | | | :)(6) |
| 1 | Dues, assessments and similar amounts from members | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | _ | | | |
| a | Current year | 2a 2b | | | |
| b c | Carryover from last year Total | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does | | | | |
| • | the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | |
| Pa | art IV Supplemental Information | | | | |
| | vide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), ructions), and Part II-B, line 1 Also, complete this part for any additional information | Part II- | A, lines 1 a | ind 2 (se | ee . |
| | Petura Peferance Evaluation | | | | |

| Return Reference | Explanation |
|------------------|---|
| | THE AMERICAN MATHEMATICAL SOCIETY MAINTAINS AN OFFICE OF GOVERNMENTAL AFFAIRS IN WASHINGTON, DC WITH THREE STAFF MEMBERS THE PRINCIPAL MISSION OF THE OFFICE IS TO (1) STAY ABREAST OF EVENTS, LEGISLATION, AND POLICY INITIATIVES THAT IMPACT THE SCIENCES IN GENERAL, IN AREAS OF EDUCATION, FUNDING RESEARCH, AND OTHER, (2) TO ACT AS A RESOURCE TO THE GOVERNMENT IN AREAS SUCH AS FUNDING OF SCIENTIFIC EDUCATION OR RESEARCH OR THE IMPORTANCE OF MATHEMATICS, AND, (3) TO PROVIDE INFORMATION TO THE MEMBERSHIP AND THE WIDER MATHEMATICAL COMMUNITY ABOUT GOVERNMENT INITIATIVES AND POLICIES THE AMS EDUCATES THE MATHEMATICAL COMMUNITY ABOUT THE GOVERNMENT AND THE VARIOUS GROUPS WITHIN THE GOVERNMENT THE AMS LOBBIES REGARDING THE FUNDING LEVELS OF THE VARIOUS GOVERNMENTAL AGENCIES THAT SUPPORT THE MATHEMATICAL COMMUNITY, SUCH AS THE NATIONAL SCIENCE FOUNDATION THE AMS HAS ALSO ENGAGED IN DIRECT LOBBYING REGARDING LEGISLATION AFFECTING MATHEMATICAL PUBLISHING |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493305012199 OMB No 1545-0047

Open to Public Inspection Employer identification number

| | me of the organization ERICAN MATHEMATICAL SOCIETY | | | | | Employer | identifica | ition i | number | |
|------|--|--|-------------------|--------------------------------|---------------------------|---------------|--------------|-------------|------------|----|
| ΑIΨΙ | ERICAN MATHEMATICAL SOCIETY | | | | | 05-026479 | 97 | | | |
| Pā | ort I Organizations Maintaining Donor Advi | | | | unds or | Account | s. | | | |
| | Complete if the organization answered "Ye | s" on Form 990, (a) Dono | | • | | / L\r. | unds and o | - - - | | |
| 1 | Total number at end of year | (a) Donor | auvis | eu runus | + | (0) | anus anu o | uner ac | LCOUNTS | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | + | | | | | |
| 4 | Aggregate value at end of year | | | | | | | | | _ |
| 5 | Did the organization inform all donors and donor adviso | re in writing that th | 0.3550 | ts held in d | lonor adv | iced funds | are the | | | _ |
| | organization's property, subject to the organization's ex | | | its field iff d | ionor auv | iseu iuilus | are trie | | Yes 🗆 N | lo |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | | | | | | | _ | Yes 🗌 N | In |
| Pa | rt II Conservation Easements. Complete if th | ne organization a | nswer | ed "Yes" (| on Form | 990, Part | : IV, line 7 | | <u>.cs</u> | _ |
| 1 | Purpose(s) of conservation easements held by the organ | - | | | | , | | | | |
| | Preservation of land for public use (e.g., recreation | n or education) | | Preservation | on of an h | nistorically | ımportant l | and ar | ea | |
| | Protection of natural habitat | · | | Preservation | on of a ce | rtified histo | oric structu | re | | |
| | Preservation of open space | | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a | qualified conservat | ion cor | atribution in | the form | n of a consi | ervation | | | |
| - | easement on the last day of the tax year | qualifica conscivaci | 1011 CO | ici ibacioni ii | T CHC TOTH | | ld at the E | nd of | the Year | |
| а | Total number of conservation easements | | | | | 2a | | | | |
| b | Total acreage restricted by conservation easements | | | | | 2b | | | | |
| C | Number of conservation easements on a certified historic | c structure included | l ın (a) |) | | 2c | | | | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | red after 7/25/06, | and no | ot on a histo | oric | 2d | | | | |
| 3 | Number of conservation easements modified, transferre tax year ▶ | d, released, extingi | uished | , or termina | ated by th | ne organiza | tion during | the | | |
| 4 | Number of states where property subject to conservatio | n easement is local | ted > | | | | | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | ne periodic monitori 5? | ng, ins | spection, ha | andling of | violations, | | 95 | □No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of vi | olation | ns, and enfo | orcing con | servation e | | | the year | |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \\$ | handling of violatic | ns, an | d enforcing | , conserva | ation easen | nents durın | g the | year | |
| 8 | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)? | above satisfy the r | equire | ments of se | ection 170 | O(h)(4)(B)(| | | | |
| 9 | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the | | | | | | | es | □ No | |
| | the organization's accounting for conservation easemen | | | | | | | | | |
| Pa | † IIII Organizations Maintaining Collections Complete if the organization answered "Ye | | | | | r Similar | Assets. | | | |
| 1a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan | .6 (ASC 958), not to public exhibition, e | repor ducation | rt in its reve on, or resea | enue state arch in fui | | | | orks of | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items | | | | | | | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | | | ▶ \$ | ; | | | |
| C | ii)Assets included in Form 990, Part X | | | | | ▶ \$ | ; | | | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under SFAS: | | | | | cıal gaın, p | rovide the | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | , | - | | | ▶ \$ | \$ | | | |
| b | | | | | | • | | | | |

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t III | Organizations Ma | aintaining Colle | ections of | f Art, His | stori | cal Tı | reası | ıres, or | Other | Similar As | ssets (c | continued) | |
|------------|--------|---|----------------------------------|---------------|--------------|--------|----------|---------|------------|------------|-----------------|------------|----------------------|----------|
| 3 | | ig the organization's acq is (check all that apply) | uisition, accession, | and other i | records, cl | heck a | any of | the fo | llowing t | hat are a | ı sıgnıfıcant ı | ıse of ıts | collection | |
| а | | Public exhibition | | | | d | | Loan | or excha | inge prog | grams | | | |
| b | | Scholarly research | | | | e | | Othe | r | | | | | |
| C | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | | ride a description of the XIII | organization's collec | ctions and | explain ho | w the | ey furth | ner the | e organız | ation's e | xempt purpo | se in | | |
| 5 | | ng the year, did the org ets to be sold to raise fur | | | | | | | | | nılar | ☐ Ye | s □ No | , |
| Pa | rt IV | Escrow and Cust Complete if the ory X, line 21. | | | on Form | 990 | , Part | IV, lı | ine 9, or | reporte | ed an amou | ınt on F | orm 990, F | Part |
| 1a | | ne organization an agent uded on Form 990, Part I | | n or other ir | ntermediar | ry for | contril | bution | s or othe | er assets | not | Ye | s 🗆 No | • |
| ь | If "Y | es," explain the arrange | ement in Part XIII a | nd complet | e the follo | wing | table | | [| | A | mount | | - |
| c | | inning balance | | · | | Ī | | | İ | 1c | | | | - |
| d | Addı | itions during the year | | | | | | | İ | 1d | | | | • |
| е | Dist | ributions during the year | r | | | | | | | 1e | | | | - |
| f | End | ng balance | | | | | | | [| 1f | | | | |
| 2a | Did | the organization include | an amount on Forn | n 990, Part | : X, line 21 | , for | escrow | or cu | ıstodıal a | ccount li | ability? | ☐ Ye | s 🗆 No | -) |
| b | | es," explain the arrange | | | | | | | | | • | _ | | |
| | rt V | Endowment Fund | | | | | | | | | | | | |
| | | | | (a)Current | | | rıor yea | | (c)Two ye | | | | (e)Four years | back |
| 1 a | Begin | ning of year balance . | [| 158,1 | 193,056 | : | 138,319 | ,082 | 12 | 6,292,142 | 125, | 950,063 | 114,5 | 40,023 |
| b | Contr | ibutions | | 1,7 | 706,870 | | 580 | ,400 | | 2,659,518 | 2, | 648,873 | 2,2 | 52,727 |
| c | Net ır | nvestment earnings, gair | ns, and losses | -8,0 | 014,674 | | 24,590 | ,809 | 1 | 2,475,475 | 5 | 213,824 | 11,5 | 13,778 |
| d | Grant | s or scholarships | | | | | | | | | | | | |
| е | | expenditures for facilitien expenditures | es | 1,7 | 717,106 | | 5,297 | 7,235 | | 3,108,053 | 2, | 520,618 | 2,3 | 56,465 |
| f | Admır | nistrative expenses . | [| | | | | | | | | | | |
| g | End o | f year balance | [| 150,1 | 168,146 | : | 158,193 | 3,056 | 13 | 8,319,082 | 126, | 292,142 | 125,9 | 50,063 |
| 2 | Prov | ride the estimated perce | ntage of the curren | t year end | balance (li | ıne 1g | g, colu | mn (a |)) held a | s | | | | |
| а | Boai | rd designated or quasi-e | ndowment ► 8! | 5 780 % | | | | | | | | | | |
| b | Pern | nanent endowment 🟲 | 6 110 % | | | | | | | | | | | |
| С | Tem | porarily restricted endov | wment ▶ 8 110 | 0 % | | | | | | | | | | |
| | The | percentages on lines 2a | , 2b, and 2c should | equal 100° | % | | | | | | | | | |
| 3а | | there endowment funds | not in the possessi | on of the o | rganızatıoı | n that | t are h | eld an | ıd admını | stered fo | r the | | W | <u> </u> |
| | _ | inization by unrelated organizations | | | | | | | | | | 3.2 | Yes n(i) | No No |
| | • • | related organizations | | | • • | • | • | • • | • • | | | | (ii) | No |
| b | | 'es" on 3a(11), are the rel | | listed as re | equired on | Sche | dule R | · . | · · · | | | | Bb | |
| 4 | Des | cribe in Part XIII the inte | ended uses of the o | rganızatıon | 's endown | nent f | unds | | | | | L | | |
| Pa | rt VI | | | | | | | | | | | | | |
| | | Complete if the or | | | | | | | | | | | | |
| | Desc | ription of property | (a) Cost or other (investment | | (b) Cost or | otner | pasis (d | otner) | (c) Acc | umulated (| depreciation | | d) Book value | |
| 1 a | Land | | | | | | 42 | 22,507 | | | | | | 422,507 |
| b | Buıldı | ngs | | | | | 8,87 | 79,750 | | | 6,901,719 | | 1, | 978,031 |
| c | Lease | hold improvements | | | | | | | | | | | | |
| d | Equip | ment | | | | | 6,65 | 58,030 | | | 4,622,671 | | 2, | 035,359 |

319,019

4,754,916

413,839

732,858

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

| Part VII | Investments—Other Securities. Complete if | the organiza | tion answ | vered "Yes" on Form 990, | Part IV, line 11b. |
|---------------|---|-----------------|-----------------------------|--|-----------------------------------|
| | See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | | (b) Book value | (c) Method c Cost or end-of-ye | |
| | al derivatives | · · · | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 12) | • | | | |
| Part VIII | Complete if the organization answered 'Yes' on | | | | |
| | (a) Description of investment | (b) B | ook value | (c) Method of Cost or end-of-ye | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 13) | • | | | |
| Part IX | Other Assets. Complete if the organization answere (a) Description | ed 'Yes' on For | m 990, Pa | rt IV, line 11d See Form 990 | , Part X, line 15 (b) Book value |
| (1) | (a) Description | 011 | | | (D) Book value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Part X | other Liabilities. Complete if the organization See Form 990, Part X, line 25. | | | | ▶ or 11f. |
| 1. | (a) Description of liability | | (b) Bo | pok value | |
| | Income taxes EMENT BENEFIT OBLIGATION | | | 7,606,765 | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | on (b) must equal Form 990, Part X, col (B) line 25) | of the feetnet | - +c +l | 7,606,765 | nto that was out - Al |
| | or uncertain tax positions In Part XIII, provide the text 's liability for uncertain tax positions under FIN 48 (ASC | | | | _ |

Part XI

2

b

Part XII

1 2

c

d

e 3

> b c

5

Part XIII

Schedule D (Form 990) 2018

1

2e

3

4c 5

-11,701,702

Page 4

-11,089,222

32,778,269

32.778.269

Schedule D (Form 990) 2018

2c d 2d 612,480 Add lines 2a through 2d ... 2e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total expenses and losses per audited financial statements

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2a 2b

2c

2d

4a

4h

Explanation

| _ | Add Intel 2d through 2d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • |
|---|--|---|
| 3 | Subtract line 2e from line 1 | |
| 1 | Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$ | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4 |
| b | Other (Describe in Part XIII) | - |
| c | Add lines 4a and 4b | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | ı |

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . .

Other (Describe in Part XIII) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Prior year adjustments

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

| Reconciliation of Expenses per Audited Financial Staten | nents | With | Ехр | enses | per | R |
|---|-------|------|-----|-------|-----|---|
| evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |) . | | | | | |
| es 4a and 4b | | | | | | l |
| (Describe in Part XIII) | 4b | | | | |] |
| ment expenses not included on Form 990, Part VIII, line 7b . | 4a | | | | | |
| ts included on Form 990, Part VIII, line 12, but not on line $f 1$ | | | | | | Γ |
| ce me ze nom me z i i i i i i i i i i i i i i i i i i | | • | | | | L |

| 3 | 35,945,937 | | | | | |
|---------|------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| 4c | 0 | | | | | |
| 5 | 35,945,937 | | | | | |
| Return. | | | | | | |
| | | | | | | |
| 1 | 32,778,269 | | | | | |

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software Version:

Software ID:

EIN: 05-0264797

Name: AMERICAN MATHEMATICAL SOCIETY

Supplemental Information

Return Reference

Explanation

PART V, LINE 4

THE INCOME FROM ENDOWMENT FUNDS FROM DONORS IS USED FOR SPECIFIC PURPOSES, SUCH AS PRIZES, LECTURES, SCHOLARSHIPS, GRANTS AND OUTREACH PROJECTS THE MAJORITY OF THE ENDOWMENT FUNDS ARE BOARD-DESIGNATED FUNDS THESE FUNDS INCLUDE (1) THE JOURNAL ARCHIVE FUND, WHICH PROVIDES FUNDING FOR THE SOCIETY TO CHANGE ITS ARCHIVAL FORMATTING OF ITS PUBLICATION WHEN REQ UIRED IN THE FUTURE, (2) THE YOUNG SCHOLARS FUND, WHICH PROVIDES SUPPORT TO SUMMER MATH CA MPS FOR TALENTED YOUNG STUDENTS, (3) THE OPERATING SUPPORT FUND, WHICH SUPPORTS THE OPERATING ACTIVITIES OF THE SOCIETY, (4) THE ECONOMIC STABILIZATION FUND, WHICH IS A TRUE RESERV E FUND FOR THE SOCIETY TO USE SHOULD ECONOMIC EMERGENCIES ARISE, (5) THE BACKFILE DIGITIZA TION FUND, WHICH PROVIDES FUNDS FOR THE DIGITIZATION OF THE SOCIETY'S BOOKS, (6)THE STRATE GIC PLANNING FUND, WHICH PROVIDES FUNDING FOR STRATEGIC PLANNING PROJECTS

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| PART X, LINE 2 | THE SOCIETY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNR ECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGG REGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE SOCIETY HAS IDENT IFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AND ITS DETERMINATIONS TO CLASSIFY INCOME AS RELATED AND UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS, HOWEVER, THE SOCIETY HAS DETER MINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE SOCIETY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE SOCIETY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED |

| Supplemental Information | |
|---|---|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | POSTRETIREMENT BENEFIT CHANGES 740,207 DEPRECIATION OF LABOR FOR IN HOUSE SOFTWARE DEVELOPMENT -127,727 |

S

_

_

| efile GRAPHIC print | t - DO NOT PI | PROCESS As Filed Data - D | | | | DLN: | N: 93493305012199 | |
|--|--|--|--|--|----------------|--|--|--|
| SCHEDULE F (Form 990) | State | ment of | Activities (| ties Outside the United States | | | OMB No 1545-0047 | |
| (1 01111 000) | ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, o Attach to Form 990. | | | | | 5, or 16. | 2018 | |
| Department of the Treasury Internal Revenue Service | ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Inspect | | | | | | Open to Public Inspection | |
| Name of the organization | | | | | | Employer iden | tification number | |
| AMERICAN MATHEMATICA | AL SOCIETY | | | | | 05-0264797 | | |
| | Information o Part IV, line 1 | | Outside the U | Inited States. Comple | te if the | organization ar | nswered "Yes" to | |
| other assistance, to award the gran | the grantees' e its or assistance s. Describe in P | ligibility for th e? | ne grants or assis | substantiate the amount stance, and the selection dures for monitoring the | criteria u | ısed | ✓ Yes □ No er assistance | |
| 3 Activites per Region | n (The following | Part I, line 3 | table can be duplı | cated if additional space is | needed) | | | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | | program spe | ity listed in (d) is a service, describe cific type of e(s) in region | (f) Total expenditures for and investments in region | |
| (1) See Add'l Data | | | | - | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| 3a Sub-total b Total from continuat Part I | | | 0 2 | | | | 309,560 0 | |
| c Totals (add lines 3a For Paperwork Reduction | | | 0 2 | | No 50082 | NW Schedul | 309,560 e F (Form 990) 2018 | |

| | GREENLAND) | | | |
|------|------------|--|--|--|
| (3) | | | | |
| (4) | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

| · · · · · · · · · · · · · · · · · · · | | | | | | | |
|---------------------------------------|--|----------------------------|-------------------------------------|------------------------------------|---|--|--|
| | | | | ed States. Complete if | the organization an | nswered "Yes" to Form 9 | 90, Part IV, line 16. |
| Part III can be | e duplicated if addition | on <u>al space is n</u> ر، | iee <u>ded.</u> | | | | |
| (a) Type of grant or assistance | | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | EAST ASIA AND THE PACIFIC | 3 | 2,001 | WIRE | | | |
| | EUROPE (INCLUDING ICELAND & GREENLAND) | 3 | 3,500 | CHECK OR WIRE | | | |
| (3) RESEARCH PRIZE | RUSSIA AND NEIGHBORING STATES | S 2 | 500 | WIRE | | | |
| (4) | | | | , | | | |
| (5) | | | | 7 | | | |
| (6) | | | | | | | |
| (7) | | | | 7 | Ţ | | |
| (8) | | | | 7 | | | |
| (9) | | | - | 7 | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | † | | |

| (8) | | | | |
|---------|--|--|--|--|
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| (+ 2) | | | | |

(13)

(14) (15)

(16) (17) (18)

| Sche | dule F (Form 990) 2018 | | Page 4 |
|------|---|--------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | _ | _ |
| | | ∐ Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign | | |
| | Corporations (see Instructions for Form 5471) | ☐ Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | □Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the | | |
| | organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | ✓ Yes | □No |

| Schedule F (F | orm 990) 2018 Page 5 |
|---------------------|--|
| | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
| 990 Sched | ule F, Supplemental Information |
| Return Reference | Explanation |
| PART I, LINE 2 | THE AMERICAN MATHEMATICAL SOCIETY AWARDS VARIOUS TYPES OF GRANTS, PRIZES AND SCHOLARSHIPS SOME GRANTS REIMBURSE TRAVEL EXPENSES TO ENCOURAGE MATHEMATICIANS TO TRAVEL AND COLLABORATE WITH OTHERS IN THE FIELD THESE GRANT EXPENSES ARE CAREFULLY MONITORED THROUGH EXPENSE REIMBURSEMENT PROCEDURES FOR OTHER GRANTS, THE RECIPIENT IS REQUIRED TO REPORT THEIR PLANS FOR THE USE OF FUNDS EITHER DURING THE APPLICATION PROCESS OR BEFORE RECEIVING THE FUNDS AFTER THE GRANT PERIOD IS OVER A REPORT ON THE USE OF THE FUNDS IS ALSO REQUIRED. THE APPLICATION FOR CONSIDERATION INCLUDES |

ACKNOWLEDGEMENT THAT IF SELECTED, THE AWARD WILL BE USED FOR STATED PURPOSES SOME AWARDS ARE PRIZES THAT RECOGNIZE A BODY OF MATHEMATICAL WORK OR RESEARCH RESULTS THAT HAVE ALREADY BEEN COMPLETED

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 05-0264797

Name: AMERICAN MATHEMATICAL SOCIETY

13,200

| Form 990 Schedule F Par | orm 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | |
|----------------------------------|--|--|---|---|--------------------------------------|--|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | GRANTMAKING | | 4,500 | | | | | |

0 GRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service. for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 GRANTMAKING 10.005 & GREENLAND) 0 IGRANTMAKING 1.900 NORTH AMERICA

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | | |
|---|---|--|---|--|--------------------------------------|--|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 2 | | SALES - MATH PUBLICATIONS | 279,955 | | | | | |
| NORTH AMERICA | 0 | 0 | | SALES - MATH PUBLICATIONS | | | | | | |

| Form 990 Schedule F Par | Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | | |
|---------------------------|---|--|--|--|--------------------------------------|--|--|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | | |
| SUB-SAHARAN AFRICA | 0 | 0 | | SALES - MATH PUBLICATIONS | | | | | | | |
| EAST ASIA AND THE PACIFIC | 0 | 0 | | SALES - MATH PUBLICATIONS | | | | | | | |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST AND NORTH 0 PROGRAM SERVICES ISALES - MATH AFRICA IPUBLICATIONS. SOUTH ASIA 0 PROGRAM SERVICES ISALES - MATH IPUBLICATIONS 1 2 2 2

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | | |
|---|---|--|--|--|--------------------------------------|--|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | |
| SOUTH AMERICA | 0 | 0 | | SALES - MATH PUBLICATIONS | | | | | | |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | | SALES - MATH PUBLICATIONS | | | | | | |

DLN: 93493305012199 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number AMERICAN MATHEMATICAL SOCIETY 05-0264797 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

REPORT WITH THE SOCIETY

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 SCHEDULE I, PART I, LINE 2

(5)

(6)

(7)

Part IV

Return Reference

Schedule I (Form 990) 2018

Explanation THE AMERICAN MATHEMATICAL SOCIETY AWARDS VARIOUS TYPES OF GRANTS, PRIZES AND SCHOLARSHIPS SOME GRANTS REIMBURSE TRAVEL EXPENSES TO ENCOURAGE MATHEMATICIANS TO TRAVEL AND COLLABORATE WITH OTHERS IN THE FIELD. THESE GRANT EXPENSES ARE CAREFULLY MONTIORED THROUGH EXPENSE REIMBURSEMENT PROCEDURES FOR OTHER GRANTS, THE RECIPIENT IS REQUIRED TO REPORT THEIR PLANS FOR THE USE OF FUNDS EITHER DURING THE APPLICATION PROCESS OR BEFORE RECEIVING THE FUNDS AFTER THE GRANT PERIOD IS OVER. A REPORT ON THE USE OF THE FUNDS IS ALSO REQUIRED THE APPLICATION FOR CONSIDERATION INCLUDES ACKNOWLEDGEMENT THAT IF SELECTED. THE AWARD WILL BE USED FOR STATED PURPOSES SOME AWARDS ARE PRIZES THAT RECOGNIZE A BODY OF MATHEMATICAL WORK OR RESEARCH RESULTS THAT HAVE ALREADY BEEN COMPLETED GRANTS AND AWARDS TO ORGANIZATIONS AND INDIVIDUALS OCCUR UNDER THE VARIOUS OUTREACH ACTIVITIES OF THE SOCIETY, EACH WITH ITS OWN SET OF CRITERIA FOR THE AWARDEE AND HOW THAT AWARDEE IS EXPECTED TO USE THE FUNDS MANY GRANTS/AWARDS HAVE NO CRITERIA AS TO USE, SUCH AS THE

MANY PRIZES SUPPORTED BY TRUE ENDOWMENT FUNDS FOR THOSE THAT DO HAVE CRITERIA AS TO USE, SUCH AS THE EPSILON AWARDS TO ORGANIZATIONS AND THE MATH IN MOSCOW GRANTS TO INDIVIDUAL STUDENTS. ADHERENCE TO THE TERMS OF THE GRANT/AWARD IS MONITORED BY STAFF IN THE MEMBERSHIP AND PROFESSIONAL PROGRAMS DEPARTMENT APPLICATION FOR CONSIDERATION INCLUDES ACKNOWLEDGEMENT THAT IF SELECTED, THE AWARD WILL BE USED

FOR STATED PURPOSES ADDITIONALLY, ONCE THE PURPOSE FOR WHICH THE AWARD OR GRANT WAS MADE IS COMPLETE, THE AWARDEE IS REQUIRED TO FILE A

Page 2

Additional Data

POMONA COLLEGE DEPT OF

610 N COLLEGE AVENUE CLAREMONT, CA 91711 MATHEMATICAL SCIENCES

RESEARCH INSTITUTE

BERKELEY, CA 94720

17 GAUSS WAY

MATH

Software ID: Software Version: **EIN:** 05-0264797 Name: AMERICAN MATHEMATICAL SOCIETY Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation if applicable (book, FMV, appraisal, grant cash assistance other)

organization or government

501(C)(3)

SYLVIA BOZEMAN & RHONDA 46-5525057 501(C)(3) 9,000 HUGHES EDGE FOUNDATION

94-2650833

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

EDGE SCHOLAR

SCHOLARSHIPS-

SCHOLARSHIPS-

ANNUAL SUPPORT

ANNUAL SUPPORT

INFINITE POSSIBILITES

CONFERENCE STUDENT

5.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46 0740070 E04(C)(3) 40.000 LICA MARTIL OLIVADIAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1200 NEW YORK AVENUE NW WASHINGTON, DC 20005

| OF AMERICA 1529 18TH STREET NW WASHINGTON, DC 20036 | 16-0/430/9 | 501(C)(3) | 10,000 | | AWARDS/AMC PROGRAM-ANNUAL SUPPORT |
|---|------------|-----------|--------|--|---|
| AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE | 53-0196568 | 501(C)(3) | 5,000 | | GOLDEN GOOSE AWARD-ANNUAL SUPPORT |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SACNAS 52-1443811 501(C)(3) 5.000 CONFERENCE/MATH

| 1121 PACIFIC AVENUE SANTA CRUZ, CA 95060 | | , ,, , | · | | SPEAKERS-ANNUAL SUPPORT |
|--|------------|-----------|-------|--|--|
| THE CENTER FOR THE NATIONAL MATH SCIENCES ALLIANCE PURDUE UNIVERSITY | 35-6002041 | 501(C)(3) | 5,000 | | FIELD OF DREAMS CONFERENCE/STUDENT SCHOLARSHIPS- ANNUAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

150 N UNIVERSITY STREET WEST LAFAYETTE, IN 47907

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2497802 501(C)(3) 6.000 SCIENCE SPARK DBAUSA THE USA SCIENCE & SCIENCE & ENGINEERING ENGINEERING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FESTIVAL
3663 LONE DOVE LANE
OLIVENHAIN, CA 92024

MATHEMATICAL ASSOCIATON
OF AMERICA
1529 EIGHTEENTH STREET

FESTIVAL/SPONSORSHIPANNUAL SUPPORT

FESTIVAL/SPONSORSHIPANNUAL SUPPORT

FESTIVAL/SPONSORSHIPANNUAL SUPPORT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

WASHINGTON, DC 20036

NW

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-3857105 501(C)(3) 5.000 IE BOOKS 2018-ANNUAL ITHAKA HARBORS INC 101 GREENWICH STREET 18TH SUPPORT

| FLOOR NEW YORK, NY 10006 | | | | | |
|---|------------|-----------|-------|--|---|
| FRIENDS OF THE INTERNATIONAL MATHEMATICAL UNION | 26-3185549 | 501(C)(3) | 5,000 | | USNCM VISITING LECTURER PROGRAM- ANNUAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

201 CHARLES STREET PROVIDENCE, RI 02904

(b) EIN (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

OR ACHEIVEMENT IN A

MATHEMATICS DEPT

AWARD

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

MINNEAPOLIS, MN 55455

MATH DEPT

206 CHURCH ST SE

| SIAM 3600 MARKET STREET 6TH FLOOR PHILADELPHIA, PA 19104 | 23-1496016 | 501(C)(3) | 5,000 | | RUSSELL PRIZE (DONATION FROM RECIPIENT-CHRISTIANE ROUSSEAU) |
|---|------------|-----------|-------|--|--|
| UNIVERSITY OF MINNESOTA | 41-6007513 | GOV'T | 5.000 | | EXEMPLARY PROGRAM |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-1352685 501(C)(3) 5.000 THE TRUSTEES OF THE EPSILON-ANNUAL UNIVERSITY OF SUPPORT PENNSYI VANTA

3600 MARKET STREET SUITE 300 PHILADELPHIA, PA 19104 MATHPATHMATHPATH 20-1290489 9,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SKILLMAN, NJ 08588

501(C)(3) EPSTLON-ANNUAL FOUNDATION SUPPORT 65 FAIRVIEW ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MATHEMATICAL STAIRCASE 46-1813949 501(C)(3) 5.000 EPSILON-ANNUAL INC SUPPORT

231 W FRANKLIN ST HOLYOKE, MA 01040

MATHEMATICAL STAIRCASE 46-1813949 501(C)(3) 6,000

EPSILON-ANNUAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

231 W FRANKLIN ST HOLYOKE, MA 01040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-2917981 501(C)(3) 10.000 THE PROMYS FOUNDATION EPSILON-ANNUAL PO BOX 15502 SUPPORT

SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CAMBRIDGE, MA 02139

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 04-6130872 501(C)(3) 10.000 HAMPSHIRE COLLEGE EPSILON-ANNUAL 893 WEST STREET SUPPORT AMHERST, MA 01002 UNIVERSITY OF PUFRTO RICO 66-0433761 GOV'T 8,000 EPSILON-ANNUAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MAYAGUEZ CAMPUS

259 BLVD ALFONSO VALDES
COBIAN
MAYAGUEZ 00681

RQ

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-6025986 501(C)(3) 8.000 ROSS MATHEMATICS EPSILON-ANNUAL PROGRAM OSU-DEPT OF MATH SUPPORT

IEPSILON-ANNUAL

SUPPORT

8.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

231 W 18TH AVENUE COLUMBUS, OH 43210 AMERICAN INSTITUTE OF MATHEMATICS

600 E BROKAW ROAD SAN JOSE, CA 95112 94-3205114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MATHWORKS AT TEXAS STATE 74-6002248 501(C)(3) 15.000 EPSILON-ANNUAL UNIVERSITY SUPPORT

| SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPPORT | SUPP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 4499 NEW YORK, NY 10163

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 54-2084125 GOV'T 5.000 UNIVERSITY OF FAN FUND CHINA MASSACHUSETTS AMHERST EXCHANGE PROGRAM-LGRT DEPT OF MATH & STATS ANNUAL SUPPORT GOV'T 93,000 24-6000376 CENTENNIAL

710 N PLEASANT STREET AMHERST, MA 01003 PENNSYLVANIA STATE UNIVERSITY EBERLY COLLEGE FELLOWSHIP-ANNUAL OF SCIENCE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

515 THOMAS BUILDING UNIVERSITY PARK, PA 16802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 04-2103547 501(C)(3) 50.000 TRUSTEES OF BOSTON BIRMAN FELLOWSHIP UNIVERSITY FOR WOMEN 111 CUMMINGTON MALL RM SCHOLARS-ANNUAL SUPPORT

111 CUMMINGTON MALL RM
142
BOSTON, MA 02215

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

SCHOLARS-ANNUAL SUPPORT

SCHOLARS-ANNUAL SUPPORT

SCHOLARS-ANNUAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1200 NEW YORK AVE NW WASHINGTON, DC 20005

(a)Type of grant or assistance (b)Number of recipients (c)Amount of cash grant (d)Amount of non-cash assistance (e)Method of valuation (book, FMV, appraisal, other)

AMS GRADUATE STUDENT CHAPTERS 9 4,026

| BIRKOFF | 1 | 5,000 | | |
|-----------------|---|-------|--|--|
| CHEVALLEY PRIZE | 1 | 8,000 | | |

1,000

5,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

COE IMPACT AWARD

COLE PRIZE IN ALGEBRA

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

PROGRAM/AWARD

GRENANDER PRIZE

ISEF-MENGER AWARD

| CONANT PRIZE | 1 | 1,000 | | |
|------------------------------------|---|-------|--|--|
| DISTINGUISHED PUBLIC SERVICE AWARD | 1 | 4,000 | | |
| FAN FUND CHINA EXCHANGE | 1 | 1,000 | | |

5,000

3,000

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance FMV, appraisal, other) recipients cash grant non-cash assistance JPBM COMMUNICATIONS AWARD 500 l

| MATH ART EXHIBITION AWARD | 3 | 1,000 | | |
|---------------------------|---|-------|--|--|
| MORGAN PRIZE | 1 | 1,200 | | |

| MORGAN PRIZE | 1 | 1,200 | | |
|--------------|---|-------|--|--|
| | | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| MORGAN PRIZE | 1 | 1,200 | | |
|--------------|---|-------|--|--|
| | | | | |

| MORGAN PRIZE | 1 | 1,200 | | |
|-----------------------------------|---|--------|--|--|
| CTEELE DRIZE LIFETIME ACUIEVEMENT | | 10,000 | | |

| STEELE PRIZE - LIFETIME ACHIEVEMENT | 1 | 10,000 | | |
|-------------------------------------|---|--------|--|--|
| | | | | |

| I | / | _ | |
|---|-------|---|--|
| | 2,500 | 1 | STEELE PRIZE - MATHEMATICAL EXPOSITION |

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance FMV, appraisal, other) recipients cash grant non-cash assistance STEELE PRIZE - SEMINAL CONTRIBUTION 2.500

| TRJITZINSKY SCHOLARSHIPS | 8 | 21,000 | | |
|--------------------------|---|--------|--|--|
| WHITEMAN PRIZE | 1 | 5,000 | | |

| | | , | | |
|----------------|---|-------|--|--|
| WHITEMAN PRIZE | 1 | 5,000 | | |
| | | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| WHITEMAN PRIZE | 1 | 5,000 | | |
|----------------|---|-------|--|--|
| | | | | |

| WILLEMAN PRIZE | 1 | 3,000 | | |
|------------------------------------|---|--------|--|--|
| 2017-2018 CONCRESSIONAL FELLOWSHIP | 1 | 52.460 | | |

| 2017 2010 20110050010111 5511 01101110 | | E0 460 | | |
|--|---|--------|--|--|
| 2017-2018 CONGRESSIONAL FELLOWSHIP | 1 | 52,460 | | |

| 2017-2016 CONGRESSIONAL FELLOWSHIP | 1 | 52,460 | | |
|------------------------------------|---|--------|--|--|
| 2017-2018 CONGRESSIONAL FELLOWSHIP | 1 | 52.460 | | |

| 2017-2010 CONGRESSIONAL FELLOWSHIP | 1 | 32,400 | | |
|------------------------------------|---|--------|--|--|
| 2018-2019 CONGRESSIONAL FELLOWSHIP | 1 | 27.138 | | |

| efil | e GR/ | APHIC pr | int - DO NOT PROCESS As File | ed Dat | ta - | DLN: 934 | 19330 | 5012 | 199 | | |
|--|---------------|----------------------------|--|---------------------|--|------------------------|--------|---------------------|------|--|--|
| | edu | | Compe | nsat | tion Information | 00 | 1B No | 1545-0 | 0047 | | |
| (Form 990) Department of the Treasury | | | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | 2018 Open to Public | | | |
| | | ue Service | | | | | | ectio | | | |
| | | he organiza MATHEMATIO | ation CAL SOCIETY | | | Employer identificat | ion nu | ımber | | | |
| | | | | | | 05-0264797 | | | | | |
| Pa | rt I | Questic | ons Regarding Compensation | | | | | | | | |
| 1a | Check 990, | the appro Part VII, Se | opiate box(es) if the organization provide ection A, line 1a Complete Part III to pro | d any o ovide ar | of the following to or for a person listed ny relevant information regarding thes | i on Form e items | | Yes | No_ | | |
| | | | or charter travel | | Housing allowance or residence for p | | | | | | |
| | 님 | | companions | 님 | Payments for business use of persor | | | | | | |
| | 님 | | nification and gross-up payments | 片 | Health or social club dues or initiatio | | | | | | |
| | Ш | Discretion | ary spending account | Ш | Personal services (e g , maid, chaufi | feur, chef) | | | | | |
| b | | | kes in line 1a are checked, did the organi ill of the expenses described above? If "N | | | ent or reimbursement | 1b | | | | |
| 2 | | | ation require substantiation prior to reimb | | | 4.5 | 2 | | | | |
| | airect | ors, truste | es, officers, including the CEO/Executive | Directo | or, regarding the items checked in line | 1a' | | | | | |
| 3 | organ | ıızatıon's C | if any, of the following the filing organiza EO/Executive Director Check all that app d organization to establish compensation | oly Do | not check any boxes for methods | | | | | | |
| | ✓ | Compensa | ation committee | | Written employment contract | | | | | | |
| | | • | ent compensation consultant | ✓ | Compensation survey or study | | | | | | |
| | | Form 990 | of other organizations | ✓ | Approval by the board or compensat | ion committee | | | | | |
| 4 | | g the year, ed organiza | , did any person listed on Form 990, Part tion | VII, Se | ection A, line 1a, with respect to the fil | ling organization or a | | | | | |
| а | Recei | ve a sever | ance payment or change-of-control paym | nent? | | | 4a | | No | | |
| ь | | | r receive payment from, a supplemental | | alified retirement plan? | | 4b | | No | | |
| c | Partic | ipate in, oi | r receive payment from, an equity-based | compe | ensation arrangement? | | 4c | | No | | |
| | If "Ye | s" to any o | of lines 4a-c, list the persons and provide | the ap | plicable amounts for each item in Part | III | | | | | |
| | Only | 501(c)(3 |), 501(c)(4), and 501(c)(29) organiz | ations | must complete lines 5-9. | | | | | | |
| 5 | | | ed on Form 990, Part VII, Section A, line ontingent on the revenues of | 1a, dıd | the organization pay or accrue any | | | | | | |
| а | The o | rganızatıor | ٦٦ | | | | 5a | | No | | |
| b | | elated orga | | | | | 5b | | No | | |
| | | • | 5a or 5b, describe in Part III | | | | | | | | |
| 6 | | | ed on Form 990, Part VII, Section A, line ontingent on the net earnings of | 1a, dıd | the organization pay or accrue any | | | | | | |
| a | | rganızatıor | | | | | 6a | | No | | |
| b | | elated orga | | | | | 6b | | No | | |
| _ | | • | 6a or 6b, describe in Part III | | | | | | | | |
| 7 | | | ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descri | | | I | 7 | Yes | | | |
| 8 | | ct to the in | nts reported on Form 990, Part VII, paid litial contract exception described in Regi | | | escribe | 8 | | No | | |
| 9 | | s" on line 8 958-6(c)? | 3, did the organization also follow the rel | outtable | e presumption procedure described in | Regulations section | 9 | | | | |
| For F | anerv | vork Redu | ction Act Notice, see the Instruction | s for F | orm 990. Cat No 5 | 0053T Schedule J | (Form | 990) | 2018 | | |

(F) Compensation in

column (B) reported as deferred on prior Form 990

(E) Total of

columns (B)(ı)-(D)

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the nd (E) amounts for that individual

| instructions, on row (ii) Do not list any individuals that are not listed on Form Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the | 990 | , Part VII | • | ., | • | • | |
|--|-----|--------------------------|---|---|---------------------------------|---|---|
| (A) Name and Title | | (B) Breal | kdown of W-2 and/o compensation | and other | (D) Nontaxable benefits | (| |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | т |

| Schedule 3 (1 01111 330) 2010 | Page 3 | | | | | | |
|--|--|--|--|--|--|--|--|
| Part III Supplemental Inform | | | | | | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information | | | | | | | |
| Return Reference | Explanation | | | | | | |
| PART I, LINE 7 | FOR THE INDIVIDUALS WHO HAVE BONUSES LISTED, THESE ARE MERITORIOUS BONUSES REQUESTED BY MANAGERS. THESE ARE REVIEWED AND APPROVED BY | | | | | | |

THE EXECUTIVE DIRECTOR, CFO AND DIRECTOR OF HUMAN RESOURCES

Schedule 1 (Form 990) 2018

| Return Reference | Explanation |
|------------------|--|
| , , | CARLA SAVAGE RECEIVED COMPENSATION FROM NORTH CAROLINA STATE UNIVERSITY, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED TO THE ORGANIZATION IN THE AMOUNT OF \$101,094 KENNETH RIBET RECEIVED COMPENSATION FROM THE UNIVERSITY OF CALIFORNIA, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED TO THE ORGANIZATION IN THE AMOUNT OF \$30,000 |

1 (Form 990) 2018 Schedule :

(A) Name and Title

CHIEF FINANCIAL OFFICER

CATHERINE ROBERTS

EXECUTIVE DIRECTOR

EXECUTIVE EDITOR-MI

ASSOCIATE EXEC DIR

ROBERT HARINGTON

ASSOCIATE EXEC DIR

T CHRISTINE STEVENS

ASSOCIATE EXEC DIR

CHIEF INFORMATION

THOMAS BLYTHE

SERGEI GELFAND

SYSTEMS SUPPORT MANAGER **GERARD LOON**

ASSEN DONTCHEV

NORMAN RICHERT

MANAGING EDITOR

ASSOCIATE EDITOR

DIRECTOR INFO SYSTEMS

OFFICER

PUBLISHER

EROL OZIL

EDWARD DUNNE

KAREN SAXE

EMILY RILEY

(ı)

(ı)

(III)

(1)

(ı)

l(II)

(1)

(ı)

l(11)

(ı)

(1)

(ı)

(II)

l(II)

(1)

(i) Base Compensation

185,927

230,468

180,568

183,918

218,845

163,410

165,837

150,117

162,996

144,899

137,230

139,667

Software Version:

Software ID:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 05-0264797

(iii)

Other reportable

compensation

2,407

16,045

2,408

1,568

1,569

6,955

2,376

2,255

782

1,270

6,324

3,705

(D) Nontaxable

benefits

9,679

21,097

17,349

1,730

19,475

9,016

17,619

17,261

9,481

9,410

19,338

17,126

(C) Retirement and

other deferred

compensation

22,676

29,873

22,606

21,839

28,217

19,063

20,465

17,743

19,191

16,531

16,137

16,310

(E) Total of columns

(B)(i)-(D)

220,689

297,483

222,931

209,255

268,106

198,444

207,797

187,376

193,950

173,610

179,029

178,308

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

| | | | Haine | AMERICAN | WITTENIA ITCAL S | OCILII | | |
|-----------------------|---------------------|------------|-----------|---------------|------------------|-------------|-------------|--|
| | | | | | | | | |
| Form 990, Schedule J, | Part II - Officers, | Directors, | Trustees, | Key Employees | , and Highest | Compensated | l Employees | |

| iame: AMERICAN MATHEMATICAL SUCIETY |
|-------------------------------------|
| |
| |

| | Name: | AMERICAN MATHE | MATICAL S | SOCIETY | |
|--|-------|----------------|-----------|---------|--|
| | | | | | |

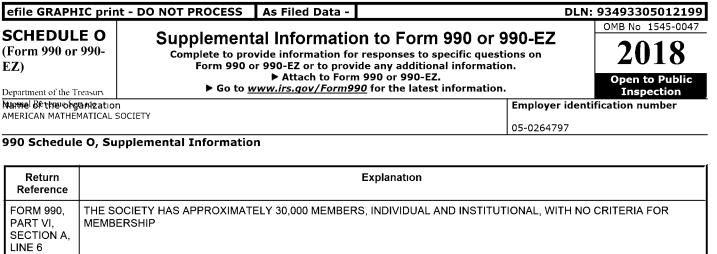
200

1,500

1,500

1,500

1,500



Return Explanation
Reference

| FORM 990, | THE INDIVIDUAL MEMBERSHIP ELECTS ALL BOARD MEMBERS, EXCEPT THE TREASURER AND ASSOCIATE TRE |
|------------|--|
| PART VI, | ASURER THE TREASURER AND ASSOCIATE TREASURER SERVE WITH APPROVAL OF THE COUNCIL A SECOND |
| SECTION A, | GOVERNING BODY, THE COUNCIL, HAS SOME MEMBERS THAT ARE ELECTED BY THE MEMBERSHIP CHANGES |
| LINE 7A | TO THE BYLAWS MUST BE APPROVED BY THE MEMBERSHIP |

Return Explanation
Reference

FORM 990, THE INDIVIDUAL MEMBERSHIP ELECTS ALL BOARD MEMBERS, EXCEPT THE TREASURER AND ASSOCIATE TRE PART VI, ASURER THE TREASURER AND ASSOCIATE TREASURER SERVE WITH APPROVAL OF THE COUNCIL A SECOND SECTION A, GOVERNING BODY, THE COUNCIL, HAS SOME MEMBERS THAT ARE ELECTED BY THE MEMBERSHIP CHANGES TO THE BYLAWS MUST BE APPROVED BY THE MEMBERSHIP

Return Explanation
Reference

990 Schedule O, Supplemental Information

THE FILING IS MADE

FORM 990, PART VI, WHEN THE FINAL DRAFT IS PREPARED, IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE SECTION B, LINE 11B ECTRONICALLY BY ACCESSING A SECURE INTERNET SITE THEY ARE GIVEN APPROXIMATELY THREE TO FIVE BUSINESS DAYS TO REVIEW THE DRAFT AFTER RESPONDING TO ANY FEEDBACK FROM THE TRUSTEES.

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | AMS OFFICERS, TRUSTEES, AND KEY EMPLOYEES, WHO ARE DEFINED AS INTERESTED PERSONS, ARE REQUIRED TO DISCLOSE ANNUALLY FINANCIAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS BY SIGNING OFF ON THE CONFLICT OF INTEREST POLICY THE AMS ADOPTED THIS POLICY IN NOVEMBER 2011 AND TRUSTEES SIGNED OFF ON THIS POLICY IN NOVEMBER EACH NOVEMBER TRUSTEES AND KEY EMPLOYEES WILL BE ASKED TO AGAIN SIGN OFF ON THE POLICY AND DISCLOSE ANY POSSIBLE OR ACTUAL CONFLICTS THE AMS DEFINES AN "INTERESTED PERSON" ACCORDING TO THE IRS DEFINITION, AND THEY ARE ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST AN INTERESTED PERSON MUST DISCLOSE A FINANCIAL INTEREST, AS DEFINED BY THE IRS, THAT IS A POTENTIAL CONFLICT TO THE BOARD OF TRUSTEES OR COMMITTEE WHO WILL DECIDE IF A CONFLICT EXISTS IF THE BOARD OF TRUSTEES OR COMMITTEE WITH BOARD-DELEGATED POWERS, EXCLUDING THE INTERESTED PERSON, DECIDES THAT A CONFLICT EXISTS, ALTERNATIVE TRANSACTIONS OR ARRANGEMENTS MIGHT BE MADE AFTER INVESTIGATING IN ORDER TO AVOID THE CONFLICT ALTERNATIVELY, DISINTERESTED PERSONS ON THE BOARD OF TRUSTEES OR COMMITTEE MAY DETERMINE THAT A TRANSACTION IS FAIR OR REASONABLE AND IN THE BEST INTERESTS OF THE ORGANIZATION THE INTERESTED PERSON WHO HAS A CONFLICT MAY NOT VOTE ON MATTERS FOR WHICH THERE IS A CONFLICT OF INTEREST AND THEY MUST BE EXCLUDED FROM DISCUSSIONS OF MATTERS FOR WHICH THERE IS A CONFLICT OF INTEREST |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD OF TRUSTEES REVIEWS AND APPROVES WITH THE EXECUTIVE DIRECTOR THE PROCESS BY WHICH THE EXECUTIVE DIRECTOR ESTABLISHES THE SALARY AND BENEFITS OF THE CHIEF FINANCIAL OFFICE RAND KEY EMPLOYEES FOR THE UPCOMING YEAR INCLUDED IN THIS REVIEW IS COMPARISON DATA FROM COMPENSATION SURVEYS WITH RESPECT TO THE EXECUTIVE DIRECTOR, THE BOARD IS GIVEN SALARY AND BENEFIT AMOUNTS APPROVED FOR THE CURRENT YEAR, AND PROFORMA AMOUNTS FOR THE UPCOMING YEAR THE BOARD IS ALSO GIVEN COMPARISON DATA FROM COMPENSATION SURVEYS TO ASSIST WITH COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR THE BOARD TAKES INTO CONSIDERATION THE INFOR MATION PROVIDED BY STAFF AS WELL AS COMPENSATION SURVEYS AND PERFORMANCE IN SETTING HIS/HER COMPENSATION FOR THE FOLLOWING YEAR ALL COMPENSATION SURVEYS USED FOR SETTING THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES' SALARIES ARE FROM INDEPENDENT SOURCES, AND THEY ARE GATHER DRIVEN BY A HUMAN RESOURCES PROFESSIONAL THE BOARD DOCUMENTS THEIR PROCESS FOR SETTING THE SALARIES EACH YEAR |

Funlanation

0 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE

Return

| Reference | |
|------------|--|
| FORM 990, | SHORTLY AFTER FILING, THE SOCIETY'S FORM 990 AND ALL SCHEDULES (EXCLUDING SCHEDULE B) IS C |
| PART VI, | OPIED AND MADE AVAILABLE TO THE SOCIETY'S THREE LOCATIONS IF ANYONE REQUESTS TO SEE THE F |
| SECTION C, | ORM 990 AND SCHEDULES, COPIES ARE PROVIDED BY STAFF VIA MAIL OR EMAIL THE SOCIETY'S GOVER |
| LINE 19 | NING DOCUMENTS ARE ON THE SOCIETY'S WEBSITE THE ANNUAL REPORT OF THE TREASURER, INCLUDING |
| | THE FINANCIAL STATEMENT, IS PUBLISHED EACH YEAR IN THE SOCIETY'S PUBLICATION, NOTICES OF |
| | THE AMERICAN MATHEMATICAL SOCIETY THESE PUBLICATIONS ARE AVAILABLE ON THE WEBSITE THE 99 |

Explanation

Return Explanation

| Reference | |
|-----------------------|---|
| FORM 990, PART XI, | POSTRETIREMENT BENEFIT CHANGES 740,207 DEPRECIATION OF LABOR FOR IN HOUSE SOFTWARE DEVELOPMENT -127,727 |
| LINIE O | |

LINE 9

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2018

Employer identification number

DLN: 93493305012199OMB No 1545-0047

Open to Public Inspection

| art I Identification of Disregarded Entities Con | anlete if the organ | ization and | wered "Vec | " on For | n QQN Dart | TV line | _ | 264797 | | | | |
|---|------------------------------------|---|------------------------------------|------------------------|-------------------------|-----------|---------------------------|-----------------|-------------------------------------|----------------------------------|--------------|---|
| Identification of Disregarded Entitles Con | ipiete ii tile organ | 12au011 all5 | wereu 1es | OII FOII | | IV, IIIIE | : ၁၁, | | | | | |
| (a) Name, address, and EIN (If applicable) of disregarded entity | | (b) (c) Legal domicile (state or foreign country) | | Total | (d) (al Income End-of-y | | (e) End-of-year assets | | (f) Direct controlling entity | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Identification of Related Tax-Exempt Orga related tax-exempt organizations during the tax | nizations Comple x year. | te if the or | ganization | answere | d "Yes" on F | orm 99 | 00, Part I | / V, line 34 | because | it had one or i | more | |
| (a) Name, address, and EIN of related organization | . (| b) y activity | (c) Legal domic or foreign o | ile (state country) | (d) Exempt Code s | section | Public cha (if section | rity status | Dire | (f) ect controlling entity | | g) n 512(b ontrolle tity? |
| MATHEMATICAL REVIEWS INC | INACTIVE | | MI | | 501(C)(3) | | | | AMERICAN SOCIETY | I MATHEMATICAL | Yes | No |
| N ARBOR, MI 48103 2489014 | | | | | | | | | | | | |
| INTERNATIONAL CONGRESS OF MATHEMATICIANS CO AMS CHARLES STREET | INACTIVE | | RI | | 501(C)(3) | | | | AMERICAN SOCIETY | MATHEMATICAL | Yes | |
| OVIDENCE, RI 02094 0405879 | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Paperwork Reduction Act Notice, see the Instructions fo | or Form 990. | | Ca | t No 501 | 135Y | | | | Sch | edule R (Form | 990) 2 | 018 |

| (a) Name, address, and EIN of related organization | | | and EIN of Primary Legal Direct | | Direct controlling | (e) Predominant Income(related unrelated, excluded from tax under sections 512- 514) | | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | | | (j) eral or naging tner? | (k Percen owner |
|--|------------------------|-----------------|---|--------------|--------------------------------|--|---------------------------------------|--|--|-------------|---------------------------|--------|---|-----------------------|
| | | | | | 314) | | | Yes | No | | Yes | No | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | | |
| | | | 1 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Identification of Related Organizat because it had one or more related org | | | | | | zation ansv | wered "Yes | " on Fo | orm 99 | 90, Part I\ | /, line | 34 | | |
| Identification of Related Organizat because it had one or more related organization (a) Name, address, and EIN of related organization | | c a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C c | (e) | vered "Yes (f) Share of total Income | Share | (g) of end- year assets | of- Pero | /, line (h) entage ership | s (| ection 13) con entit | |
| because it had one or more related org (a) Name, address, and EIN of | ganizations treated as | c a corporation | on or trus (c) egal micile | st during th | (d) controlling Typentity (C c | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Pero | (h) entage | s (| (i) Section : 13) con entit Yes | |
| because it had one or more related org (a) Name, address, and EIN of | ganizations treated as | c a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C c | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Pero | (h) entage | s (| ection : 13) con entit | |
| because it had one or more related org (a) Name, address, and EIN of | ganizations treated as | c a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C c | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Pero | (h) entage | s (| ection 13) cor entil | |
| because it had one or more related org (a) Name, address, and EIN of | ganizations treated as | c a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C c | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Pero | (h) entage | s (| ection 13) cor entil | |
| because it had one or more related org (a) Name, address, and EIN of | ganizations treated as | c a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C c | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) of end- year | of- Pero | (h) entage | s (| ection 13) cor enti | |

| Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
|---|----|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | | No |
| Bembursement and by related erganization(s) for expenses | 10 | | No |

| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
|---|---|-----------|-------|--|--|--|--|--|--|--|
| n | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| О | Sharing of paid employees with related organization(s) | 10 | No | | | | | | | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | No | | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | No | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | No | | | | | | | |
| s | Other transfer of cash or property from related organization(s) | 1s | No | | | | | | | |
| 2 | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | | |
| | (a) Name of related organization (b) Transaction Amount involved Method of determining am | ount invo | olved | | | | | | | |

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) | Ar or | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ite | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | or ig ? | (k) Percentage ownership |
|---|-------------------------|--|--|----------|---|------------------------------------|--|--------------------------------------|-----|---|-----------|---------------|--------------------------------|
| İ | | | 514) | Yes | No | ļ | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | _ | Schedul | e R (Form | 1 990 |)) 2018 |

