## **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2**02**4

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the	2024 calend		ending	12	/31/20	24
<b>B</b> 0	heck if ap	oplicable:	C Name of organization		D Emp	loyer id	entification number
=	Address c	-	WESTERN INSTITUTE FOR ADVANCED STUDY		83-4061510		
	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address)	hone n	umber		
=	nitial retur Final retur	720-999-9363					
=	Amended	up Exemption					
	Applicatio	n pending	Denver, CO 80202		Nun	nber	
G A	Account	ting Method:	Cash Accrual Other (specify):		H Check	<b>☑</b> if the	e organization is <b>not</b>
I V	<b>Vebsite</b>	www.wes	sterninstitute.org				ach Schedule B
J Ta	ax-exen	npt status (che	eck only one) — 🔽 501(c)(3) 🔲 501(c) ( ) (insert no.) 🔲 4947(a)(1) or	527	(Form 9	90).	
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or me	ore, or if to	otal assets		
(Par	t II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ			. \$	6,741
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see th	ne instru	ctions	for Part I)
		Check if	the organization used Schedule O to respond to any question in	this Par	tl		
	1		ons, gifts, grants, and similar amounts received			1	6,741
	2	Program s	ervice revenue including government fees and contracts			2	0
	3	Membersh	ip dues and assessments			3	0
	4	Investment	t income			4	0
	5a	Gross amo	ount from sale of assets other than inventory   5a		0		
	b	Less: cost					
	С	Gain or (los	5с	0			
	6	Gaming an	d fundraising events:				
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
ne		\$15,000) .	6a		0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of	contribu	tions		
Re.		from fundraising events reported on line 1) (attach Schedule G if the					
_		sum of suc	ch gross income and contributions exceeds \$15,000)   6b		0		
	С	Less: direc	et expenses from gaming and fundraising events 6c		0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	6b and	subtract		
		line 6c) .				6d	0
	7a	Gross sale	s of inventory, less returns and allowances		0		
	b	Less: cost	of goods sold		0		
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a) .			7c	0
	8	Other reve	nue (describe in Schedule O)	<u></u>	8	0	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	6,741
	10	Grants and	I similar amounts paid (list in Schedule O)			10	0
	11		aid to or for members			11	0
es	12	Salaries, o	ther compensation, and employee benefits			12	0
Expenses	13	Profession	al fees and other payments to independent contractors			13	940
Ç	14		y, rent, utilities, and maintenance			14	843
ш	15		ublications, postage, and shipping			15	0
	16	Other expe	enses (describe in Schedule O)		<u></u>	16	11,532
	17	Total expe	enses. Add lines 10 through 16			17	13,315
Ş	18	Excess or	(deficit) for the year (subtract line 17 from line 9)			18	-6,574
set	19		or fund balances at beginning of year (from line 27, column (A))				
As		=	ar figure reported on prior year's return)			19	17,484
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		<u></u>	20	0
<u></u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .		<u> </u>	21	10,910

Form 990-EZ (2024) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 17,484 22 22 Cash, savings, and investments 10,910 0 23 23 Land and buildings . . . . . . . . . . . . . . . . 0 Other assets (describe in Schedule O) . . . . . . . . . 24 0 24 0 25 17,484 25 10.910 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 17,484 27 10,910 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? To foster highly interdisciplinary scientific research. 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Published peer-reviewed articles in the following journals: Applied Math, Physical Biology, and Frontiers in Cognitive Neuroscience. These academic publications provide a theoretical framework for energy-efficient probabilistic computation, for the benefit of scientists, engineers, and the broader public. 28a 0) If this amount includes foreign grants, check here . . . . . 7,795 29 Presented results at the Society for Neuroscience annual meeting. At this conference, we relayed exciting research findings from the first Grand Challenge conducted within the Western Institute for Advanced Study. This work was presented for the benefit of neuroscientists in the immediate field of study. (Grants \$ 0) If this amount includes foreign grants, check here . . . . . 29a 3,737 Attended a symposium to explain the principles of scientific research, and to share how we are translating theoretical advances into the laboratory and the clinic. These lectures emphasized the importance of the research conducted within the Western Institute for Advanced Study, for the benefit of the broader public. (Grants \$ 0) If this amount includes foreign grants, check here . . . . . 30a 0 **31** Other program services (describe in Schedule O) . . . . . . . . . . . . . . . . (Grants \$ 0) If this amount includes foreign grants, check here . . . . . 31a 0 11,532 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . . . . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (Forms W-2/1099-MISC/ (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Elizabeth Stoll 2.00 0 0 0 **Founder and Scientific Director** Chris Frangione 0 1 00 0 n President Megan Halloran 1.00 0 0 0 Treasurer **David Lester** 1.00 0 0 0 Secretary

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Oneck if the organization used Schedule O to respond to any question in this	3 1 ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<b>1</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	38a		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9	-		
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: CO			
42a	The organization's books are in care of: Elizabeth Stoll Telephone no.	720-99	9-9363	3
	Located at: 1312 Seventeenth Street Suite 745, Denver, CO 80202 ZIP + 4	802	202	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>'</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		<b>V</b>

Form 99	90-EZ (20	024)							Р	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in oppo	sition		Yes	
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.	s <b>Only</b> s must answer que	stions 47–49b an	d 52, an	d complete		<b>46</b> bles f	or line	es
		Check if the organization used Scl	nedule O to respond	I to any question in	n this Par	t VI				
47	year?	he organization engage in lobbying If "Yes," complete Schedule C, Par	t II				ie tax	47	Yes	No 🗸
48 49a b 50	Did the If "Ye Comp	e organization a school as described in the organization make any transfers to es," was the related organization a se- plete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	uritable related orga on? sated employees (o	nization?  other than	officers, dire	ctors, t			✓ ✓ d ke
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribi	Health benefits, utions to employed plans, and deferred ompensation			ed amou	
None										
f 51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the organ	s five highest compe	ensated independe	nt contra	 ctors who ea	ch rec	eived	more	thar
	(a)	Name and business address of each independ	lent contractor	<b>(b)</b> Type of s	ervice		<b>(c)</b> Com	pensati	on	
None										
				_						
d	Total	number of other independent contra	actors each receiving	over \$100 000						
52	Did 1	the organization complete Schedule A	_		ganizatior	ns must atta	_	∕ Yes		No
		of perjury, I declare that I have examined this is do complete. Declaration of preparer (other than					knowled	dge and	belief,	it is
O:										
Sign Here		Signature of officer  Elizabeth Stoll, Founding Director  Type or print name and title				Date				
		Type or print name and title	Preparer's signature		Date			PTIN		
Paid Prep		Print/Type preparer's name	i reparer a signature		Date	Check self-em	if	. IIIN		
Use	Only	Firm's name Firm's address				Firm's EIN				
May th	ne IRS	discuss this return with the prepare	r shown above? See i	instructions		Phone no.		Yes		— ملا

## SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

Name of the organization

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

		INSTITUTE FOR ADVANCED S					83-40	
Pai		Reason for Public Cha	<u> </u>					ons.
The o	•	zation is not a private founda		`	•	•	,	
1								
2		school described in section		,		•	1) ( A ) (***)	
3		hospital or a cooperative ho- medical research organization						(iii) Entartha
4	_	ospital's name, city, and state	•	onjunction with a nosp	onal desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5		n organization operated for		college or university	owned o	r operate	ad hy a government	al unit described in
·		ection 170(b)(1)(A)(iv). (Com		conege of university	owned o	Ороган	od by a government	ar arm acsoribed in
6	□ A	federal, state, or local govern	nment or govern	mental unit described	in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7	✓ Aı	n organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public
	de	escribed in <b>section 170(b)(1)</b>	(A)(vi). (Complet	te Part II.)				
8	$\square$ A	community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organ						
		r university or a non-land-gra niversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	□ Aı	n organization that normally i eceipts from activities related	receives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	re sı	eceipts from activities related upport from gross investmen	וto its exempt fu t income and נוח	nctions, subject to ce related business taxal	rταιn exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	331/3% of its businesses
	ac	equired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	1)(2). (Cor	nplete Pa	art III.)	
11		n organization organized and	•	•	-			
12		n organization organized and	•		•			
		ne or more publicly supported te box on lines 12a through 12						
_				*			•	. •
а		Type I. A supporting organ the supported organization						
		supporting organization. Y					ille directors or trust	ees of the
b		Type II. A supporting organ	-	· ·			supported organizati	on(s) by having
		control or management of						
		organization(s). You must				<b>P</b>		g
С		Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnectio	n with, and function	ally integrated with,
		its supported organization(	(s) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally						
		that is not functionally integ						d an attentiveness
	_	requirement (see instructio	,	•		•		
е		Check this box if the organ						e II, Type III
	<b></b>	functionally integrated, or		tionally integrated sur	oporting o	organizat	ion.	
1		er the number of supported or vide the following information	_					
g		me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(I) INAI	ne of supported organization	(II) EIN	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
/A)								
(A)								
(B)								
(C)								
(D)								
(E)								
<del>-</del> /								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 100 0 50,130 17,316 6,741 74,287 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 0 **Total.** Add lines 1 through 3 4 0 100 50,130 17,316 6,741 74,287 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) . . . . 57,680 **Public support.** Subtract line 5 from line 4 16,607 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 . . . . . . 0 100 50,130 17,316 6,741 74,287 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 74,287 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . . 22.36 % 15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. 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 ~ 10%-facts-and-circumstances test - 2023. 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 

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

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Schedule A (Form 990) 2024 Page **3** 

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	mpiete Part	II.)	
	on A. Public Support		1			I	
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities						
3	furnished in any activity that is related to the organization's tax-exempt purpose						
3	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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	-			-	ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2024 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2023 Sch	nedule A, Part	III, line 15 .		<u></u>	16	%
Secti	on D. Computation of Investment In	come Perce					
17	Investment income percentage for 2024 (	line 10c, colun	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18 19a	Investment income percentage from <b>2023 33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> — <b>2024.</b> If the organ 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	ization did not	check the box	k on line 14, ar	nd line 15 is m		
b	331/3% support tests – 2023. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 <sup>1</sup> /3%, and
20	Private foundation. If the organization di	_	_	•	· · · · · ·		

Schedule A (Form 990) 2024 Page 4

#### Part IV **Supporting Organizations**

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

### Se

Jecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2024 Page 6

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ				
Section A—Adjusted Net Income (A) Prior Year					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7_	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C—Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> 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-functional (see instructions).		integrated Type III suppo	rting organization	

Schedule A (Form 990) 2024 Page **7** 

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 . . . . . From 2020 . . . . . **c** From 2021 **d** From 2022 . . . . . **e** From 2023 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part VI, Statement 1

#### WESTERN INSTITUTE FOR ADVANCED STUDY

Form: **Schedule A (2024)** EIN: **83-4061510** 

Page: 2 Part II, Section C, Line 17

#### **Facts And Circumstances Test Explanations**

#### **Facts And Circumstances Test**

Explanation of Reliance on the 10% Public Support Test: The organization did not meet the 33 and 1/3 percentage public support test under IRC 170(b)(1)(A)(vi) for the current five-year computation period. However, the organization qualifies as a publicly supported charity under the 10% factsand-circumstances test for the following reasons: 1. Public Support Percentage: During the current five-year period, the organization received approximately 22.355% of its total support from public sources, including individual donors, governmental units, and grants from publicly supported organizations. This exceeds the 10% minimum required under Treas. Reg. 1.170A-9(f)(3). 2. Nature of Activities for Public Benefit: The organization's primary purpose is advancing scientific research for the public benefit. All program materials and research findings are made available to the public. Our published research findings are readily available through journals and online open-access libraries. Our lectures are readily available for free on thirdparty video hosting platforms. Our educational outreach materials, translating our research findings for laypeople, are available on our own website, on an interactive page called The Beehive. 3. Efforts to Attract Public Support: The organization actively solicits contributions from the general public and governmental agencies through grant applications, including NIH and NSF funding opportunities, and online fundraising campaigns, particularly through our own website, the Zeffy non-profit fundraising platform, and the Colorado Gives program. These efforts demonstrate a continuing commitment to broaden its base of public support. 4. Governance and Public Representation: The governing board consists of 5 members, the majority of whom are independent and represent diverse public interests. No single family or entity controls the organization. 5. Community Participation and Transparency: The organization maintains an open and transparent structure, including publicly available financial reports and open-access publication of its research results, ensuring accountability to the public. Based on these facts and circumstances, the organization is operated in a manner consistent with a publicly supported charity and should continue to be classified as such under IRC 509(a)(1).

### **SCHEDULE 0** (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

WESTERN INSTITUTE FOR ADVANCED STUDY	83-4061510
Form 990-EZ, Part I, Line 16 - Program Related Costs for 2024: The costs of three academic journal publications	ations totaled \$7795. These
publications detailed the results of our first Grand Challenge. These results, presenting a new theoretical t	
probabilistic computation, were published in Applied Math, Physical Biology, and Frontiers in Cognitive N	
conference attendance totaled \$3737. This conference attendance provided us with the opportunity to pres	
Challenge to other scientists. The results were discussed at the annual Society for Neuroscience meeting	
Challenge to other scientists. The results were discussed at the annual society for neuroscience meeting	III Chicago III Oct 2024.

Schedule O, Statement 1

### WESTERN INSTITUTE FOR ADVANCED STUDY

Form: Form 990-EZ (2024)

Page: 1

Header Section

**Reasonable Cause Explanations** 

## Explanation

Extension request filed before May 15. 990EZ filing completed on time.