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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

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

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

## A For the 2009 calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>ORGANIZATION FOR COMPUTATIONAL NEUROSCIENCES</b>		<b>D</b> Employer identification number <b>11-3696940</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>41660358005107</b>
		<b>C/O RANU JUNG, PHD, P.O. BOX 874404</b>		<b>F</b> Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 <b>TEMPE, AZ 85287-4404</b>		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website. ▶ **WWW.CNSORG.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **435,850.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	200,846.
	2	Program service revenue including government fees and contracts	2	232,469.
	3	Membership dues and assessments	3	
	4	Investment income	4	329.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here <input type="checkbox"/> )	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <b>OTHER INCOME</b> )	8	2,206.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	435,850.	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 2</b>	10	30,800.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,590.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	15,669.
	16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	325,233.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	376,292.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	59,558.
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	152,427.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	92,869.	152,427.
23 Land and buildings		
24 Other assets (describe ▶ )		
25 Total assets	92,869.	152,427.
26 Total liabilities (describe ▶ )	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,869.	152,427.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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## Expenses

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

28a	376,292.
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\_\_\_\_\_

29a	
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[illegible]

30a	
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**31a** \_\_\_\_\_

32	376,292.
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[illegible]

**ORGANIZATION FOR COMPUTATIONAL  
NEUROSCIENCES**

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶ CA</span>		
<b>42a</b> The organization's books are in care of <span style="float:right">▶ DR. FRANCES SKINNER</span> Telephone no <span style="float:right">▶ 41660358005107</span> Located at <span style="float:right">▶ 399 BATHURST ST. MP13-317, TORONTO, ONTARIO CANA</span> ZIP + 4 <span style="float:right">▶ M5T 2S8</span>		
<b>b</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)?	<b>42b</b>	X
If "Yes," enter the name of the foreign country <span style="float:right">▶</span>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>	X
If "Yes," enter the name of the foreign country <span style="float:right">▶ CANADA</span>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b> N/A</span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

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**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

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: *Frances Skinner* Signature of officer Date: *May 6/2010*

FRANCES SKINNER, OCNS Treasurer

Type of print name and title

Paid Preparer's Use Only: Preparer's signature: *Carly...* Date: *4/29/2010* Check if self-employed: ☐ Preparer's identifying number (See Instr.): *001060617*

Firm's name (or yours if self-employed): *MOSS ADAMS LLP* EIN: *94-1234567*

address, and ZIP + 4: *ONE CALIFORNIA STREET, 4TH FLOOR* Phone no: *415-956-1500*

*SAN FRANCISCO, CA 94111*

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

# 2009

**Open to Public  
Inspection**

<b>Name of the organization</b>	<b>ORGANIZATION FOR COMPUTATIONAL NEUROSCIENCES</b>
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**Employer identification number**  
11-3696940

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
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**The organization is not a private foundation because it is:** (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

**Schedule A (Form 990 or 990-EZ) 2009**

ORGANIZATION FOR COMPUTATIONAL

Schedule A (Form 990 or 990-EZ) 2009 NEUROSCIENCES

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,539.	7,158.	74,170.	10.	200,846.	320,723.
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 <b>Total.</b> Add lines 1 through 3	38,539.	7,158.	74,170.	10.	200,846.	320,723.
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)						158,929.
6 <b>Public support.</b> Subtract line 5 from line 4						161,794.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	38,539.	7,158.	74,170.	10.	200,846.	320,723.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,254.	329.	1,583.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					2,206.	2,206.
11 <b>Total support.</b> Add lines 7 through 10						324,512.
12 Gross receipts from related activities, etc. (see instructions)					12	574,144.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐ ☒

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	49.86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.20 %

16a **33 1/3% support test - 2009.** 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 ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A (Form 990 or 990-EZ) 2009



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
REGISTRATION COSTS		14,059.	
SUBMISSIONS COSTS		766.	
T-SHIRT PURCHASE		1,587.	
TAXES AND FEES		270.	
COMPUTING AND NETWORK COSTS		602.	
PRE-MEETING RECEPTION		4,141.	
MAIN MEETING CHARGES		117,262.	
ENTERTAINMENT		82,474.	
WORKSHOP COSTS		26,263.	
INVITED PARTICIPANTS		6,472.	
SUPPORT AND ADMIN		19,275.	
NEUROINFORMATICS SYMPOSIUM		20,340.	
OTHER		11,390.	
TUTORIALS		20,332.	
TOTAL TO FORM 990-EZ, LINE 16		325,233.	

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
STUDENT AWARDS - TRAVEL	NONE	30,800.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 30,800.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AVRAMA BLACKWELL, GEORGE MASON U MS 2A1, ROCKFISH, FAIRFAX, VA 22030	DIRECTOR 0.50	0.	0.	0.
INGO BOJAK, SWINBURNE U, BSEE H31, P.O. BOX 218, HAWTHORN, VICTORIA,	DIRECTOR 0.50	0.	0.	0.
FRANCES CHANCE, 2205 MCGAUGH HALL, DEPT OF NEUROBIOLOGY & BEHAVIOUR	DIRECTOR 0.50	0.	0.	0.
ERIK FRANSEN, ROYAL INSTITUT, ALBANOVA U, SE-106 91, STOCKHOLM,	DIRECTOR 0.50	0.	0.	0.
JEAN-MARC FELLOUS, U OF AZ PO BOX 210068, TUSCON, AZ 85721-0068	PUBLICATION CHAIR 0.50	0.	0.	0.
TAY NETOFF, U OF MN, 312 CHURCH ST SE, MINNEAPOLIS, MN 55455	DIRECTOR 0.50	0.	0.	0.
PATRICK ROBERTS, NEURO SCI INST, OHSU 505 NW 185TH AVE, BEAVERTON, OR 97006	DIRECTOR 0.50	0.	0.	0.
JONATHAN RUBIN, U PITTSBURGH, 301 THACKERAY HALL, PITTSBURGH, PA 15260	DIRECTOR 0.50	0.	0.	0.
EMILIO SALINAS, WAKE FOREST U MED CNTR BVD, WINSTON-SALEM, NC 27157	DIRECTOR 0.50	0.	0.	0.
LARS SCHWABE, UNIV OF ROSTOCK, ALBERT EINSTEIN STR. 21, RM109,	DIRECTOR 0.50	0.	0.	0.
CHARLES WILSON, U OF TX, 6900 N LOOP 1604 W, SAN ANTONIO, TX 78249	DIRECTOR 0.50	0.	0.	0.
RANU JUNG, ARIZONA STATE UNIVERSITY PO BOX 879709, TEMPE, AZ 85287-9709	PRESIDENT 2.00	0.	0.	0.
DIETER JAEGER, EMORY UNIVERSITY 1510 CLIFTON ROAD, ATLANTA, GA 30322	EX OFFICIO 1.00	0.	0.	0.
KLAUS OBERMEYER, SEKRETARIAT FR 2-1, FRANKLINSTR 28/29, D-10587, BERLIN,	VP 0.50	0.	0.	0.

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FRANCES SKINNER, TORONTO WESTERN, HOSP 399 BATHURST ST. MP13-317,	TREASURER 1.50	0.	0.	0.
DON JOHNSON, ELEC & COMP ENGINEERING, MS380 RICE UNIVERSITY,	PROGRAM CHAIR 1.00	0.	0.	0.
UDO ERNST, OTTO-HAHN-ALLEE 1, POSTBOX 330 440, BREMEN, GERMANY	EX OFFICIO 1.00	0.	0.	0.
CARMEN CANAVIER, LSU, 3810 W. LAKESHORE DR., BATON ROUGE, LA 70808	VP AND SECRETARY 0.50	0.	0.	0.
ALEX DIMITROV, MONTANA STATE U PO BOX 173148, BOZEMAN, MT 59717	DIRECTOR 0.50	0.	0.	0.
BRIAN MULLONEY, UC DAVIS 1 SHIELDS AVE, DAVIS, CA 95616	DIRECTOR 0.50	0.	0.	0.
ASTRID PRINZ, EMORY U 201 DOWMAN DRIVE, ATLANTA, GA 30322	DIRECTOR 0.50	0.	0.	0.
NATHAN W. SCHULTHEISS, BOSTON U ONE SILBER WAY, BOSTON, MA 02215	DIRECTOR 0.50	0.	0.	0.
TIM LEWIS, UC DAVIS ONE SHIELDS AVE, DAVIS, CA 95616	DIRECTOR 0.50	0.	0.	0.
LESLIE KAY, U OF CHICAGO 940 E 57TH ST, CHICAGO, IL 60637	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

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STATEMENT 5

THE ORGANIZATION WAS FORMED TO FOSTER THE EXCHANGE OF RESEARCH AND  
INFORMATION REGARDING COMPUTATIONAL NEUROSCIENCE.