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[illegible]

| Part V Other Information (Note the statement requirements in the instructions for Part V.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 33                                                                                         | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .                                                                                                                                                                                                                                                                                              | 33  | No     |
| 34                                                                                         | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                                                                                                                                                                                      | 34  | No     |
| 35                                                                                         | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .                                                                                                                                                                              |     |        |
| a                                                                                          | 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? . . . . .                                                                                                                                                                                                                                                                     | 35a | No     |
| b                                                                                          | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                               | 35b |        |
| 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  | No     |
| 37a                                                                                        | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶                                                                                                                                                                                                                                                                                                                                                  | 37a |        |
| b                                                                                          | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                         | 37b | No     |
| 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 period covered by this return? . . .                                                                                                                                                                                                         | 38a | No     |
| b                                                                                          | If "Yes," complete Schedule L, Part II and enter the total amount involved .                                                                                                                                                                                                                                                                                                                                                                    | 38b |        |
| 39                                                                                         | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                          |     |        |
| a                                                                                          | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                          | 39a | 0      |
| b                                                                                          | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                 | 39b | 0      |
| 40a                                                                                        | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____                                                                                                                                                                                                                                                                         |     |        |
| 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 . . . . .                                    | 40b |        |
| c                                                                                          | 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 . . . ▶ _____                                                                                                                                                                                                                                                    |     |        |
| d                                                                                          | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____                                                                                                                                                                                                                                                                                                                  |     |        |
| e                                                                                          | 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 | No     |
| 41                                                                                         | List the states with which a copy of this return is filed ▶ _____                                                                                                                                                                                                                                                                                                                                                                               |     |        |
| 42a                                                                                        | The organization's books are in care of ▶ MA ACCOUNTING SOLUTIONS INC Telephone no ▶ (323) 654-3500<br>8159 SANTA MONICA BLVD SUITE 200<br>Located at ▶ WEST HOLLYWOOD, CA ZIP + 4 ▶ 90046                                                                                                                                                                                                                                                      |     |        |
| 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)?<br>If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> |     | Yes No |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 42b | No     |
| c                                                                                          | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                                   | 42c | No     |
| 43                                                                                         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶                                                                                                                                                                                               | 43  |        |
| 44                                                                                         | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                             | 44  | No     |
| 45                                                                                         | 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.                                                                                                                                                                                                                                                                      | 45  | No     |

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 | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           |     |    |
| 48  | Is the organization a school 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?                                                                                            |     |    |
| 49b | 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 "

| (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                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(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 |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

|                                                                                 |                                                                                                                                                                                                                                                                                                                       |  |      |                        |                                                  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|------------------------|--------------------------------------------------|
| Please Sign Here                                                                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |      |                        |                                                  |
|                                                                                 | Signature of officer                                                                                                                                                                                                                                                                                                  |  | Date |                        |                                                  |
| Paid Preparer's Use Only                                                        | Preparer's signature                                                                                                                                                                                                                                                                                                  |  | Date | Check if self-employed | Preparer's identifying number (See instructions) |
|                                                                                 | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         |  | EIN  |                        | Phone no                                         |
|                                                                                 |                                                                                                                                                                                                                                                                                                                       |  |      |                        |                                                  |
| May the IRS discuss this return with the preparer shown above? See instructions |                                                                                                                                                                                                                                                                                                                       |  |      |                        |                                                  |

**TY 2009 Other Assets Schedule**

**Name:** INTERNATIONAL BRAIN MAPPING AND INTRA-  
OPERATIVE SURGICAL PLANNING SOCIETY

**EIN:** 20-2793206

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description             | Beginning of Year<br>Amount | End of Year<br>Amount |
|-------------------------|-----------------------------|-----------------------|
| ROUNDING                |                             | 1                     |
| Miscellaneous           | 474                         | 174                   |
| Machinery and Equipment | 1,548                       | 1,120                 |

**TY 2009 Other Expenses Schedule**

**Name:** INTERNATIONAL BRAIN MAPPING AND INTRA-  
OPERATIVE SURGICAL PLANNING SOCIETY

**EIN:** 20-2793206

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description              | Amount |
|--------------------------|--------|
| WEBSITE HOSTING          | 3,680  |
| Travel                   | 8,506  |
| TELEPHONE                | 2,538  |
| STATE TAX                | 10     |
| REFERENCE MATERIALS      | 271    |
| PUBLIC RELATIONS         | 1,307  |
| PROFESSIONAL DEVELOPMENT | 5,450  |
| PARKING                  | 224    |
| OUTSIDE SERVICES         | 5,560  |
| Office Expenses          | 2,680  |
| LICENSES & PERMITS       | 20     |
| DUES AND SUBSCRIPTIONS   | 2,050  |
| Depreciation             | 728    |
| CREDIT CARD DISCOUNTS    | 663    |
| BANK CHARGES             | 317    |
| AWARDS                   | 724    |
| AUTO                     | 1,205  |