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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Form **990** (2009)

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

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For th	e 2009 cal	endar year, or tax year beginning OCT 1, 2009 and ending	SEP 30, 2010	
В	Check if applicab	Please use IRS	C Name of organization	D Employer identifie	cation number
	Addre	ess label or ge print or	INTERNAT'L STEREOTACTIC RADIOSURGERY SO	c l	
	Name chang	type	Doing Business As	04-3	146650
느	return	) See	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
Ļ	Termi	Instruc	C/O MCDAVID & CO, 4711 NW 53RD AVE	313-	916-1027
Ļ	Amen	۱	City or town, state or country, and ZIP + 4	G Gross receipts \$	-2,9 <u>12.</u>
L	Application pendi		GAINESVILLE, FL 32653	H(a) Is this a group re	
	pondi	F Nam	ne and address of principal officer DENNIS SHRIEVE M.D.	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	luded? L Yes L No
			s X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
			W.ISRSY.ORG	H(c) Group exemption	
		f organizatio	n: X Corporation	ear of formation: 1991 N	State of legal domicile. PA
Pa	art I	Summa	ary		
a	1	Briefly des	cribe the organization's mission or most significant activities: $\overline{ ext{THE INTE}}$	RNATIONAL STE	REOTACTIC
Activities & Governance		RADIO	SURGERY SOCIETY (ISRS) WAS FOUNDED AS A	WORLDWIDE NO	N-PROFIT
ř	2	Check this	box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets
ŏ	3	Number of	f voting members of the governing body (Part VI, line 1a)	3	11
ر مر	4	Number of	findependent voting members of the governing body (Part VI, line 1b)	4	11
es	5	Total num	ber of employees (Part V, line 2a)	5	0
<u>Y</u>	6	Total num	ber of volunteers (estimate if necessary)	6	0
ţ	1		s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	Ь	Net unrela	ted business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
a	8	Contribution	ons and grants (Part VIII, line 1h)		
Revenue	ı		ervice revenue (Part VIII, line 2g)	477,030.	4,192.
eVe	ı		t income (Part VIII, column (A), lines 3, 4, and 7d)	70.	108.
ď			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,444.	-7,212.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	482,544.	-2,912.
			d similar amounts paid (Part (X) objumh (A), lines 1-3)	6,000.	2,312.
			ald to or formembers (Part IX, column (A); Inte 4)	3,000.	· · ·
Ø			ther compensation, employee benefits (Part IX, column (A), lines 5-10)		
Se	162	Profession	al fundraising fees (Part IX, column (A), line 11e)		
Expenses			raising expenses (Part-IX, column (A), line 25)		
Ä				393,262.	111,260.
			enses (Part IX, column (A), lines 11a 11d, 11 241)		
	ı		nses Add lines 13-17 (must equal Part IX, column (A), line 25)	399,262.	111,260.
SS		nevenue i	ess expenses Subtract line 18 from line 12	83,282.	<u>-114,172.</u>
Net Assets or Fund Balances		T-4-1	to (Deck V. Ion - 40)	Beginning of Current Year	End of Year
Sse	20		ts (Part X, line 16)	344,099.	229,927.
in the	21		ties (Part X, line 26)	244 000	000 007
	<u>  22</u> art		or fund balances Subtract line 21 from line 20 ure Block	344,099.	229,927.
		<del></del>	ure block uses of perjury, I declare that I have examined this return, including accompanying schedules and statement	ate and to the best of my knowledge	on and hallof it is true, servest
۲	3	and complet	e Declaration of proparer (other than officer) is based on all information of which preparer has any knowle	dge	ge and belief, it is true, correct,
	Ě		60 11.	1 0/2/	1,
Sigi	0 <u>.</u> ▶	Sign	ature of officer	Date Date	
Sign Heri	<u> </u>	1		Date	
			SAMUEL RYU, TREASURER or print name and title	•	
<del></del>		<del>                                     </del>		Chack if Bronze	ar's identifies a sumber
<del>≥</del> Paid	5	Preparer's	Date Date	self- (see ins	r's identifying number itructions)
	arer's	Signature Firm's name	" WILLS   7/28	employed	
Use	Only	yours if	MCDAVID & COMPANI, CPA S	EIN ►	
: 2	<u>ء</u>	self-employe address, and	1711 100 3312 11121132		2501250 1222
		ZIP + 4	GAINESVILLE, FL 32653-4356	Phone no.	352)373-1080
May	7the IF	RS discuss	this return with the preparer shown above? (see instructions)		X Yes No

	1 990 (2009) INTERNAT'L STEREOTACTIC RADIOSURGERY SOC 04-3146650 Page 2 rt III   Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.  THE ORGANIZATION FOSTERS TECHNICAL DEVELOPMENT AND RESEARCH ON THE
	TOPICS OF BRAIN AND BODY RADIOSURGERY. AS PART OF THAT MISSION, THE
	ORGANIZATION HOLDS A BIENNIAL CONGRESS AND MAINTAINS A WEBSITE FOR THE
	EXCHANGE OF INFORMATION.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
J	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE ISRS ORGANIZES AND HOLDS A BIENNIAL CONGRESS TO ENCOURAGE
	INTERACTION AMONG INTERNATIONAL COMMUNITIES OF HEALTHCARE PROFESSIONALS
	DEDICATED TO THE ADVANCEMENT OF STEREOTACTIC RADIOSURGERY AND TO GIVE
	THEM THE OPPORTUNITY TO BROADEN AND DEVELOP THEIR KNOWLEDGE WITH
	FELLOWS. ABOUT 350 NEUROSURGEONS, RADIATION ONCOLOGISTS, MEDICAL
	PHYSICISTS AND OTHERS WERE PRESENT AT THE BIENNIAL CONGRESS HELD IN
	2009.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE BOOK TITLED "RADIOSURGERY" WAS RELEASED IN EARLY 2010 TO THE 230
	ISRS MEMBERS FROM THE 2007 BIENNIAL CONGRESS. ALSO, THE PROCEEDINGS OF
	THE 2009 CONGRESS WERE REVIEWED AND A SPECIAL SUPPLEMENTAL ISSUE OF
	"JOURNAL OF NEURO-ONCOLOGY" WAS ISSUED FOR JUNE 2010.
	(Code ) (Expenses 5 )
4C	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) IN 2010, THE ISRS WEBSITE HAS BEEN REGULARLY UPDATED WITH NEWSFEEDS TO
	ATTRACT MORE MEMBERS FROM THE SECTOR. NEWSLETTERS HAVE BEEN SENT BY
	E-MAIL TO ALL ISRS MEMBERS. IN 2010, 130 MEMBERS BENEFITED FROM THIS
	ISRS WEBSITE SERVICE.
	ISKS WEBSITE SERVICE.
	Other program services (Describe in Schedule O)
→u	(Expenses \$ including grants of \$ ) (Revenue \$)
	Total program service expenses ►\$
<del></del>	Form <b>990</b> (2009)
93200 02-04	2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	1		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	١		3,5
_	as applicable  Did the executation report on appropriate lead in violation and appropriate Part V, less 100 /5    Vee    acceptable Part V	11		<u>X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12				
	Schedule D, Parts XI, XII, and XIII	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
20	complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (	
		1 01111	<del></del> (,	といいさ)

	The second secon	1		No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	:	
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		<u>-</u>	
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ļ		
	Schedule L, Part III	27	 	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u></u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		٠,,
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
<b>~</b> =	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31	<del> </del>	^
38	Note. All Form 990 filers are required to complete Schedule O.	38	х	
	Tractal		•	(2009)

Part V

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Trianmitated of U.S. Information Returns. Enter 0-f not applicable be there the number of Forms W2G included in line 1a. Enter 0-f not applicable color by the programment of the property of the programment o				Yes	No
b Enter the number of Forms W.2G included in line 1 a Enter 0-f not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize womens?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," show the filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3c If If "Yes," the set filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3d At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 55, did the organization that was or a a party to a prohibited tax shelter transaction?  6f If "Yes," to line 5a or 55, did the organization that was or a a party to a prohibited tax shelter transaction?  6g Does the organization necewer a payment in excess of \$75 made party as a contributions or gifts were not tax deductible?  9 If "Yes," indicate the organization necewer apayment in excess of \$75 made party as a contribution and partly for goods and services provided to the Form 8282?  1b If "Yes," indicate the number of Forms 8282 filed during the year  9 If Yes, "Indicate the number of Forms 8	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gradingling) writings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year anding with or within the year covered by this return  2b If at least one is reported on line 2a, did the organization fleaf length greater than 250, you may be required to e-rife this return (see instructions)  3b Life the organization have unrelated business gross income of St. 1000 or more dump the year covered by this return?  3c If Yes, That it field a Form 990.1 for this year? If You', Provide an explanation in Schedule O  4d 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 accountity  4d If Yes, The the name of the foreign country (such as a bank account, securities account, or other financial accountity  4d If Yes, The time and the foreign country of the organization have an interest in, or a signature or other authority over, a financial Accounts  4d If Yes, The organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization appropriation include with every solitation an express statement that such contributions or gifts were not tax deductible?  5d Was the organization shelt may receive deductible?  7d Organizations that may receive deductible?  7e Types, Tidd the organization include with every solitation an express statement that such contributions or gifts were not tax deductible?  7f Organizations that may receive deductible contributions under section 170(c).  8d Did the organization shelt may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did th					
gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes", as if filed a Form 990-Tr for this year! "I*\o", "provide an explanation in Schedule O  if "Yes", "enter the name of the foreign country (such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  b if "Yes," enter the name of the foreign country   EBEGTUM   See the instructions for exceptions and filing requirements for Form ID F90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization aparty to a prohibited tax ehelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited any contributions or gifts were not tax deductible?  5c If "Yes," incline the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," indicate the number of Forms 8282 filed during the year and the property for which it was required?  7d If Yes," indicate the number of F	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, died for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization lite all required foe e-file this return (see instructions)  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  b if Yes,* has it field a Form 990.7 for this year? If *No*, *provide an explanation in Schedule O  4a At any time during the calendary 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 if Yes,* enter the name of the foreign country ★ ■ EELGT UM  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  a Was the organization a party to a prohibited tax shelter transaction?  c if Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes,* to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes,* to the soft and the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes,* to did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c organizations that may receive deductible contributions under section 170(c).  b if Yes,* did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tiled for the calendar year ending with or within the year covered by this return  bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bit 1'Yes, 1's tax filled a Form 990-1' for this year? If 1'No, "provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or country (such as a bank account, securities account, or other financial account;?)  bit 1'Yes, 1're the instructions for exceptions and filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  bit 2'res, 1'to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  cit 1'Yes, 1'to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did were not tax deductible?  5c Did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5c Did the organization include with every solicitation and expresses statement that such contributions or grifts were not tax deductible?  5c Did the organization are receive deductible contributions under section 170(c).  a Did the organization shell are received deductible contributions under section 170(c).  by 1'Yes, 1'did the organization of the value of the goods or services provided to the payor?  by 1'Yes, 1'did the organization of the value of the goods or services provided to the payor?		(gambling) winnings to prize winners?	1c		
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· · · · · · · · · · · · · · · · · · ·			120		
		TEN	Form	990	(2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

<u>Sec</u>	tion A. Governing Body and Management		<del> </del>		_			
				-		Yes	No	
1a	Enter the number of voting members of the governing body	1a		11				
b	Enter the number of voting members that are independent	1b		11				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other					
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			Х		
	of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 99	0 was filed?	ļ	4		X	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?			5		X	
6	Does the organization have members or stockholders?				6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the	1				
	governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?	•	L	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year					
	by the following:						1	
а	The governing body?				8a	_X_		
b	Each committee with authority to act on behalf of the governing body?			1	8b	<u>X</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code )					
				г		Yes	No	
	Does the organization have local chapters, branches, or affiliates?			-	10a		X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?			-	10b	77		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling th	e form?	-	11	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					77		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	X	<u> </u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that course conflicts?	ula giv	e rise			v	r	
	to conflicts?			-	12b	<u>X</u>	<del></del>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	aescribe		40	v		
12	in Schedule O how this is done			-	12c	X		
13	Does the organization have a written whistleblower policy?			-	13		X	
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approva	ol by u	danandant	-	14		<u> </u>	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	idependent					
_	The organization's CEO, Executive Director, or top management official	ſ		Ì	150	Х		
	Other officers or key employees of the organization			ł	15a 15b	X		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			ŀ	130	Λ		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a					
	taxable entity during the year?		vitir a		16a		x	
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	ts participation	ŀ	154			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to ovar			- [				
	exempt status with respect to such arrangements?	,		1	16b			
Sec	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·		100		1	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	T (501)	c)(3)s only) ava	ılable t	for			
	public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	conflic	of interest poli	cy, an	d fina	ncial		
	statements available to the public.		•					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the org	anızatı	on: 🕨	-		
	DR. SAMUEL RYU - 313-916-1027							
	4184 STRATHDALE LANE, WEST BLOOMFIELD, MI 48323							
					Form	990 (	(2009)	

932006

Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

(A)	(B)			(0		,		(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours per	_	neck	* * * * * * * * * * * * * * * * * * * *		compensation from	compensation from related	amount of other		
	week	Irecto						the	organizations	compensation
		0 0 0	stee			nsated		organization	(W-2/1099-MISC)	from the
		trust	nal tru		oyee	ed mo		(W-2/1099-MISC)		organization and related
		ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Богшег			organizations
		Ĕ	ű —	5	ž.	主言	8			
STEVE GOETSCH, M.D.	1 00	,,							0	0
DIRECTOR	1.00	X						0.	0.	0.
KEISUKE MARUYAMA, M.D. DIRECTOR	1.00	,						0.	0.	0.
TIMOTHY SOLBERG, M.D.	1.00	^				-		0.	0.	<u>.</u>
DIRECTOR	1.00	x						0.	0.	0.
ANTONIO DE SALLES, M.D.	1,00					<del> </del>	-	-		
DIRECTOR	1.00	x						0.	0.	0.
HIDEFUMI JOKURA, M.D.										
DIRECTOR	1.00	Х						0.	0.	0.
REINHARD WURM, M.D.										
DIRECTOR	1.00	X				ļ		0.	0.	0.
DONG GYU KIM, M.D.										
DIRECTOR	1.00	X			_		<u> </u>	0.	0.	0.
DENNIS SHRIEVE, M.D.	10 00			~	ļ	1	1		0.	0.
PRESIDENT	10.00			X	-	├	-	0.	U •	<u></u>
JEAN REGIS, M.D. VICE-PRES.	10.00			х	İ			0.	0.	0.
SAMUEL RYU, M.D.	10.00			1					<u> </u>	
SECY/TREAS.	10.00			x				0.	0.	0.
ROBERTO SPIEGELMANN, M.D										
PAST PRESIDENT	10.00			X				0.	0.	0.
							ļ			•
				<u> </u>	<u> </u>	<u> </u>	<u>_</u>			
		-	<u> </u>	<u> </u>	_	-				
		├	-							
								-		
										_
			<u> </u>				l			
										E 000 (0000)

17140720 787206 2309

Part VII Section A. Officers, Directors, True								Componented Employ		1400	330	P 2	ige <b>o</b>
(A)  Name and title	(B) Average hours	(C) Position (check all that apply)				1		(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensa om the anizati d relate nizatio	e on ed
												· · · - · ·	
										$\dashv$			
										_			
1b Total		<u> </u>				<b>&gt;</b>		0.	2000	0.			0.
<ul> <li>Total number of individuals (including but r compensation from the organization</li> </ul>	not limited to th	nose	liste	ed al	oove	e) wr	no r	eceived more than \$100	,000 in reportabl	э 		.,	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		3	Yes	No X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co	mple	ete S	Sche	edule	e J 1	for such individual			4		х
5 Did any person listed on line 1a receive or the organization? If "Yes," complete School				IOIII	any	uni	Gial	ed Organization for Serv			5		х
Complete this table for your five highest country     the organization.     NONE	empensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	 ipensa	ation f	rom	
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
											<del></del>		
				<u></u> .									
Total number of independent contractors ( \$100,000 in compensation from the organi	_	ot li	mite	d to		se li:	stec	l above) who received n	nore than				
											Form !	990 (	2009)

	rt VI			ERECTACT	IC RADIOSU	RGERY SOC	04-3140	Page 9
га	i V	iii   Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	a Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	t	Membership dues	1b					
s, g		Fundraising events	1c					
ar a	•	d Related organizations	1d					
ξĒ	•	Government grants (contribut	tions) 1e					
i s	1	All other contributions, gifts, gran	nts, and					
호		similar amounts not included abo	ove 1f					
E D	ç	Noncash contributions included in lines	3 1a-1f \$					
<u>8</u> 0		Total. Add lines 1a-1f		<b>•</b>	· · · · · · · · · · · · · · · · · · ·			
				Business Code				
9	2 8	MEMBERSHIP DUES	5	900099	4,192.	4,192.		
و څ	t	o						
Sel	•	·						
ev ev	•	d						
Program Service Revenue	•	e			···			
•	f	All other program service reve	enue					
_		Total, Add lines 2a-2f			4,192.			
	3	Investment income (including	dividends, inter	est, and	4.0.0			100
		other similar amounts)			108.			108.
	4	Income from investment of ta	x-exempt bond p	proceeds	<u>-</u>			
	5	Royalties		<u> </u>				
į			(ı) Real	(II) Personal				
- 1	6 a			<del> </del>				
	k	Less, rental expenses						
	•	•						
		Net rental income or (loss)	(1) Committee	(·) Oth - ::				
	7 8	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	E.	Less, cost or other basis						
	_	and sales expenses Gain or (loss)		<del> </del>				
		Net gain or (loss)						
		Gross income from fundraisin	a avante (not		=			
Other Revenue	0.	including \$	-					
Ş		contributions reported on line						
<u>چ</u> ا		Part IV, line 18	a a					
E E	ŀ	Less direct expenses	b					
0		Net income or (loss) from fund		<b>—</b>				
Ì		Gross income from gaming ac	_					
	- •	Part IV, line 19	а					
	t	Less direct expenses	b					
		Net income or (loss) from gan	ning activities	<b></b>				
		Gross sales of inventory, less	_					
		and allowances	а					
	Ł	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	<b>&gt;</b>				
		Miscellaneous Revenu		Business Code			<del></del>	
	11 a	INCOME-EXCHANGE	RATE	900099	-7,212.	-7,212.		
	t							
	c							
	c	All other revenue						
	6	Total. Add lines 11a-11d		<b>&gt;</b>	-7,212.			
	12	Total revenue. See instructions.		<b></b>	-2,912.	-3,020.	0.	108.
93200	9							Earm <b>990</b> (2000)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	lete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	<u> </u>			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				····
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del></del>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	51,803.		]	
	Management	31,603.			<del></del>
	Legal	7,293.		<del>                                     </del>	
	Lobbying	1,233.			
	Professional fundraising services. See Part IV, line 17				
f					
g					
12	Advertising and promotion				
13	Office expenses	1,395.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,586.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PUBLICATIONS	49,183.			
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	111,260.			
26	Joint costs Check here   If following				
	SOP 98-2. Complete this line only if the organization			]	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

932010 02-04-10

				(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing		24,666.	1	15,572
- 1	2	Savings and temporary cash investments		21,687.	2	21,569
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	•	297,746.	4	192,786
	5	Receivables from current and former officers, di	rectors, trustees, key			
	Ĭ	employees, and highest compensated employe				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
	_	4958(f)(1)) and persons described in section 49				
		Part II of Schedule L			6	
	7	Notes and loans receivable, net		***	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment, cost or other	<u> </u>			·
	.00	basis Complete Part VI of Schedule D	10a			
	h	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	100		11	
- 1	12	Investments - other securities. See Part IV, line	11		12	
- 1	13	Investments - program-related See Part IV, line			13	
- 1	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	ral line 34\	344,099.	16	229,927
	17	Accounts payable and accrued expenses	iai iiile 34)	344,033.	17	223,321
	18	Grants payable			18	····
	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
	20 21	Escrow or custodial account liability. Complete	Part IV of Schodulo D		21	
	21 22	Payables to current and former officers, director			21	
'	22	highest compensated employees, and disqualifi				
		of Schedule L	led persons Complete Fait II		00	
١,	02		ated third portion		22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			24	
- 1	24 25	Other liabilities Complete Part X of Schedule D	d trird parties		25	
- 1	25 26	Total liabilities. Add lines 17 through 25		0.	26	0
+	<u> 20</u>	Organizations that follow SFAS 117, check he	ere and complete	•	20	
.		lines 27 through 29, and lines 33 and 34.	ere and complete		ł l	
	07	Unrestricted net assets			07	
	27 20				27	
- 1	28 ~~	Temporarily restricted net assets			28	<del></del>
'	29	Permanently restricted net assets	heck here		29	
		Organizations that do not follow SFAS 117, c	heck here  LAL and		1	
		complete lines 30 through 34.		244 000		220 027
- 1	30	Capital stock or trust principal, or current funds		344,099.		229,927
;	31	Paid-in or capital surplus, or land, building, or ed		0.	31	0
;	32	Retained earnings, endowment, accumulated in	ncome, or other funds	0.	32	0
'	33	Total net assets or fund balances		344,099.		229,927 229,927
	34	Total liabilities and net assets/fund balances			344,099.	

229,927. Form **990** (2009)

#### Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

_	OMB NO 1545-0047
	2009
	Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization					Employer identif	ication number
INTERNAT'L STEE	REOTACTIO	RADTOSU	IRGERY SOC		04-314665	50
			tside the United States. Comp	lete if the organ		
to Form 990, Pa						
1 For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of the g	rants or assista	ince, the	
grantees' eligibility for t	he grants or assi	stance, and the	selection criteria used to award the gr	ants or assistar	ice?	Yes No
2 For grantmakers. Desc	oriba in Dart IV/th	o organization's	procedures for monitoring the use of	grant funds out	side the United Sta	itae
Z FOI GIAITIMAKEIS. Desi	Chibe in Part IV th	e organization s	procedures for morntoning the use of	grant funds out	side the office of	
3 Activities per Region (L	Jse Schedule F-1	(Form 990) if ac	dditional space is needed )			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activ	rity listed in (d)	(f) Total
	offices	employees or	(by type) (i e , fundraising,		gram service,	expenditures
	in the region	agents in	program services, grants to	1	specific type	for region
		region	recipients located in the region)	of service	e(s) in region	
				ADMINISTRAT		
			MANAGEMENT PROGRAM SERVICES	BIENNIAL CO	·	
			FOR THE BIENNIAL CONGRESS	WEBSITE MAI	•	
BELGIUM	1	00_	AND THE ASSOCIATION,	PUBLICATION	PREPARATION	111,260.
			LIVI GRAPHE PROCESS GRAPHERS			
			MANAGEMENT PROGRAM SERVICES	2000 PTTTT	N. GONGDEGG	
COUMY NODES		,	FOR THE 2009 CONGRESS IN	1	AL CONGRESS	
SOUTH KOREA	<u> </u>	. 0	SEOUL, KOREA,	MEETING		0.
			MANAGEMENT PROGRAM SERVICES			
			FOR THE 2011 CONGRESS IN	2011 BIENNI	AL CONGRESS	
FRANCE	1		PARIS FRANCE.	MEETING	ALL CONOREDD	0.
2102102	1		Times, ridates,			
						ļ
						<u> </u>
	İ					
			-			<del> </del>
	<del> </del>			1		
Totals	.  -					111 260.
LUA For Brivany Act and Br	nonued Dodin	tion Act Notice	and the Instructions for Form 900		Schodule E	Earm 990) 2009

932071 02-01-10

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which t	recipient organization he grantee or counse	ns listed above that are rather are rather last provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations o	r entities						

Schedule F (Form 990) 2009

GERY SOC 04-3146650

Page 3

INTERNAT'L STEREOTACTIC RADIOSURGERY SOC

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed

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

15

Schedule F (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INTERNAT'L STEREOTACTIC RADIOSURGERY SOC

Employer identification number 04-3146650

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION IN 1991 AND REMAINS THE ONLY PROFESSIONAL BODY OF ITS
KIND.
CREATED TO FOSTER LEARNING AND RESEARCH ON THE TOPICS OF BRAIN AND BODY
RADIOSURGERY, THE SOCIETY IS HIGHLY DEDICATED TO:
1. PROMOTING TECHNICAL DEVELOPMENTS IN STEREOTACTIC RADIOSURGERY
2. PROMOTING THE HIGHEST LEVELS OF CLINICAL EXPERTISE
3. CONVENING EVERY TWO YEARS AT THE ISRS CONGRESS
FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS CONTRACTED
WITH COLLOQUIUM SO THAT COLLOQUIUM WILL HANDLE ORGANIZATION OF THE BIENNIAL
CONGRESS WITH THE RELATED REVENUES AND EXPENSES. COLLOQUIUM ALSO HANDLES
THE ORGANIZATION'S MEMBERSHIP DUES AND MAINTAINS THE WEBSITE AND MEMBERSHIP
LISTS.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS EMAILED
TO THE OFFICERS FOR THEIR REVIEW PRIOR TO ITS FINALIZATION. THE FINAL COPY
OF THE FORM 990 IS SENT TO THE OFFICER RESPONSIBLE FOR SIGNING AND FILING
THE FORM 990. HE REVIEWS THE FORM PRIOR TO SIGNING AND FILING IT.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY IS MONITORED THROUGH THE DAY-TO-DAY COMMUNICATION BETWEEN
THE GOVERNING BODY AND THE HEADQUARTER SECRETARIAT (LOCATED IN COLLOQUIUM,
BRUSSELS). IF A CONFLICT OF INTEREST AROSE, THE BYLAWS (SECTION 9 -
RESIGNATION AND REMOVAL) STATE THAT "WHENEVER, IN THE JUDGEMENT OF THE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  Schedule O (Form 990) 2009  Schedule O (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INTERNAT'I STEREOTACTIC RADIOSURGERY SOC

Employer identification number 0.4 - 31.46650

INTERNAT L STEREUTACTIC RADIOSURGERI SOC   04-5140050
BOARD OF DIRECTORS, THE BEST INTERESTS OF THE ISRS WILL BE SERVED, ANY
MEMBER MAY BE REMOVED FROM OFFICE BY TWO-THIRDS VOTE OF THE MEMBERS OF THE
BOARD OF DIRECTORS IN OFFICE, AT ANY MEETING OF THE BOARD OF DIRECTORS DULY
CALLED AND AT WHICH A QUORUM IS PRESENT."
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT
COMPENSATE ITS OFFICERS OR DIRECTORS, NOR DOES IT HAVE ANY EMPLOYEES. IT
HAS CONTRACTED WITH AN INDEPENDENT OUTSIDE ORGANIZATION TO PROVIDE
ADMINISTRATION AND FINANCIAL SERVICES.
FORM 990, PART VI, SECTION C, LINE 18: THE ISRS MAKES ITS FORM 990
AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ISRS MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
UPON REQUEST. THE ISRS' BYLAWS ARE ON THE ORGANIZATION'S WEBSITE.

	68 (Rev. 1-2011)					
	are filing for an Additional (Not Automatic) 3-Month E					$\mathbf{x}$
	ly complete Part II if you have already been granted an			d Forn	n 8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no	copies	needed).	
Type or	Name of exempt organization	Em	ployer identification	number		
print	INTERNAT'L STEREOTACTIC RAD	IOSUR	GERY_SOC		04-3146650	
File by the extended	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.			
due date for filing your	C/O MCDAVID & CO., 4711 NW	53RD .	AVE			
return, See instructions.	City, town or post office, state, and ZIP code. For a f GAINESVILLE, FL 32653	oreign add	fress, see instructions.			
	GATINEDVILLE, FL J2033				<del></del>	
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Application	on	Return	1 '''			Return
is For		Code	Is For			Code
Form 990		01				ļ
Form 990-BL 02			Form 1041-A			08
Form 990-EZ		03	Form 4720			09
Form 990-PF  Form 990-T (100, 401(a) or 409(a) trust)			Form 5227		<u> </u>	10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above) 06 Form 8870					12	
STOPI Do	not complete Part II if you were not already granted					
			- UNIV. OF UTAH, HUN			
	oks are in the care of NST, DEPT RAD	ONC,			CITY, UT	
	one No. ► 801-581-8793		FAX No. ► 801-585-3502		<del></del>	
	ganization does not have an office or place of business					
. –	for a Group Return, enter the organization's four digit (					
box ▶ L			ch a list with the names and EINs of all	memt	pers the extension is	for.
	uest an additional 3-month extension of time until					
	alendar year, or other tax year beginningC				30, 2010	'
6 If the	tax year entered in line 5 is for less than 12 months, ch	neck reaso	n: Initial return	Final	return	
	Change in accounting period					
	in detail why you need the extension					
ADL	DITIONAL TIME IS NEEDED TO C	OMPLE	TE ORGANIZATION OF	DAT	'A	
						<del></del>
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, en	ter the tentative tax, less any			
	efundable credits. See instructions.		•	8a	<b>\$</b>	0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069,	enter any r	efundable credits and estimated			
	ayments made. Include any prior year overpayment allo	-		7		
	ously with Form 8868.		,	8b	\$	0.
c Balan	nce due. Subtract line 8b from line 8a. Include your pay	ment with	this form, if required, by using			
	S (Electronic Federal Tax Payment System). See instruc			8c	\$	0.
			Verification			
Inder penaltı is true, corr	es of perjury, I declare that I have examined this form, includin ect, and complete, and that I am authorized to prepare this for	g accompa m.	nying schedules and statements, and to the	best o	f my knowledge and bel	ief,
ignature-	. Title 🕨			Date	<b>&gt;</b>	
	1110			2010	Farm 0000 10:	4.0044

Form 8868 (Rev. 1-2011)

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