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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 3/01, 2013, and ending 12/31, 2013

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☒ Application pending

C **Employer identification number**
46-2200720

E **Telephone number**
845-392-3238

F **Group Exemption Number**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

I Website: www.clinicaltmssociety.org/

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (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 Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 128,658.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	81,525.
	3	Membership dues and assessments	3	47,100.
	4	Investment income	4	33.
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,658.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,461.
	13	Professional fees and other payments to independent contractors	13	22,994.
	14	Occupancy, rent, utilities, and maintenance	14	7,200.
	15	Printing, publications, postage, and shipping	15	632.
	16	Other expenses (describe in Schedule O)	16	39,164.
	17	Total expenses. Add lines 10 through 16	17	90,451.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,207.
	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	0.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	38,207.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a N/A; section 4912 40a N/A; section 4955 40a N/A		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
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	X
41 List the states with which a copy of this return is filed 41 None		

	Yes	No
42a The organization's books are in care of 42a Nina Cudney Telephone no. 42a 845-392-3238 Located at 42a 15 Valley Drive Greenwich CT ZIP + 4 42a 06831-5205		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: 42c		X

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49 a		
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a 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.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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.'

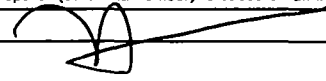

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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	Signature of officer 	Date <u>11/6/14</u>			
	Tarique Perera Type or print name and title President				
Paid Preparer Use Only	Print/Type preparer's name Adam P. Cohen	Preparer's signature 	Date 10/27/14	Check <input type="checkbox"/> if self-employed	PTIN P00046319
	Firm's name ▶ Adam P. Cohen CPA, LLC				
	Firm's address ▶ 81 South Main St. Suite 9 West Hartford, CT 06107-2405				
		Firm's EIN ▶ 06-1609121	Phone no (860) 521-6400		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Clinical TMS Society, Inc.

Employer identification number

46-2200720

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To promote the clinical use and public awareness of transcranial magnetic
stimulation and to promote the common business interest of, and improve the
business conditions for, transcranial magnetic stimulation professionals.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

In January 2013, the Clinical TMS Society was established as a not-for-profit
trade association - a Connecticut non-stock corporation.

The Society includes TMS providers with extensive clinical and research experience
from across the United States and the world. The Society hopes to assist members
in optimizing the administration of TMS, develop novel indications for TMS
therapy, expand insurance coverage, and increase public awareness of TMS.

During 2013, the Clinical TMS Society hosted an annual meeting of TMS
professionals from around the world.

Client EC4400

Clinical TMS Society, Inc.

46-2200720

10/27/14

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Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	1,672.
Conferences, Conventions, and Meetings		30,688.
Credit card and bank fees		754.
Dues		395.
Insurance		2,088.
Meals and entertainment		188.
Office Expenses		558.
Telephone		1,933.
Travel		353.
Website		535.
Total	\$	39,164.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 650.
Total	\$ 0.	\$ 650.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 399.
Payroll taxes payable	0.	4,104.
Total	\$ 0.	\$ 4,503.

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to ERP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
Tarique Perera President	8	\$ 0.	\$ 0.	\$ 0.
Rick Trautner Secretary	1	0.	0.	0.
Ted Wirecki Treasurer	1	0.	0.	0.
Richard Bermudes Director	0.5	0.	0.	0.

Client EC4400

Clinical TMS Society, Inc.

46-2200720

10/27/14

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Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
Nina Cudney Admin Director	40	\$ 5,769.	\$ 0.	\$ 0.
James Barbee Director	0.5	0.	0.	0.
Domenic Ciraulo Director	0.5	0.	0.	0.
Ian Cook Director	0.5	0.	0.	0.
David Dunner Director	0.5	0.	0.	0.
Mark George Director	0.5	0.	0.	0.
Nasri Ghaly Director	0.5	0.	0.	0.
William Gilmer Director	0.5	0.	0.	0.
Geoffrey Grammer Director	0.5	0.	0.	0.
Eric Hollander Director	0.5	0.	0.	0.
Phil Janicak Director	0.5	0.	0.	0.
Max Okasha Director	0.5	0.	0.	0.
Stefano Pallanti Director	0.5	0.	0.	0.
Alvaro Pascual-Leone Director	0.5	0.	0.	0.
Murali Rao Director	0.5	0.	0.	0.
Saad Shakir Director	0.5	0.	0.	0.

2013

Schedule O - Supplemental Information

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Client EC4400

Clinical TMS Society, Inc.

46-2200720

10/27/14

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Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
Leslie Smith Director	0.5	\$ 0.	\$ 0.	\$ 0.
Aron Tendler Director	0.5	0.	0.	0.
Ted Williams Director	0.5	0.	0.	0.
Brian Teliho to 2/2014 Director	0.5	0.	0.	0.
Total		<u>\$ 5,769.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>