DLN: 93493226022858 OMB No 1545-0047 m Income Tax

de (except private

2016

| Form 990 | Return of Organization Exempt From inc | | | | | |
|--|---|--|--|--|--|--|
| % J | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co foundations) | | | | | |
| Department of the Treasury Internal Revenue Service | Do not enter social security numbers on this form as it may be m Information about Form 990 and its instructions is at | | | | | |

| | | f the Treasury nue Service | | al security numbers on this forr t Form 990 and its instructions | | | | C | Open to Public Inspection |
|---------------|--|---------------------------------------|---|---|-------------------------|---------------------|---|-----------|------------------------------|
| Fo | r the | | lendar year, or tax year begini | ning 10-01-2016 , and end | ling 09-30 | -2017 | | | |
| □ Add | | change | C Name of organization INTERNAT'L STEREOTACTIC RADIOSI | URGERY SOC | | | D Employer 04-31466 | | ication number |
| □ Init | al ret | · F | Doing business as | | | | | | |
| | n/term | ninated - return | Number and street (or P O box if ma C/O MCDAVID CO 4711 NW 53RD AV | |) Room/suite | e | E Telephone r | | |
| □ App | olicatio | on pending | City or town, state or province, count | try, and ZIP or foreign postal code | | | (631) 444 | -///0 | |
| | | | GAINESVILLE, FL 32653 | | | | G Gross recei | ots \$ 38 | 89,246 |
| | | | F Name and address of principal DR IAN PADDICK | officer | | H(a) Is | this a group retur | n for | |
| | | | C/O MCDAVID CO 4711 NW 53RE GAINESVILLE, FL 32653 |) AVE | | H(b) A | ubordinates? re all subordinates icluded? | | □Yes ☑No □Yes □No |
| Tax | -exen | npt status | ☐ 501(c)(3) ☑ 501(c)(6) ◄ (| (insert no) | □ 527 | If | "No," attach a list | | • |
| W | ebsit | e:► WWV | W ISRSY ORG | | | H(c) G | roup exemption nu | ımber | > |
| Form | of or | ganızatıon | Corporation Trust Assoc | ciation Other ► | | L Year of t | formation 1991 M | State | of legal domicile PA |
| Pa | rt I | Sumn | nary | | | | | | |
| ren idi ka | 1 B S | .991 AND F BRAIN AND | NATIONAL STEREOTACTIC RADIO REMAINS THE ONLY PROFESSION. D BODY RADIOSURGERY, THE SOC CTIC RADIOSURGERY2 PROMOTII BRESS | AL BODY OF ITS KIND CRÉATE CIETY IS HIGHLY DEDICATED T | ED TO FOST FO 1 PROM | ER LEAR IOTING T | NING AND RESEAF | RCH OI | N THE TOPICS OF TS IN |
| | 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset | | | | | | | | |
| 0 1 | | | f voting members of the governing | | | | | 3 | 11 |
| 1111 | 4 | · · · · · · · · · · · · · · · · · · · | | | | | | | 11 |
| 1,1 | 5 | Total numl | ber of individuals employed in cale | endar year 2016 (Part V, line 2 | 2a) | | | 5 | 0 |
| ` | | | ber of volunteers (estimate if nece | * * | | | | 6 | 0 |
| | | | lated business revenue from Part | , | | • • | | 7a | 0 |
| | b | Net unrela | ited business taxable income from | Form 990-1, line 34 | | | Prior Year | 7b | Current Year |
| | 8 | Contributio | ons and grants (Part VIII, line 1h) | 1 | | | | | Current Year |
| ēn u | | | ervice revenue (Part VIII, line 2g) | | | | 18,693 | | 388,943 |
| Raver | | | nt income (Part VIII, column (A), l | | | | 237 | | 303 |
| α | | | enue (Part VIII, column (A), lines | | | | (| + | (|
| | 12 | Total reve | nue—add lines 8 through 11 (mus | st equal Part VIII, column (A), | line 12) | | 18,930 | 1 | 389,246 |
| | 13 | Grants and | d sımılar amounts paıd (Part IX, co | olumn (A), lines 1–3) | | | (| | 6,065 |
| | 14 | Benefits pa | aid to or for members (Part IX, co | olumn (A), line 4) | | | (| | C |
| SS. | 15 | Salarıes, o | other compensation, employee ber | nefits (Part IX, column (A), line | es 5-10) | | (| | (|
| Expenses | 16a | Profession | nal fundraising fees (Part IX, colun | nn (A), line 11e) | | | (| | C |
| y dx | Ь | Total fundra | using expenses (Part IX, column (D), lir | ne 25) ▶ 0 | | | | | |
| ώ | 17 | Other expe | enses (Part IX, column (A), lines 1 | l1a-11d, 11f-24e) | | | 10,203 | 3 | 359,218 |
| | | | enses Add lines 13–17 (must equa | | | | 10,203 | 3 | 365,283 |
| Se | 19 | Revenue le | ess expenses Subtract line 18 fro | m line 12 | | Begin | 8,727 ning of Current Year | + | 23,963 End of Year |
| Fund Balances | | | | | | | | | |
| Ba | | | ts (Part X, line 16) | | • | | 175,676 | + | 186,445 |
| nud | | | ities (Part X, line 26) | | | | 13,194 | + | (|
| | | | or fund balances Subtract line 2 | 1 from line 20 | • | | 162,482 | <u>-</u> | 186,445 |
| nder nowl | | alties of per and belief, | Iture Block rjury, I declare that I have exami , it is true, correct, and complete | | | | | | |
| | | ***** | | | | | 2018-08-09 | | |
| ign | | Signatur | re of officer | | | | Date | | |
| lere | | | C LEVIVIER SECY / TRSR | | | | | | |
| | | 17 | print name and title | | | | | | |
| | | Pri | int/Type preparer's name | Preparer's signature | Da | te | ☐ PTI | N | |

Paid Preparer **Use Only**

Check if P00185681 self-employed P00185681
Firm's EIN ► 59-2324427 WILLIAM F MCDAVID Firm's name MCDAVID & COMPANY CPA'S Firm's address ▶ 4711 NW 53RD AVENUE Phone no (352) 373-1080 GAINESVILLE, FL 326534356 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

| Form | 990 (2016) | | | | Page 2 | | | | | |
|------|--|-------------------------------|--|-----------------------------|------------------------|--|--|--|--|--|
| Par | t IIII Statement | of Program Service Ac | complishments | | | | | | | |
| | Check If Sche | edule O contains a response o | r note to any line in this Part III | | 🗆 | | | | | |
| 1 | Briefly describe the o | organization's mission | · | | | | | | | |
| | | | NT AND RESEARCH ON THE TOPIC | | | | | | | |
| MISS | SION, THE ORGANIZAT | TON HOLDS A BIENNIAL CON | GRESS AND MAINTAINS A WEBSI | TE FOR THE EXCHANGE OF INFO | RMATION | | | | | |
| | | | | | | | | | | |
| 2 | Did the organization | undertake any significant pro | gram services during the year wh | ıch were not listed on | _ | | | | | |
| | the prior Form 990 o | or 990-EZ? | | | ☐ Yes 🗹 No | | | | | |
| | If "Yes," describe the | ese new services on Schedule | 0 | | | | | | | |
| 3 | Did the organization | cease conducting, or make si | gnificant changes in how it condu | cts, any program | | | | | | |
| | services? | 🗆 Yes 🗹 No | | | | | | | | |
| | If "Yes," describe these changes on Schedule O | | | | | | | | | |
| 4 | Section 501(c)(3) an | | nplishments for each of its three le e required to report the amount of service reported | | | | | | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | | | · · | · | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | |
| | See Additional Data | | | | | | | | | |
| 4d | Other program servi | ces (Describe in Schedule O) | 1 | | | | | | | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) | | | | | |
| 4e | Total program serv | vice expenses ► | | | | | | | | |
| | | | | | Form 990 (2016) | | | | | |

Section 501(c)(3) organizations.

or X as applicable

| IV Checklist of Required Schedules | | |
|---|---|--|
| | | |
| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | |

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X

If "Yes," complete Schedule D, Parts XI and XII

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11c

11d

11e

11f

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Yes

Vac

Yes

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Nο

Nο

No

Nο

Nο

No

No

Nο

Nο

No

No

Nο

Nο

Nο

Νo

No

Form **990** (2016)

Page 3

No No

No

Yes

Yes

| 20a | |
|-----|--|
| 20b | |

Nο Nο

Page 4

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20

21 22

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24a

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24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2016)

Nο

Nο Νo

Νo

Nο

29

| orm | 990 (2016) | | | | | Page ! |
|-----|---|----------|----------------------------------|--------------------|-----|--------|
| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part | ٧. | | • | | |
| _ | | ایا | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 0 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners? | endors . | and reportable gaming | 1 c | | |
| 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 | 3- | 0 | | | |
| L | this return | 2a | | 2b | | |
| D | Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se | | | 20 | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the | e year? | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation | ın Sch | edule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth | | | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country ►FR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and | d Finan | cial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the | he tax v | vear? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax | | | | | No |
| | | Sileitei | T d i S d C i S i | 5b | | -110 |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions? | | I did the organization | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that sunot tax deductible? | uch con | tributions or gifts were | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution a provided to the payor? | nd part | ly for goods and services • • | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provi | ded? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282? | or which | h it was required to file | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a perso | onal be | nefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a persona | l benefi | t contract? | 7£ | | |
| | If the organization received a contribution of qualified intellectual property, did the organization | | | - ' · | | |
| 9 | required? | | The Form 6033 as | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did 1098-C? | d the or | rganızatıon file a Form | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess busine the year? | ss hold | ings at any time during | 8 | | |
| Qa. | Did the sponsoring organization make any taxable distributions under section 4966? . | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related | nerson | n? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | ·· • • | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| | Section 501(c)(12) organizations. Enter | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them) | 11b | | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9 | 90 ın lı | eu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. additional information the organization must report on Schedule O | See th | e instructions for | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | | | | ایدا | | No |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year | ar? . | | 14a | | 110 |

| OHIII | 1 990 (2016) | | | Page o |
|----------|---|--|-----------|---------------|
| Par | TEXIO Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | "No" respo | nse to li | ines |
| | | | | ✓ |
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | 11 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | er 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervior of officers, directors or trustees, or key employees to a management company or other person? • | pelow, describe the circumstances, processes, or changes in Schedule O See instructions lie O contains a response or note to any line in this Part VI 1 BOdy and Management Veoting members of the governing body at the end of the tax year differences in voting rights among members of the governing ing body delegated broad authority to an executive committee or plain in Schedule O otting members included in line 1a, above, who are independent or, trustee, or key employee have a family relationship or a business relationship with any other trustees, or key employees to a management duties customarily performed by or under the direct supervision or trustees, or key employees to a management company or other person? 1 a | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? | | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following | by | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Reve | nue Code | 2.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? | ^{;,} 10ь | | |
| 11a | l Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | t | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem | | | |
| | status with respect to such arrangements? | 16b | | |
| - | | | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| | List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply | ly) | | |
| 17 18 | List the States with which a copy of this Form 990 is required to be filed► Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O) | ly) | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply | ly) | | |

(9) LAURA FARISELLI MD

(10) MARC LEVIVIER MD

(11) ANTONIO DE SALLES MD

VICE-PRES

SECY/TREAS

PAST PRESIDENT

(A)

Name and Title

(F)

Estimated

amount of other

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

- 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, if any 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

(B)

Average

hours per

- organization and any related organizations • List all of the organization's former officers, key employees, or 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Former Highest compensated employee Individual trustee or director organizations MISC) MISC) related Institutional Trust⊌e below dotted organizations emplo line) 1.00 (1) MIKHAIL CHERNOV 0 Х 0 DIRECTOR 1 00 (2) PATRICK HANNSSENS Χ 0 DIRECTOR 1 00 (3) JASON SHEEHAN 0 DIRECTOR 1.00 (4) FANG FANG YIN 0 Х DIRECTOR 1 00 (5) MATTHEW FOOTE 0 0 DIRECTOR 1 00 (6) YOSHIYASU IWAI DIRECTOR 1.00 (7) JOHN SUH Х 0 0 DIRECTOR 10 00 (8) IAN PADDICK MD Χ 0 PRESIDENT

Х

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10 00

10.00

10 00

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Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

(C) Compensation

Form 990 (2016)

(B) Description of services

Page 8

| | (A) Name and Title | hours per week (list any hours director/trustee) than one box, unless person week (list any hours director/trustee) compensation from the from the organization (Woods any hours director/trustee) compensation from the from the organization (Woods any hours director/trustee) compensation from the from | | | | | | | (E) Reportable compensation from related organizations (W | | | ited f other sation the | |
|-----|---|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--------------|------|----------------------------------|----|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | | relati relati organiza | ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| c T | Total from continuation sheets to P | art VII, Sectio | nA. | | | | * | | 0 | C |) | | 0 |
| 2 | Total number of individuals (including of reportable compensation from the | | | e list | ed al | bove | e) who | rec | eived more than \$10 | 00,000 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2 | | | ee, k | | mple • | | or hi | ghest compensated | employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | the | 4 | | No |
| 5 | Did any person listed on line 1a recei services rendered to the organization | | | | | | | | - | | 5 | | No |
| | ection B. Independent Contract | | | | | | | | | | | ' | |
| 1 | Complete this table for your five high from the organization. Report competents | | | | | | | | | | pens | ation | |

(A) Name and business address

compensation from the organization ▶ 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

| Part ' | VII | Statement of | Revenue | | | | | | | | |
|--|------------|---|---------------------------------|------------|-----------------|--------------------------|---------------------------------------|------------|------------------------|------------------------------|-------------------------------|
| | | Check If Schedul | le O contains a | a respo | onse or note | | ne in this Part VII (A) Total revenue | Rela ex | (B) ated or empt | (C) Unrelated business | (D) Revenue excluded from |
| | | | | | | | | | nction Zenue | revenue | tax under sections 512-514 |
| र इ | | Federated campaig | | 1a | | | | | | | |
| rani | | • Membership dues | | 1 b | | | | | | | |
| چَ ق | | : Fundraising events | | 1c | | | | | | | |
| iffs. | 9 | d Related organizatio | ns | 1d | | | | | | | |
| £ ا∰ | • | Government grants (co | ontributions) | 1e | | | | | | | |
| ons Sir | 1 | All other contributions and similar amounts n | , gifts, grants, ot included | | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | ٩ | above Noncash contribute in lines 1a-1f \$ | | 1f | | | | | | | |
| ತ್ತ | h | Total.Add lines 1a-1 | lf | | | <u> </u> | | | | | |
| <u> 1</u> | | | | | E | Business C | ode | | | | |
| ¥. | 2 a | REGISTRATIONS | | | | | | .83,367 | 183,36 | 57 | |
| Service Revenue | | CORP SUBSIDIES | | | | | | 182,654 | 182,65 | | |
| S C | С | MEMBERSHIP DUES | | | | 9 | 00099 | 22,922 | 22,92 | 22 | |
| 3 | d | | | _ | | | | | | | |
| æ | е | | | _ | | | | | | | |
| Program | f | All other program se | rvice revenue | | | 38 | 8,943 | I | | | |
| \$ | g | Total. Add lines 2a-2i | f | • | <u> </u> | 30 | 0,943 | | | | |
| | | Investment income (i imilar amounts) . | | | nterest, an | d other | 30 | 3 | | | 303 |
| | | Income from investm | | | ond procee | ds ▶ | | | | | |
| | | Royalties | | | | ▶ | | | | | |
| | | | (ı) Real | | (II) Per | sonal | | | | | |
| | 6a | Gross rents | | | | | | | | | |
| | h | Less rental expenses | | | | | | | | | |
| | | , 2000 Tollian expenses | | | | | | | | | |
| | c | Rental income or (loss) | | | | | | | | | |
| | d | Net rental income o | r (loss) | _ | | | | | | | |
| | | The remainment of | (i) Securit | | (II) Ot | ther | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Security | | (11,7 0.1 | | | | | | |
| | | Less cost or other basis and sales expenses | | | | | | | | | |
| | | Gain or (loss) Net gain or (loss) | | | | | | | | | |
| | | Gross income from f | | | | <u> </u> | | | | | |
| Other Revenue | | (not including \$ contributions reporte See Part IV, line 18 | ed on line 1c) | of | | | | | | | |
| Re | | Less direct expense | | b | | | | | | | |
| Jer | | Net income or (loss) | | | ents | <u> </u> | | | | | |
| ō | Уa | Gross income from g See Part IV, line 19 | | es | | | | | | | |
| | | | | а | | | | | | | |
| | | Less direct expense | | ь | | | | | | | |
| | | Net income or (loss) | | activit | ies | | | | | | |
| | | Gross sales of invent returns and allowand | ces | а | | | | | | | |
| | | Less cost of goods s | | b | | | | | | | |
| | | Net income or (loss) Miscellaneous | | invent | ory Business | _ s Code [| | | | | |
| | 11 | | Revenue | | Dusiness | Code | | | | | |
| | | | | | | | | | | | |
| | ь | | | | - | | | | | | |
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| | _ | | | | | | | | | | |
| | C | | | | | | | | | | |
| | | All -th- | | | | | | | | | |
| | | All other revenue . Total. Add lines 11a | | | | • | | | | | |
| | | | | | | | | - | | | |
| | 12 | Total revenue. See | Instructions | • • | | • | 389,24 | 6 | 388,943 | | 0 303 |
| | | | | | | | | | | | Form 990 (2016) |

| Form 990 (2016) | | | | Page 10 |
|--|------------------------|------------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all of | columns All other orga | anızatıons must com | plete column (A) | |
| Check if Schedule O contains a response or note to an | y line in this Part IX | | <u></u> | <u> 🗆 </u> |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 65 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 6,000 | | | |
| 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) | 5 | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 37,995 | | | |
| b Legal | 6,836 | | | |
| c Accounting | 4,086 | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,005 | | | |
| 14 Information technology | 4,592 | | | |
| 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 | 304,108 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a EXCHANGE RATE | -404 | | | |
| b | | | | |
| <u>c</u> | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 365,283 | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| Check here ► ☐ If following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or

Net

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---|---------------------------|
| 1 | Cash-non-interest-bearing | 74,742 | 1 | 85,20 |
| 2 | Savings and temporary cash investments | 100,934 | 2 | 101,238 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part | | | |

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . 8 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 .

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34

13.194

13,194

162,482

162,482

175.676

0

186,445

0

186.445

186,445

186,445

Form **990** (2016)

0

0

175.676

| Form | 990 (2016) | | | | Page 12 |
|------|---|--------|---------|-----|----------------|
| Par | t XI Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 389,246 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 365,283 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 23,963 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 162,482 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | - | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | , | 186,445 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check If Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| _ | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle | | | |

За

3b

Νo

Form **990** (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 04-3146650

Name: INTERNAT'L STEREOTACTIC RADIOSURGERY SOC

Form 990 (2016)

Form 990, Part III, Line 4a:

BIENNIAL CONGRESS HELD IN 2017

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 IN ADDITION TO OTHER ACTIVITIES AT THE BIENNIAL CONGRESS, THE ISRS MAKES CERTAIN AWARDS FOR CONTRIBUTIONS IN THE FIELD OF RADIOSURGERY,

SCIENTIFIC PAPERS, AND POSTERS ABOUT 765 NEUROSURGEONS, RADIATION ONCOLOGISTS, MEDICAL PHYSICISTS AND OTHERS WERE PRESENT AT THE THIRTEENTH

Form 990, Part III, Line 4b: THE ISRS WEBSITE IS REGULARLY UPDATED WITH NEWSFEEDS TO ATTRACT MORE MEMBERS FROM THE SECTOR, NEWSLETTERS HAVE BEEN SENT BY E-MAIL TO ALL ISRS. MEMBERS IN 2016-17, 753 MEMBERS BENEFITED FROM THIS ISRS WEBSITE SERVICE

Form 990, Part III, Line 4c: THE ISRS ALSO HELPS TO PUBLISH THE "JOURNAL OF RADIOSURGERY AND SBRT (STEREOTACTIC BODY RADIATION THERAPY)", WHICH IS INTENDED TO FOSTER LEARNING AND RESEARCH IN THE RAPIDLY EMERGING AREA OF RADIOSURGERY / SBRT FOR THE BRAIN AND BODY SITES

Political Campaign and Lobbying Activities

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493226022858

Open to Public

Department of the Treasury

EZ)

SCHEDULE C (Form 990 or 990-

| | tment of the Treasury | <u>www.irs.gov/form990</u> . | | | | | | | Inspection | |
|---|--|---|--|---|--|---|--|---|-------------------------------------|--|
| • S • S • S If the • S • S • S • S • S • S • S • S • S • S | Section 501(c)(3) org Section 501(c) (other Section 527 organize e organization ans Section 501(c)(3) org Section 501(c)(3) org e organization ans xy Tax) (see separ | ganizations Corer than section 5 zations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or rate instruction | n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta s), then | e Part I-C ts I-A and C below 990-EZ, Part VI, III section 501(h)) Co inder section 501(h | Do not com ne 47 (Lobb omplete Part i)) Complete | nplete Part I-l ying Activit t II-A Do not e Part II-B D | 3 i es), thei complete o not con | n e Part II-l nplete Pa | 3 art II-A | |
| Naı | Section 501(c)(4), (: me of the organizat ERNAT'L STEREOTACT: | ion | cations Complete Part III | | I | Employer id | entificat | ion nun | ıber | |
| | | | | | | 04-3146650 | | | | |
| Par | t I-A Complet | e if the orga | nization is exempt under section | on 501(c) or is | a section | 527 orga | nizatio | <u>1</u> | | |
| 1 2 | Political expenditu | | ızatıon's dırect and ındırect political ca | mpaign activities ir | n Part IV | • | \$ | | | |
| 3 Par | Volunteer hours t I-B Complet | e if the orga | nization is exempt under section | on 501(c)(3). | | | | | | |
| 1 | | | x incurred by the organization under s | | | • | | | | |
| 2 | | • | x incurred by organization managers i | | | > | \$ | | | |
| 3 | If the organization | n incurred a sect | ion 4955 tax, did it file Form 4720 for | this year? | | | | Yes | ☐ No | |
| 4a | Was a correction | made? | | | | | | Yes | □ No | |
| b Par | If "Yes," describe | | nization is exempt under section | on 501(c), exce | ept sectio | n 501(c)(: | 3). | | | |
| 1 | | | ed by the filing organization for section | | | | \$ | | | |
| 2 | Enter the amount function activities | | anization's funds contributed to other | organizations for se | ection 527 e | xempt ▶ | \$ | | | |
| 3 | Total exempt fund | ction expenditure | es Add lines 1 and 2 Enter here and c | on Form 1120-POL, | lıne 17b | • | \$ | | | |
| 4 | Did the filing orga | anızatıon file For ı | n 1120-POL for this year? | | | | | Yes | □ No | |
| 5 | organization made of political contrib | e payments For outions received | employer identification number (EIN) o each organization listed, enter the am that were promptly and directly deliven see (PAC) If additional space is needed | ount paid from the red to a separate p | e filing orgar political orga | nization's fund nization, suc | ds Also e | enter the | | |
| | (a) Nam | e | (b) Address | (c) EIN | filing or | unt paid from ganization's f none, enter -0- | cont ar dire si orga | tributions nd promp ctly deliv eparate p | vered to a political If none, | |
| | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| | | | | | - | | | | | |

Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493226022858 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** INTERNAT'L STEREOTACTIC RADIOSURGERY SOC 04-3146650 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) (1) See Add'l Data (2) (3) (4) (5) 365,283 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 365,283

(4)

Schedule F (Form 990) 2016 Page 3 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. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) EUROPE (INCLUDING (1) JACOB I FABRIKANT 1 5,000 ICELAND & AWARD OF \$5,000 TO DR BEN SLOTMAN, VU GREENLAND) UNIV MEDICAL CTR, AMSTERDAM, THE NETHERLANDS (2) YOUNG INVESTIGATOR EUROPE (INCLUDING 1 1,000 AWARD TO ALEXIS ICELAND & DIMITRIADIS, UK GREENLAND) (3) (4) (5) (6) (7) (8)

(9) (10) (11) (12) (13) (14)

(15) (16) (17) (18) Schedule F (Form 990) 2016

| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|--|-------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | | |
| | | ☐ Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | | |
| | Corporations (see Instructions for Form 5471) | ☐ Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | | ☐ Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713) | □Yes | ☑ No |
| | , and the second | | |

| Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ditures per region); Part II, line 1 (accounting method); Part III (accounting estimated number of recipients), as applicable. Also complete this part to provide tructions). |
|--|
| Explanation |
| ıt: |

CASH METHOD OF ACCOUNTING

PART I, LINE 3

Additional Data

(a) Region

EUROPE

Software ID: Software Version:

EIN: 04-3146650

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is a (f) Total expenditures

Name: INTERNAT'L STEREOTACTIC RADIOSURGERY SOC

2017 CONGRESS IN

MONTREUX, SWITZERLAND

304,108

| Form | 990 Sch | edule F | Part T - | Activities | Outside | The I | Inited | States |
|------|---------|---------|----------|------------|---------|-------|--------|--------|

0

| | offices in the region | employees or agents in region | in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | program service, describe specific type of service(s) in region | for region |
|--------|--------------------------|-------------------------------------|---|--|------------|
| EUROPE | 1 | | ASSOCIATION AND FOR THE BIENNIAL CONGRESSES | ADMINISTRATION OF BIENNIAL CONGRESSES, WEBSITE MAINTENANCE, PUBLICATION PREPARATION ARRANGEMENTS FOR AND MANAGEMENT OF THE BIENNIAL CONGRESS MEETINGS | 61,175 |

0 2017 CONGRESS IN

SWITZERLAND

MONTREUX,

| efile GRAPH | IC print | - DO NOT PROCESS | As Filed Data - | | DLN | N: 93493226022858 |
|--|---|--|---|-------------|------------------------------------|-------------------|
| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury | | Supplement Complete to property Form 990 | OMB No 1545-0047 2016 Open to Public Inspection | | | |
| | OTACTIC RA | ADIOSURGERY SOC | | | Employer iden 04-3146650 | tification number |
| Return Reference | e O, Sup | plemental Informati | on | Explanation | | |
| FORM 990, | THE ORGANIZATION HAS CONTRACTED WITH AN OUTSIDE MANAGEMENT COMPANY SO THAT THE MANAGEMENT | | | | | |

PENSES THE MANAGEMENT COMPANY ALSO HANDLES THE ORGANIZATION'S MEMBERSHIP DUES AND MAINTAI

NS THE WEBSITE AND MEMBERSHIP LISTS

SECTION A,

LINE 3

Return Explanation

LINE 11B

| FORM 990, | A COPY OF THE FORM 990 IS EMAILED TO THE OFFICERS FOR THEIR REVIEW PRIOR TO ITS FINALIZATI |
|------------|--|
| PART VI, | ON THE FINAL COPY OF THE FORM 990 IS SENT TO THE OFFICER RESPONSIBLE FOR SIGNING AND FILI |
| SECTION B. | NG THE FORM 990 HE REVIEWS THE FORM PRIOR TO SIGNING AND FILING IT |

| Return Reference | Explanation |
|------------------------|--|
| PART VI, SECTION B, | THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED THROUGH THE DAY-TO-DAY COMMUNI CATION BETWEEN THE GOVERNING BODY AND THE HEADQUARTER SECRETARIAT (LOCATED IN COLLOQUIUM, BRUSSELS) IF A CONFLICT OF INTEREST AROSE, THE BYLAWS (SECTION 9 - RESIGNATION AND REMOVA L) STATE THAT "WHENEVER, IN THE JUDGEMENT OF THE 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" |
| | CALLED AND AT WHICH A QUORUM IS PRESENT " |

Return Explanation
Reference

FORM 990, THE ORGANIZATION DOES NOT COMPENSATE ITS OFFICERS OR DIRECTORS, NOR DOES IT HAVE ANY EMPLO PART VI, YEES IT HAS CONTRACTED WITH AN INDEPENDENT OUTSIDE ORGANIZATION TO PROVIDE ADMINISTRATION SECTION B, AND FINANCIAL SERVICES

Return Explanation
Reference

LINE 18

FORM 990, PART VI, SECTION C.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19