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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INTERNATIONAL BRAIN MAPPING AND INTRA-OPERATIVE SURGICAL PLANNING SOCIETY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8159 SANTA MONICA BLVD

City or town, state or province, country, and ZIP or foreign postal code
WEST HOLLYWOOD, CA 90046

D Employer identification number
20-2793206

E Telephone number
(323) 654-3500

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶www worldbrainmapping org

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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 . . . . . ▶ $ 147,521

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	147,521
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	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	0		
	c	Less direct expenses from gaming and fundraising events	6c	0		
	d	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			
	b	Less cost of goods sold	7b	0		
	c	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	147,521
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	4,979
	13	Professional fees and other payments to independent contractors			13	2,425
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	176
	16	Other expenses (describe in Schedule O)			16	198,490
	17	**Total expenses.** Add lines 10 through 16		▶	17	206,070
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-58,549
	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	-79,904
	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	-138,453

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	1,496	22	4,367
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	601	24	51
25 **Total assets**	2,097	25	4,418
26 **Total liabilities** (describe in Schedule O)	82,001	26	142,871
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-79,904	27	-138,453

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
The purpose of the organization is to encourage basic and clinical scientists who are interested or active in areas of Brain Mapping and Intra-operative Surgical planning (ISP) to share their findings with other physicians and scientists across the disciplines

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 179,346

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BABAK KATEB CEO	20 00	0		
VICKY YAMAMOTO CFO	4 00	0		
AARON G FILLER COO	20 00	0		

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	33		No
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)	34		No
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)?	35a		No
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	35b		No
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	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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? . .	38a	Yes	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . 38b 15,000			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ MA ACCOUNTING SOLUTIONS INC Telephone no ▶ (323) 654-3500 Located at ▶ 8159 SANTA MONICA BLVD SUITE 200 WEST HOLLYWOOD, CA ZIP + 4 ▶ 90046			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			
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			

			Yes	No
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		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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		No

		Yes	No
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	46		No

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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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	2018-11-14 Date
BABAK KATEB CEO Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Alex Polovinchik CPA				P01303287
Firm's name ▶ M & A Accounting Solutions INC			Firm's EIN ▶ 95-4832024	
Firm's address ▶ 8159 Santa Monica Blvd Suite 200 West Hollywood, CA 900464912			Phone no (323) 654-3500	

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 20-2793206
Name: INTERNATIONAL BRAIN MAPPING AND INTRA-OPERATIVE SURGICAL PLANNING SOCIETY

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 ANNUAL CONFERENCE, PROFESSIONAL PUBLICATION (Grants $ 179,346) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
INTERNATIONAL BRAIN MAPPING AND INTRA-OPERATIVE SURGICAL PLANNING SOCIETY

Employer identification number
20-2793206

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) VICKY YAMAMOTO	OFFICER	PAY BILL		X	15,000	15,000		No	Yes			No
Total				▶ $		15,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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

2017

Open to Public Inspection

Name of the organization
INTERNATIONAL BRAIN MAPPING AND INTRA-OPERATIVE SURGICAL PLANNING SOCIETY

Employer identification number
20-2793206

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses $3412

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel $27717

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest $17919

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation $550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CONFERENCE VENUE $72670

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	OUTSIDE SERVICES $11831

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	PUBLIC RELATIONS $11221

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	WEB SUPPORT $10608

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	VIDEO AND PHOTOGRAPHY $9599

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	PRINTING $6564

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MERCHANT FEES $6196

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	TELEPHONE $5885

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	MARKETING $3583

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	GIFTS $3060

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	AWARDS $1843

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	DUES AND SUBSCRIPTIONS $1400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	PARKING $801

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	BANK CHARGES $766

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	MUSIC $750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	COMPUTER AND INTERNET $572

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	WEB DESIGN $562

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	WEB HOSTING $532

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	AUTO EXPENSE $342

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 22	WINE FOR EXHIBITION HALL $67

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 23	SECRETARY OF STATE FEES $40

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning $601 Machinery and Equipment - Ending $51

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1006	Payable to Officers, Directors, Etc - Beginning $15000 Payable to Officers, Directors, Etc - Ending $15000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	- Beginning $0 - Ending $0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	CITIBANK CREDIT CARD - Beginning $53165 CITIBANK CREDIT CARD - Ending $54954