

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 12/31, 20 01

POSTAL SERVICE MAY 13 2002

- Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions

AMERICAN SOCIETY FOR EXPERIMENTAL NEUROTHERAPEUTICS, INC 611 EAST WELLS ST MILWAUKEE, WI 53202

D Employer identification number 52-2029696 E Telephone number 414-276-6445 F Accounting method Cash Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? H (b) If yes, enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW ASENT ORG

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit group GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

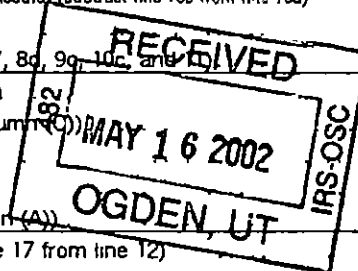
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 75,837

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

RECEIVED

RECEIVED

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes lines 1-21 for revenue, expenses, and net assets.



27 Ne

**Part I Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I  | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (att sch)<br>(cash \$ _____<br>non cash \$ _____)  | 22        |                      |                            |                 |
| 23 Specific assistance to individuals (att sch)  | 23        |                      |                            |                 |
| 24 Benefits paid to or for members (att sch)   | 24        |                      |                            |                 |
| 25 Compensation of officers, directors, etc.   | 25        | 40,000               | 13,332                     | 26,668          |
| 26 Other salaries and wages  | 26        |                      |                            |                 |
| 27 Pension plan contributions  | 27        |                      |                            |                 |
| 28 Other employee benefits   | 28        |                      |                            |                 |
| 29 Payroll taxes   | 29        |                      |                            |                 |
| 30 Professional fundraising fees   | 30        |                      |                            |                 |
| 31 Accounting fees   | 31        | 604                  | 604                        |                 |
| 32 Legal fees  | 32        | 1,142                | 1,142                      |                 |
| 33 Supplies  | 33        | 53                   | 53                         |                 |
| 34 Telephone   | 34        | 1,056                | 1,056                      |                 |
| 35 Postage and shipping  | 35        | 2,158                | 2,158                      |                 |
| 36 Occupancy   | 36        |                      |                            |                 |
| 37 Equipment rental and maintenance  | 37        |                      |                            |                 |
| 38 Printing and publications   | 38        | 8,795                | 8,795                      |                 |
| 39 Travel  | 39        | 2,225                | 2,225                      |                 |
| 40 Conferences, conventions, and meetings  | 40        |                      |                            |                 |
| 41 Interest  | 41        |                      |                            |                 |
| 42 Depreciation, depletion, etc. (attach schedule)   | 42        |                      |                            |                 |
| 43 Other expenses not covered above (itemize)  |           |                      |                            |                 |
| a SEE STATEMENT 2  | 43a       | 10,770               | 5,656                      | 5,114           |
| b  | 43b       |                      |                            |                 |
| c  | 43c       |                      |                            |                 |
| d  | 43d       |                      |                            |                 |
| e  | 43e       |                      |                            |                 |
| 44 Total functional expenses (add lines 22-43)<br>Organizations completing columns (B) - (D),<br>carry these totals to lines 13 - 15 | 44        | 66,803               | 18,988                     | 47,815          |

Joint Costs. Check  if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part II Statement of Program Service Accomplishments**

| What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>   | Program Service Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
|---|---|
| a MEETINGS-TO PROMOTE AND EDUCATE THE MEMBERS FOR THE BENEFIT OF THE PROFESSION AND PUBLIC<br><br>(Grants and allocations \$ _____) | 18,988  |
| b   |   |
| c   |   |
| d   |   |
| e Other program services (Grants and allocations \$ _____)  |   |
| f Total of Program Service Expenses (should equal line 44, column (B), program services)  | 18,988  |

**Part IV Balance Sheets** (See instructions)

| Note  |  | (A)<br>Beginning of year |      | (B)<br>End of year |
|---|--|--------------------------|------|--------------------|
| Where required, attached schedules and amounts within the description column should be for end-of-year amounts only                     |  |                          |      |                    |
| 45  | Cash -- non interest bearing   | 90,876                   | 45   | 88,152             |
| 46  | Savings and temporary cash investments   | 1,099                    | 46   |                    |
| 47 a  | Accounts receivable  |                          |      |                    |
|   | b Less allowance for doubtful accounts   |                          | 47 c |                    |
| 48 a  | Pledges receivable   |                          |      |                    |
|   | b Less allowance for doubtful accounts   |                          | 48 c |                    |
| 49  | Grants receivable  |                          | 49   |                    |
| 50  | Receivables from officers, directors, trustees, and key employees (attach schedule)  |                          | 50   |                    |
| 51 a  | Other notes & loans receivable (attach sch)  |                          |      |                    |
|   | b Less allowance for doubtful accounts   |                          | 51 c |                    |
| 52  | Inventories for sale or use  |                          | 52   |                    |
| 53  | Prepaid expenses and deferred charges  |                          | 53   | 12,261             |
| 54  | Investments -- securities (attach schedule)  |                          | 54   |                    |
|   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                          |      |                    |
| 55 a  | Investments -- land, buildings, & equipment basis  |                          |      |                    |
|   | b Less accumulated depreciation (attach schedule)  |                          | 55 c |                    |
| 56  | Investments -- other (attach schedule)   |                          | 56   |                    |
| 57 a  | Land, buildings, and equipment basis   |                          |      |                    |
|   | b Less accumulated depreciation (attach schedule)  |                          | 57 c |                    |
| 58  | Other assets (describe ▶ _____)  |                          | 58   |                    |
| 59  | <b>Total assets</b> (add lines 45 through 58) (must equal line 74)   | 91,975                   | 59   | 100,413            |
| 60  | Accounts payable and accrued expenses  |                          | 60   | 715                |
| 61  | Grants payable   |                          | 61   |                    |
| 62  | Deferred revenue   |                          | 62   | 6,025              |
| 63  | Loans from officers, directors, trustees, and key employees (attach schedule)  |                          | 63   |                    |
| 64 a  | Tax exempt bond liabilities (attach schedule)  |                          | 64 a |                    |
|   | b Mortgages and other notes payable (attach schedule)  |                          | 64 b |                    |
| 65  | Other liabilities (describe ▶ _____)   |                          | 65   |                    |
| 66  | <b>Total liabilities</b> (add lines 60 through 65)   | 0                        | 66   | 6,740              |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 |  |                          |      |                    |
| 67  | Unrestricted   | 91,975                   | 67   | 39,673             |
| 68  | Temporarily restricted   |                          | 68   | 54,000             |
| 69  | Permanently restricted   |                          | 69   |                    |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74                         |  |                          |      |                    |
| 70  | Capital stock, trust principal, or current funds   |                          | 70   |                    |
| 71  | Paid in or capital surplus, or land, building, and equipment fund  |                          | 71   |                    |
| 72  | Retained earnings, endowment, accumulated income, or other funds   |                          | 72   |                    |
| 73  | <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 91,975                   | 73   | 93,673             |
| 74  | <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)  | 91,975                   | 74   | 100,413            |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA



**Part VI Other Information** (See specific instructions)

|     |  | Yes | No  |
|-----|--|-----|-----|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   |     | X   |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes   |     | X   |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | X   |
| 78b | If 'Yes,' has it filed a tax return on Form 990-T for this year?   | N/A |     |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  |     | X   |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  |     | X   |
| 81a | Enter direct or indirect political expenditures. See line 81 instructions.   | 81a | 0   |
| 81b | Did the organization file Form 1120-POL for this year?   |     | X   |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  |     | X   |
| 82b | If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)  | 82b | N/A |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X   |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X   |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X   |
| 84b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A |
| 85  | 501(c)(4), (5), or (6) organizations   | 85a | N/A |
|     | a Were substantially all dues nondeductible by members?  | 85b | N/A |
|     | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year                | 85c | N/A |
|     | c Dues, assessments, and similar amounts from members  | 85d | N/A |
|     | d Section 162(e) lobbying and political expenditures   | 85e | N/A |
|     | e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices   | 85f | N/A |
|     | f Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85g | N/A |
|     | g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?  | 85h | N/A |
|     | h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                           |     |     |
| 86  | 501(c)(7) organizations  | 86a | N/A |
|     | a Initiation fees and capital contributions included on line 12  | 86b | N/A |
|     | b Gross receipts, included on line 12, for public use of club facilities   | 87a | N/A |
| 87  | 501(c)(12) organizations   | 87b | N/A |
|     | a Gross income from members or shareholders  |     |     |
|     | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |     |     |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88  | X   |
| 89a | 501(c)(3) organizations  |     |     |
|     | Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0   |     |     |
| 89b | 501(c)(3) and 501(c)(4) organizations  |     | X   |
|     | Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction                                       |     |     |
|     | c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958   |     | 0   |
|     | d Enter Amount of tax on line 89c, above, reimbursed by the organization   |     | 0   |
| 90a | List the states with which a copy of this return is filed ▶ NONE   |     |     |
| 90b | Number of employees employed in the pay period that includes March 12, 2001 (see instructions)   | 90b | 0   |
| 91  | The books are in care of ▶ EXECUTIVE DIRECTOR, INC Telephone number ▶ 414-276-6445 Located at ▶ 611 EAST WELLS ST, MILWAUKEE, WI ZIP + 4 ▶ 53202   |     |     |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year   | 92  | N/A |

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |   |
| 93 Program service revenue                                   |                           |               |                                      |               |   |
| a _____  |                           |               |                                      |               |   |
| b _____  |                           |               |                                      |               |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |   |
| g Fees & contracts from government agencies                  |                           |               |                                      |               |   |
| 94 Membership dues and assessments                           |                           |               |                                      |               | 16,700.                                     |
| 95 Interest on savings & temporary cash investments          |                           |               | 14                                   | 1,334         |   |
| 96 Dividends & interest from securities                      |                           |               |                                      |               |   |
| 97 Net rental income or (loss) from real estate              |                           |               |                                      |               |   |
| a debt-financed property                                     |                           |               |                                      |               |   |
| b not debt-financed property                                 |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from pers prop                |                           |               |                                      |               |   |
| 99 Other investment income                                   |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |   |
| 101 Net income or (loss) from special events                 |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |   |
| 103 Other revenue a _____                                    |                           |               |                                      |               |   |
| b OTHER INCOME   |                           |               | 1                                    | 803           |   |
| c _____  |                           |               |                                      |               |   |
| d _____  |                           |               |                                      |               |   |
| e _____  |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      | 2,137.        | 16,700                                      |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 18,837                                      |

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| 94      | MEMBERSHIPS TO ADVANCE THE DEVELOPMENT OF SAFER AND MORE EFFECTIVE PHARMACEUTICALS FOR THE TREATMENT OF NEUROLOGICAL DISEASES FOR THE BENEFIT OF THE PROFESSION AND PUBLIC   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End of year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note. If Yes to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please

*Signature*

Date

7 May 02

Date

Check if

Preparer's SSN or PTIN (see General Instruction V)

**Schedule A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)**  
**Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)**

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (see separate instructions)**

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization **AMERICAN SOCIETY FOR EXPERIMENTAL NEUROTHERAPEUTICS, INC** Employer Identification Number **52-2029696**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  | 0                   |                  |

**Part III** Statements About Activities (See instructions)

|  | Yes | No |
|--|-----|----|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <math>\rightarrow</math> \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities</p> |     | X  |
| <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>  |     | X  |
| <p>b Lending of money or other extension of credit?</p>  |     | X  |
| <p>c Furnishing of goods, services, or facilities?</p>   |     | X  |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>   |     | X  |
| <p>e Transfer of any part of its income or assets?</p>   |     | X  |
| <p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>   |     | X  |
| <p>4 Do you have a section 403(b) annuity plan for your employees?</p>   |     | X  |
| <p><b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>  |     |    |

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state  $\rightarrow$  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)



**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

|    | Yes | No |
|----|-----|----|
| 29 |     |    |

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

|    |  |  |
|----|--|--|
| 30 |  |  |
|----|--|--|

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

|    |  |  |
|----|--|--|
| 31 |  |  |
|----|--|--|

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

-----  
 -----  
 -----

**32** Does the organization maintain the following

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

|    |  |  |
|----|--|--|
| 32 |  |  |
|----|--|--|

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

|     |  |  |
|-----|--|--|
| 32a |  |  |
|-----|--|--|

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

|     |  |  |
|-----|--|--|
| 32b |  |  |
|-----|--|--|

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

|     |  |  |
|-----|--|--|
| 32c |  |  |
|-----|--|--|

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

-----  
 -----

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

|     |  |  |
|-----|--|--|
| 32d |  |  |
|-----|--|--|

**b** Admissions policies?

|     |  |  |
|-----|--|--|
| 33a |  |  |
|-----|--|--|

**c** Employment of faculty or administrative staff?

|     |  |  |
|-----|--|--|
| 33b |  |  |
|-----|--|--|

**d** Scholarships or other financial assistance?

|     |  |  |
|-----|--|--|
| 33c |  |  |
|-----|--|--|

**e** Educational policies?

|     |  |  |
|-----|--|--|
| 33d |  |  |
|-----|--|--|

**f** Use of facilities?

|     |  |  |
|-----|--|--|
| 33e |  |  |
|-----|--|--|

**g** Athletic programs?

|     |  |  |
|-----|--|--|
| 33f |  |  |
|-----|--|--|

**h** Other extracurricular activities?

|     |  |  |
|-----|--|--|
| 33g |  |  |
|-----|--|--|

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

-----  
 -----  
 -----

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

|     |  |  |
|-----|--|--|
| 33h |  |  |
|-----|--|--|

**b** Has the organization's right to such aid ever been revoked or suspended?

|     |  |  |
|-----|--|--|
| 34a |  |  |
|-----|--|--|

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If No, attach an explanation

|     |  |  |
|-----|--|--|
| 34b |  |  |
| 35  |  |  |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check  a if the organization belongs to an affiliated group Check  b if you checked 'a' and 'limited control' provisions apply

| <b>Limits on Lobbying Expenditures</b>  |  | (a)<br>Affiliated group<br>totals    | (b)<br>To be completed<br>for all electing<br>organizations |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|--|--------------------------------------|---|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| (The term 'expenditures' means amounts paid or incurred )                                   |  |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 36  | Total lobbying expenditures to influence public opinion (grassroots lobbying)  | 36                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 37  | Total lobbying expenditures to influence a legislative body (direct lobbying)  | 37                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 38  | Total lobbying expenditures (add lines 36 and 37)  | 38                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 39  | Other exempt purpose expenditures  | 39                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 40  | Total exempt purpose expenditures (add lines 38 and 39)  | 40                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 41  | Lobbying nontaxable amount Enter the amount from the following table –   |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|   | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is –</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> | <b>If the amount on line 40 is –</b> | <b>The lobbying nontaxable amount is –</b>                  | Not over \$500,000 | 20% of the amount on line 40 | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| <b>If the amount on line 40 is –</b>  | <b>The lobbying nontaxable amount is –</b>   |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 40   |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000  |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000  |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000   |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000  |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 42  | Grassroots nontaxable amount (enter 25% of line 41)  | 42                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 43  | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36  | 43                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| 44  | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38  | 44                                   |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720 |  |                                      |   |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

| Calendar year<br>(or fiscal year<br>beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|---|--|-------------|-------------|-------------|--------------|
|   | (a)<br>2001  | (b)<br>2000 | (c)<br>1999 | (d)<br>1998 | (e)<br>Total |
| 45  | Lobbying nontaxable amount                           |             |             |             |              |
| 46  | Lobbying ceiling amount<br>(150% of line 45(e))      |             |             |             |              |
| 47  | Total lobbying expenditures                          |             |             |             |              |
| 48  | Grassroots non taxable amount                        |             |             |             |              |
| 49  | Grassroots ceiling amount<br>(150% of line 48(e))    |             |             |             |              |
| 50  | Grassroots lobbying expenditures                     |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization **AMERICAN SOCIETY FOR EXPERIMENTAL  
NEUROTHERAPEUTICS, INC** Employer Identification Number  
**52-2029696**

Organization type (check one)

Filers of:

Form 990 or 990 EZ

Section

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note. Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions )

General Rule –

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but **must** check the box in the heading of their Form 990 Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

AMERICAN SOCIETY FOR EXPERIMENTAL

52-2029696

**Part I** Contributors (see instructions)

| (a)<br>Number | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|----------------------------------|-----------------------------------|---|
| 1             | -----<br>-----<br>-----          | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 2             | -----<br>-----<br>-----          | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 3             | -----<br>-----<br>-----          | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 4             | -----<br>-----<br>-----          | \$ 25,000                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 5             | -----<br>-----<br>-----          | \$ 5,000                          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| 6             | -----<br>-----<br>-----          | \$ 10,000                         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

AMERICAN SOCIETY FOR EXPERIMENTAL

52-2029696

**Part I** Contributors (see instructions)

| (a)<br>Number | (b)<br>Name, address and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|---------------|----------------------------------|--------------------------------|---|
| 7             | -----<br>-----<br>-----          | \$ 5,000                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution) |
| -----         | -----<br>-----<br>-----          | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |
| -----         | -----<br>-----<br>-----          | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |
| -----         | -----<br>-----<br>-----          | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |
| -----         | -----<br>-----<br>-----          | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |
| -----         | -----<br>-----<br>-----          | \$ -----                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is noncash contribution)            |

Name of Organization

Employer Identification Number

AMERICAN SOCIETY FOR EXPERIMENTAL

52-2029696

**Part II** Noncash Property

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |

Name of Organization

AMERICAN SOCIETY FOR EXPERIMENTAL

Employer Identification Number

52-2029696

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

| (a)<br>No. from Part I                  | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
| -----                                   | -----                  | -----                                    | -----                                  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   | -----                  | -----                                    | -----                                  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   | -----                  | -----                                    | -----                                  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| -----                                   | -----                  | -----                                    | -----                                  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |

CLIENT 11053

AMERICAN SOCIETY FOR EXPERIMENTAL  
NEUROTHERAPEUTICS, INC.

52-2029696

4/19/02

03 00PM

**STATEMENT 1**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGING FROM CASH TO ACCRUAL BASIS

|       |    |               |
|-------|----|---------------|
| TOTAL | \$ | -7,336        |
|       | \$ | <u>-7,336</u> |

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

|                   | (A)<br>TOTAL     | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|-------------------|------------------|----------------------------|--------------------------------|--------------------|
| COMMITTEE EXPENSE | 229              | 114                        | 115                            |                    |
| INURANCE          | 633              |                            | 633                            |                    |
| MEMBERSHIP        | 1,888            | 1,888                      |                                |                    |
| MISCELLANEOUS     | 4,366            |                            | 4,366                          |                    |
| NEWSLETTER        | 2,526            | 2,526                      |                                |                    |
| WEB SITE          | 1,128            | 1,128                      |                                |                    |
| <b>TOTAL</b>      | <b>\$ 10,770</b> | <b>\$ 5,656</b>            | <b>\$ 5,114</b>                | <b>\$ 0</b>        |

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO ENCOURAGE AND ADVANCE THE DEVELOPMENT OF IMPROVED THERAPIES FOR DISEASES AND DISORDERS OF THE NERVOUS SYSTEM FOR THE BENEFIT OF THE PROFESSION AND THE PUBLIC

**STATEMENT 4**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| IRA SHOULSON, MD<br>1351 MT HOPE AVENUE, STE 212<br>ROCHESTER, NY 14620                 | PRESIDENT<br>AS NEEDED                         | \$ 0.             | \$ 0                             | \$ 0                         |
| KATHLEEN BIZIERE CLARENCE-SMIT<br>1825 "K" STREET NW, STE 1475<br>WASHINGTON, DC, 20006 | PRESIDENT-ELECT<br>AS NEEDED                   | 0                 | 0                                | 0                            |
| THOMAS CHASE, MD<br>NIH, BUILDING 10, ROOM 5C103<br>BETHESDA, MD 20892                  | IMMED PAST PRES<br>AS NEEDED                   | 0                 | 0                                | 0                            |

4/19/02

03 01PM

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| ALAN FADEN, MD<br>3970 RESERVOIR RD NW, RM EPO4<br>WASHINGTON, DC, 20007-2197 | SECRETARY<br>AS NEEDED                         | \$ 0              | \$ 0                             | \$ 0                         |
| EDMUND P HARRIGAN, MD<br>111 LOCKE DRIVE<br>MARLBOROUGH, MA 01752             | TREASURER<br>AS NEEDED                         | 0                 | 0                                | 0                            |
| STANLEY FAHN, MD<br>710 WEST 168TH ST<br>NEW YORK, NY 10032                   | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| JAMES FERRENDELLI, MD<br>6431 FANNIN, STE 7044<br>HOUSTON, TX 77030           | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0.                           |
| CARL M LEVENTHAL, MD<br>10924 BREWER HOUSE ROAD<br>ROCKVILLE, MD 20852-3422   | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| JUSTIN A ZIVEN, MD, PHD<br>9500 GILMAN DRIVE<br>LA JOLLA, CA 92093-0624       | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| RICHARD S BURNS, MD<br>751 N RUTLEDGE, RM 3100<br>SPRINGFIELD, IL 62702       | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| JESSE M CEDARBAUM, MD<br>777 OLD SAW MILL RIVER ROAD<br>TARRYTOWN, NY 10591   | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| STEVEN P RINGEL, MD<br>4200 EAST NINTH AVE, B-185<br>DENVER, CO 80262         | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| JAN WALLACE, MD<br>1663 BUSH STREET<br>SAN FRANCISCO, CA 94109                | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| CHRISTOPHER GALLEN, MD PHD<br>7000 PORTAGE ROAD<br>KALAMAZOO, MI 49001-0199   | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| PATRICIA A GRADY, PHD<br>31 CENTER DRIVE<br>BETHESDA, MD 20892                | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |

CLIENT 11053

AMERICAN SOCIETY FOR EXPERIMENTAL  
NEUROTHERAPEUTICS, INC.

52-2029696

4/19/02

03 01PM

STATEMENT 4 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|---|--|-------------------|----------------------------------|------------------------------|
| RUSSELL KATZ, MD<br>5600 FISHERS LANE, HFD-120<br>ROCKVILLE, MD 20857               | DIRECTOR<br>AS NEEDED                          | \$ 0              | \$ 0                             | \$ 0                         |
| DONNA MASTERMAN, MD<br>710 WESTWOOD PLAZA, BOX 951769<br>LOS ANGELES, CA 90095-1769 | DIRECTOR<br>AS NEEDED                          | 0                 | 0                                | 0                            |
| EXECUTIVE DIRECTOR, INC<br>611 E WELLS STREET<br>MILWAUKEE, WI 53202                | MANAGEMENT COMP<br>AS NEEDED                   | 40,000            | 0                                | 0                            |
|   | TOTAL  | <u>\$ 40,000</u>  | <u>\$ 0</u>                      | <u>\$ 0</u>                  |