

Return of Organization Exempt From Income Tax

2005

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.

A For the 2005 calendar year, or tax year beginning 2005, and ending

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

AMERICAN SOCIETY FOR EXPERIMENTAL NEUROTHERAPEUTICS, INC. 555 E WELLS ST. #1100 MILWAUKEE, WI 53202

D Employer Identification Number: 52-2029696
E Telephone number: 414-276-6445
F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? No
H (d) Is this a separate return filed by an organization covered by a group ruling? No

Web site: WWW.ASENT.ORG

Organization type: 501(c) 3

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 586,359.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes items like Contributions, program service revenue, membership dues, investment income, and total revenue of 586,359.

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**Part II 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) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	81,725.	61,294.	20,431.	0.
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				
32 Legal fees	32				
33 Supplies	33	13.		13.	
34 Telephone	34	795.		795.	
35 Postage and shipping	35	1,958.		1,958.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	2,891.	2,891.		
39 Travel	39	1,172.	1,172.		
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 1	43a	397,388.	389,309.	8,079.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	485,942.	454,666.	31,276.	0.

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 \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
a <u>ANNUAL MEETINGS-TO PROMOTE AND EDUCATE THE MEMBERS FOR THE BENEFIT OF THE PROFESSION AND PUBLIC.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	127,054.
b <u>PROVIDE SERVICES TO EDUCATE THEIR 300 MEMBERS.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	82,929.
c <u>PUBLISHED JOURNAL</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	244,683.
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	454,666.

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	<b>45</b> Cash – non-interest-bearing	56,770.	<b>45</b>	153,067.	
	<b>46</b> Savings and temporary cash investments		<b>46</b>		
	<b>47a</b> Accounts receivable	<b>47a</b> 1,069.			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	825.	<b>47c</b> 1,069.	
	<b>48a</b> Pledges receivable	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	14,344.	<b>53</b>	12,869.	
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments – land, buildings, & equipment: basis	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments – other (attach schedule)			<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>				
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>		<b>57c</b>		
<b>58</b> Other assets (describe ▶ _____)			<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	71,939.	<b>59</b>	167,005.		
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	11,448.	<b>60</b>	4,047.	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue	29,950.	<b>62</b>	32,000.	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>		
	<b>65</b> Other liabilities (describe ▶ _____)		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65	41,398.	<b>66</b>	36,047.		
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74.	<b>67</b> Unrestricted	19,891.	<b>67</b>	92,633.	
	<b>68</b> Temporarily restricted	10,650.	<b>68</b>	38,325.	
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	30,541.	<b>73</b>	130,958.	
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	71,939.	<b>74</b>	167,005.	

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	586,359.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments	<b>b1</b>	
	2 Donated services and use of facilities	<b>b2</b>	
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	586,359.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	586,359.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	485,942.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	485,942.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	485,942.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 3		81,725.	0.	35,199.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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
<b>82 b</b>	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.)		
			N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		N/A
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	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		
<b>85 c</b>	Dues, assessments, and similar amounts from members		N/A
<b>85 d</b>	Section 162(e) lobbying and political expenditures		N/A
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85 h</b>	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?		N/A
<b>86 a</b>	<b>501(c)(7) organizations.</b> Enter a Initiation fees and capital contributions included on line 12		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter. a Gross income from members or shareholders		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88</b>	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		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0.		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
	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.		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>WI</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0
<b>91 a</b>	The books are in care of ▶ <u>EXECUTIVE DIRECTOR, INC.</u> Telephone number ▶ <u>414-276-6445</u> Located at ▶ <u>555 E WELLS STREET, MILWAUKEE WI</u> ZIP + 4 ▶ <u>53202-3800</u>		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____		X
<b>92</b>	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 ▶ <u>92</u>	N/A	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a MEETINGS					32,075.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					58,150.
95 Interest on savings & temporary cash invmnts			14	1,036.	
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,036.	90,225.
105 Total (add line 104, columns (B), (D), and (E))					91,261.

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 the 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).
	SEE STATEMENT 4

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

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the 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 Sign Here:   
 Signature of officer: Mark H. Corrigan Date: 5/9/06  
 Type or print name and title: MARK H. CORRIGAN MD, TREASURER

Paid Preparer's Use Only:   
 Preparer's signature: Kathy L Semmer CPA Date: 5/9/06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00273273  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RITZ, HOLMAN, BUTALA, FINE LLP  
330 E. KILBOURN STE. 550  
MILWAUKEE, WI 53202-3144 EIN: 39-0919055  
 Phone no: (414) 271-1451

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

Department of the Treasury  
Internal Revenue Service

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2005**

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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶	0		

**Part II - A 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 II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

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

	Yes	No
<b>1</b> 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. ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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 ▶ \_\_\_\_\_
- 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)
- 11a**  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)
- 11b**  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) Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 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 IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	278,224.	254,530.	315,500.	57,000.	905,254.
<b>16</b> Membership fees received	55,450.	38,365.	36,080.	16,700.	146,595.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	33,525.	30,100.	37,025.		100,650.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	926.	2,342.	2,378.	1,334.	6,980.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>SEE STMT 5</b>		350.	1,470.	803.	2,623.
<b>23</b> Total of lines 15 through 22	368,125.	325,687.	392,453.	75,837.	1,162,102.
<b>24</b> Line 23 minus line 17	334,600.	295,587.	355,428.	75,837.	1,061,452.
<b>25</b> Enter 1% of line 23	3,681.	3,257.	3,925.	758.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 21,229.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 1,061,452.
<b>d</b> Add Amounts from column (e) for lines:	<b>18</b> 6,980.	<b>19</b>			<b>26d</b> 9,603.
	<b>22</b> 2,623.	<b>26b</b>			<b>26e</b> 1,051,849.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 1,051,849.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.10 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>c</b> Add. Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____			<b>27c</b> _____
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		
<b>d</b> Add. Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**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  
 Yes No

		N/A	Yes	No
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?			
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?			
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? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)			
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32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?.	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				
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-----				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)				
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-----				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	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>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution: If there is an amount on either line 43 or line 44, you must file Form 4720</b>			

**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 (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

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



**STATEMENT 1**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ANNUAL MEETING EXP	127,054.	127,054.		
BANK FEES	2,819.		2,819.	
COMMITTEE EXPENSE	13,382.	13,382.		
FINK FELLOWSHIP	1,000.	1,000.		
INSURANCE	1,360.		1,360.	
JOURNAL EXPENSE	244,683.	244,683.		
MEMBERSHIP	1,282.	1,282.		
PROFESSIONAL FEES	3,900.		3,900.	
WEB SITE	1,908.	1,908.		
<b>TOTAL</b>	<b>\$ 397,388.</b>	<b>\$ 389,309.</b>	<b>\$ 8,079.</b>	<b>\$ 0.</b>

**STATEMENT 2**  
**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 3**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRISTOPHER C. GALLEN, MD, PHD 181 WASHINGTON ST. CONSHOHOCKEN, PA 19428	SECRETARY 0	\$ 0.	\$ 0.	\$ 2,000.
KATHLEEN CLARENCE-SMITH 1825 K STREET NW, SUITE #1475 WASHINGTON, DC 20006	PRESIDENT 0	0.	0.	0.
MARK CORRIGAN, MD 84 WATERFORD DRIVE MARLBOROUGH, MA 01752	TREASURER 0	0.	0.	1,000.
IRA SHOULSON, MD 1351 MT. HOPE AVE., SUITE 218 ROCHESTER, NY 14620	PAST PRESIDENT 0	0.	0.	345.
ERIC SIEMERS, MD LILLY CORP. CENTER INDIANAPOLIS, IN 46285	DIRECTOR 0	0.	0.	0.

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MINDY AISEN, MD 810 VERMONT AVE. NW, BOX 122 WASHINGTON, DC 20420-0001	DIRECTOR 0	\$ 0. \$	0. \$	0.
EVA L. FELDMAN, PHD 200 ZINA PITCHER PLACE ANN ARBOR, MI 48109-0588	DIRECTOR 0	0.	0.	0.
KEVIN L. KEIM, PHD MSC 820 BEAR TAVERN RD SUITE 300 TRENTON, NJ 08628	DIRECTOR 0	0.	0.	0.
MARC WALTON, MD PHD 125 CRYSTAL SPRING DRIVE ASHTON, MD 20861	DIRECTOR 0	0.	0.	0.
ROSALIE LEWIS 157 KNICKERBOCKER RD. PITTSFORD, NY 14534-3037	DIRECTOR 0	0.	0.	415.
JEFFRY VAUGHT, PHD 145 BRANDYWINE PARKWAY WEST CHESTER, PA 19380-4245	DIRECTOR 0	0.	0.	0.
DANIEL WEINBERGER, MD 10 CENTER DR. RM 4S-235 BETHESDA, MD 20892	DIRECTOR 0	0.	0.	22.
ALAN FADEN, MD 3970 RESERVOIR RD. NW, RM EP04 WASHINGTON, DC 20007-2197	DIRECTOR 0	0.	0.	30,000.
MICHAEL WEINRICH, MD 6100 EXECUTIVE BOULEVARD BETHESDA, MD 20892	DIRECTOR 0	0.	0.	0.
STEVEN T. DEKOSKY, MD 3471 FIFTH AVENUE, SUITE 811 PITTSBURGH, PA 15213	DIRECTOR 0	0.	0.	0.
KARL KIEBURTZ, MD 1351 MT. HOPE AVE. SUITE 210 ROCHESTER, NY 14620	DIRECTOR 0	0.	0.	0.
ROGER J. PORTER, MD 461 TIMBER LANE DEVON, PA 19333-1232	DIRECTOR 0	0.	0.	1,417.

**FEDERAL STATEMENTS**  
**AMERICAN SOCIETY FOR EXPERIMENTAL**  
**NEUROTHERAPEUTICS, INC.**

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANNE RUSHING 555 E. WELLS ST., SUITE 1100 MILWAUKEE, WI 53202-3823	EXECUTIVE DIREC 0	\$ 0.	\$ 0.	\$ 0.
EXECUTIVE DIRECTOR, INC.  MILWAUKEE, WI	MANAGEMENT COMP 0	81,725.	0.	0.
		TOTAL \$ 81,725.	\$ 0.	\$ 35,199.

**STATEMENT 4**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
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
93 A	MEMBERSHIP OF PERSONS INTERESTED IN FURTHERING THE ORGANIZATION'S OBJECTIVES.

**STATEMENT 5**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
OTHER INCOME	\$ 0.	\$ 350.	\$ 1,470.	\$ 803.	\$ 2,623.
TOTAL	\$ 0.	\$ 350.	\$ 1,470.	\$ 803.	\$ 2,623.