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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AMERICAN SOCIETY FOR PERIPHERAL NERVE		D Employer identification number 43-1746236
	Number and street (or P O box, if mail is not delivered to street address) 20 N MICHIGAN AVENUE ROOM/SUITE 700	Room/suite	E Telephone number (312) 853-4799
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60602		F Group Exemption Number 

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website:  WWW.PERIPHERALNERVE.ORG

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 123,435**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	95,961
	3	Membership dues and assessments	3	27,000
	4	Investment income	4	74
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6 a and 6 b and subtract line 6 c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a)	7c		
8	Other revenue (describe in Schedule O)	8	400	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,435	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	29,270
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,428
	16	Other expenses (describe in Schedule O)	16	89,892
	17	Total expenses. Add lines 10 through 16	17	126,590
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,155
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,423
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	113,268

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

(See the instructions for Part II)															(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	.	.	.	.	.	91,088	22	140,501	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.	.	.		23		
24	Other assets (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	96,701	24	35,472	
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	.	.	187,789	25	175,973	
26	Total liabilities (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	71,366	26	62,705	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.	.	.	.	.	.	.	.	.	.	.	.	.	116,423	27	113,268	

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

TO STIMULATE AND ENCOURAGE STUDY AND RESEARCH IN THE FIELD OF NEURAL REGENERATION

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

28 PROVIDE A FORUM FOR THE PRESENTATION OF THE LATEST RESEARCH AND RELEVANT CLINICAL INFORMATION AND SERVE AS A UNIFYING AUTHORITY ON ALL AREAS OF NEURAL REGENERATION AND RESTORATIVE NEUROSCIENCE 190 MEMBERS

(Grants \$) If this amount includes foreign grants, check here . . . 

29

(Grants \$) If this amount includes foreign grants, check here . . .  

30

(Grants \$) If this amount includes foreign grants, check here . . .  

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . .

32 Total program service expenses (add lines 28a through 31a)

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ ALICE ROMANO Telephone no ▶ (312) 853-4799 20 W MICHIGANE AVE STE 700 Located at ▶ CHICAGO, IL ZIP + 4 ▶ 60602		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-06-08 Date		
	ALICE ROMANO EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	RICHARD L GRAFTON	Date 2012-06-26	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	ESTES BRIDGEWATER & OGDEN 901 S SECOND ST SPRINGFIELD, IL 62704		Preparer's taxpayer identification number (See instructions)
	EIN		Phone no (217) 528-8473	

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

Yes No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization AMERICAN SOCIETY FOR PERIPHERAL NERVE	Employer identification number 43-1746236
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER INCOME 400 TOTAL 400
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 1,708 TRAVEL 5,491 CONFERENCES/MEETINGS 72,288 AWARDS & BADGES 1,011 BANK & CREDIT CARD FEES 4,581 EXHIBITS 2,667 SHIPPING 359 SITE INSPECTION 111 MISCELLANEOUS 1,676 TOTAL 89,892
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 67,227 0 PREPAID EXPENSES AND DEFERRED CHARGES 29,474 35,472 TOTAL 96,701 35,472
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,097 4,602 DEFERRED REVENUE 69,269 58,103
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO STIMULATE AND ENCOURAGE STUDY AND RESEARCH IN THE FIELD OF NEURAL REGENERATION

TY 2011 Compensation Explanation

Name: AMERICAN SOCIETY FOR
PERIPHERAL NERVE

EIN: 43-1746236

Person Name	Explanation
IVICA DUCIC MD PHD	
ROBERT SPINNER MD	
ALLAN J BELZBERG MD	
NASH H NAAM MD	
THOMAS HH TUNG MD	
JAMES BAIN MD	
PAUL S CEDERNA MD	
HOWARD M CLARKE MD PHD	
GREGORY H BORSCHEL MD	
MARTIJN MALESSY MD PHD	
CHRISTINE B NOVAK PT PHD	

Additional Data

Software ID:

Software Version:

EIN: 43-1746236

Name: AMERICAN SOCIETY FOR PERIPHERAL NERVE

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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 & deferred compensation	(E) Expense account and other allowances
IVICA DUCIC MD PHD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	PRESIDENT 1 00	0		
ROBERT SPINNER MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	PRESIDENT EL 1 00	0		
ALLAN J BELZBERG MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	VICE PRES 1 00	0		
NASH H NAAM MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	SECRETARY 1 00	0		
THOMAS HH TUNG MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	TREASURER 1 00	0		
JAMES BAIN MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	HISTORIAN 1 00	0		
PAUL S CEDERNA MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	PAST PRESIDE 000 00	0		
HOWARD M CLARKE MD PHD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	PAST PRESIDE 1 00	0		
GREGORY H BORSCHEL MD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	COUNCIL MEMB 1 00	0		
MARTIJN MALESSY MD PHD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	COUNCIL MEMB 1 00	0		
CHRISTINE B NOVAK PT PHD 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS,IL 60005	COUNCIL MEMB 1 00	0		