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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions.	American Parkinson Disease Assoc. 135 Parkinson Avenue Staten Island, NY 10305	D Employer identification Number 13-1962771
			E Telephone number 718-981-8001	
			G Gross receipts \$ 13,173,304.	
		F Name and address of principal officer Same As C Above	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ www.apdaparkinson.org		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1961	M State of legal domicile NY	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>To foster and promote research for the cure and alleviation of Parkinson's disease and its symptoms.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	39
	4	Number of independent voting members of the governing body (Part VI, line 1b)	39
	5	Total number of employees (Part V, line 2a)	20
	6	Total number of volunteers (estimate if necessary)	860
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 10,085,688. Current Year: 9,149,259.
	9	Program service revenue (Part VIII, line 2g)	32,089.
	10	Investment income (Part VIII, column (A), lines 2b, 4, and 7d)	264,849.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-609,207.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,958,713.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,230,524.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,034,343.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	113,318.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,398,652.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,040,472.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,418,657.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,459,944.
	20	Total assets (Part X, line 16)	Beginning of Year: 11,835,651. End of Year: 8,937,778.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,389,256.
	22	Net assets or fund balances Subtract line 21 from line 20	9,446,395.

Part II Signature Block	
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 ▶ <u>Joel Gerstel</u> Signature of officer	Date <u>2/8/10</u>
▶ <u>Joel Gerstel</u> Type or print name and title Executive Director	

Paid Preparer's Use Only	Preparer's signature ▶ <u>Joel Gerstel</u>	Date <u>2/1/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 POTTER & LAMARCA LLP 101 TYRELLAN AVE STATEN ISLAND, NY 10309-2651	EIN ▶ N/A	Phone no ▶ (718) 227-8000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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TEEA0112L 12/22/08 Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

To foster and promote research for the cure and alleviation of Parkinson's disease
and its symptoms.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 2,863,397. including grants of \$ 2,272,346.) (Revenue \$)
Information and Referral Services - To promote awareness of and provide information
to persons suffering from Parkinson's disease. 62 Information and Referral centers
funded.

4b (Code) (Expenses \$ 4,447,638. including grants of \$ 4,099,367.) (Revenue \$)
Research Centers - To foster and promote research for the cure and alleviation of the
condition of persons suffering from Parkinson's Disease. 54 individual Research and
eight Advanced Centers funded.

4c (Code) (Expenses \$ 2,546,921. including grants of \$) (Revenue \$)
Public and Professional education - To educate the public and medical profession with
programs for the benefit of Parkinsonians and their families. Approximately 180,000
newsletters are mailed seasonally.

4d Other program services (Describe in Schedule O)(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ▶ \$ 9,857,956. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	59
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	20
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b	
4a	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)?	4a	X
b	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 .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from other members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1 a Enter the number of voting members of the governing body		39
1 b Enter the number of voting members that are independent		39
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? <u>See Schedule O</u>	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 a Does the organization have local chapters, branches, or affiliates?	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 <u>See Schedule O</u>	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers of key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ Cheryl Weiner 135 Parkinson Avenue Staten Island NY 10305 718-981-8001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Joel Gerstel Executive Direc	40			X	X			174,853.	0.	23,965.
Gianpaolo Maestrone Dir. Sci Affair	40			X	X			175,318.	0.	16,478.
Joel A. Miele President	1.5							0.	0.	0.
John Marangos Vice President	1.5							0.	0.	0.
Fred Greene Vice President	1.5							0.	0.	0.
Patrick Mcdermott Vice President	1.5							0.	0.	0.
Elliot Shapiro Vice President	1.5							0.	0.	0.
Sally Ann Esposito-Browne Secretary	1.5							0.	0.	0.
Nicholas Corrado Treasurer	1.5							0.	0.	0.
Vincent Gattullo Director	0.5							0.	0.	0.
Richard Russo Director	0.5							0.	0.	0.
Patrick Wagner Director	0.5							0.	0.	0.
Jerry Wells Director	0.5							0.	0.	0.
Elizabeth Braun Director	0.5							0.	0.	0.
Robert Browne Director	0.5							0.	0.	0.
Gary Chu Director	0.5							0.	0.	0.
Joseph Conte Director	0.5							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
George Esposito Director	0.5							0.	0.	0.
Lisa Esposito Director	0.5							0.	0.	0.
Mario Esposito Director	0.5							0.	0.	0.
Michael Esposito Director	0.5							0.	0.	0.
Donna Fanelli Director	0.5							0.	0.	0.
Andrew Finn Director	0.5							0.	0.	0.
Donna Foti Director	0.5							0.	0.	0.
Adam Hahn Director	0.5							0.	0.	0.
Marvin Henick Director	0.5							0.	0.	0.
Elena Imperato Director	0.5							0.	0.	0.
John Lagana Director	0.5							0.	0.	0.
Robert Levine Director	0.5							0.	0.	0.
Sophia Maestrone Director	0.5							0.	0.	0.
1b Total								753,726.	0.	61,420.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **▶ 3**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
Barton Cotton 9755 Patuxent Woods Dr. Columbia, MD 21046	Fulfillment	205,752.
Creative Direct Response 16900 Science Drive STE 210 Bowie, MD 21715	Fundraising	253,073.
Listco Direct Marketing 1276 46th Street Brooklyn, NY 11219	Fulfillment	364,309.
MCS Direct 321 Manley Street West Bridgewater, MA 02379	Fulfillment	207,069.
L&E Meridian 7400 Fullerton Road, Suite 110 Springfield, VA 22153	Fulfillment	119,097.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **▶ 5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 139,249.					
	b Membership dues	1 b 39,087.					
	c Fundraising events	1 c 1,171,521.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,799,402.					
	g Noncash contribns included in lns 1a-1f	\$					
	h Total. Add lines 1a-1f						9,149,259.
PROGRAM SERVICE REVENUE	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		103,045.			103,045.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	25,240.				
		(ii) Personal					
	b Less. rental expenses						
	c Rental income or (loss)		25,240.				
	d Net rental income or (loss)		25,240.			25,240.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,894,350.				
		(ii) Other					
	b Less. cost or other basis and sales expenses		4,246,450.				
	c Gain or (loss)		-352,100.				
	d Net gain or (loss)		-352,100.			-352,100.	
	8 a Gross income from fundraising events (not including \$ 1,171,521. of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b 651,680.				
	c Net income or (loss) from fundraising events			-651,680.			-651,680.
	9 a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances		a				
	b Less: cost of goods sold		b				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Miscellaneous			1,410.			1,410.	
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d			1,410.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			8,275,174.	0.	0.	-874,085.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,371,713.	6,371,713.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	387,334.	242,598.	125,516.	19,220.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	1,362,227.	701,815.	570,284.	90,128.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	123,727.	66,788.	49,206.	7,733.
9 Other employee benefits	167,075.	90,187.	66,445.	10,443.
10 Payroll taxes	102,909.	55,550.	40,927.	6,432.
11 Fees for services (non-employees)				
a Management				
b Legal	86,944.	46,932.	34,578.	5,434.
c Accounting	94,552.	51,041.	37,601.	5,910.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	184,475.			184,475.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	101,641.	54,866.	40,422.	6,353.
17 Travel	118,400.	63,912.	47,088.	7,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	940,588.	940,588.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,375.	75,774.	55,828.	8,773.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Mailings	1,621,603.	487,641.	121,910.	1,012,052.
b Patient Services	312,307.	312,307.		
c Office Expense	141,201.	76,220.	56,156.	8,825.
d Supplies	109,761.	59,249.	43,652.	6,860.
e Postage and Shipping	72,648.	39,215.	28,893.	4,540.
f All other expenses	225,196.	121,560.	89,562.	14,074.
25 Total functional expenses. Add lines 1 through 24f	12,664,676.	9,857,956.	1,408,068.	1,398,652.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,169,914.	459,453.	114,873.	595,588.

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Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	98,114.	1	49,435.
	2 Savings and temporary cash investments	3,710,863.	2	3,524,922.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	379,007.	4	691,201.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,620.	9	24,338.
	10a Land, buildings, and equipment: cost basis	10a 3,819,990.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 520,128.		
		3,427,351.	10c	3,299,862.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11	3,911,422.	12	1,169,972.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	256,274.	15	178,048.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,835,651.	16	8,937,778.	
LIABILITIES	17 Accounts payable and accrued expenses	315,342.	17	564,070.
	18 Grants payable	1,943,812.	18	3,233,254.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties.		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	130,102.	25	108,293.
	26 Total liabilities. Add lines 17 through 25	2,389,256.	26	3,905,617.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	6,854,653.	27	2,068,860.
	28 Temporarily restricted net assets	2,483,332.	28	2,854,891.
	29 Permanently restricted net assets	108,410.	29	108,410.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	9,446,395.	33	5,032,161.
	34 Total liabilities and net assets/fund balances.	11,835,651.	34	8,937,778.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits?	3b	

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Form 990 (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	13435608.	9,879,589.	10754385.	10117777.	9,149,259.	53,336,618.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-3	13435608.	9,879,589.	10754385.	10117777.	9,149,259.	53,336,618.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,115,246.
6 Public support. Subtract line 5 from line 4						51,221,372.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13435608.	9,879,589.	10754385.	10117777.	9,149,259.	53,336,618.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,784.	177,686.	259,540.	264,849.	103,045.	966,904.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV	18,200.	10,800.	27,886.	27,556.	-650,279.	-565,837.
11 Total support. Add lines 7 through 10						53,737,685.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.3 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	93.1 %

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%
19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,591,742.				
b Contributions	1,946,269.				
c Investment earnings or losses					
d Grants or scholarships	558,637.				
e Other expenditures for facilities and programs	1,016,073.				
f Administrative expenses					
g End of year balance	2,963,301.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 3.66 %

c Term endowment ▶ 96.34 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds See Part XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		696,071.		696,071.
b Buildings		2,820,627.	367,933.	2,452,694.
c Leasehold improvements		78,159.	11,304.	66,855.
d Equipment		84,576.	59,720.	24,856.
e Other		140,557.	81,171.	59,386.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				3,299,862.

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Schedule D (Form 990) 2008

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>Marketable securities</u>	1,169,972.	End of Year Market Value
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶	1,169,972.	

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) (should equal Form 990, Part X, Col. (B) line 13) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Annuities Payable	108,293.
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	108,293.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,275,174.
2	Total expenses (Form 990, Part IX, column (A), line 25)	12,664,676.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-4,389,502.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-4,389,502.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,902,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-24,731.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	651,680.
e	Add lines 2a through 2d	2e	626,949.
3	Subtract line 2e from line 1	3	8,275,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	8,275,174.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,316,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	651,680.
e	Add lines 2a through 2d	2e	651,680.
3	Subtract line 2e from line 1	3	12,664,676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,664,676.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part V, Line 4 - Intended Uses Of Endowment Fund

Endowment funds are restricted for research, for the information and referral centers, and program expenses at specific chapters.

Part XIV	Supplemental Information <i>(continued)</i>
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[illegible]

2008**Schedule D, Part XIV - Supplemental Information****Page 6****Client L-AM02****American Parkinson Disease Assoc.****13-1962771**

2/05/10

10.29AM

Schedule D, Part XII, Line 2d**Other Revenue Included In F/S But Not Included On Form 990**

Special Event Expenses

Total \$ 651,680.
\$ 651,680.**Schedule D, Part XIII, Line 2d****Other Expenses And Losses Per Audited F/S**

Special Event Expenses

Total \$ 651,680.
\$ 651,680.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Mail solicitations | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input checked="" type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ **Yes** ☐ **No**

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Creative Direct Response	Fund Raising		X	723,817.	172,090.	551,727.
MCS Direct	Fund Raising		X	159,567.	6,212.	153,355.
Barton Carton Sales Corporation	Fund Raising		X	268,013.	6,173.	261,840.
Total				1,151,397.	184,475.	966,922.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK AR AZ CA CO CT FL GA IL KS KY ME MD MA MI MN MS NH NJ NC ND OH OK OR PA RI SC TN
UT WA WV WI

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>Walk a Thon</u> (event type)	(b) Event #2 <u>Various</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	733,608.	437,913.		1,171,521.
	2 Less Charitable contributions	733,608.	437,913.		1,171,521.
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	267,985.	383,695.		651,680.
	8 Direct expense summary Add lines 4- through 7 in column (d)				651,680.
	9 Net income summary Combine lines 3 and 8 in column (d)				-651,680.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

	YES	NO
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address

Name: ▶ _____

Address ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.**

OMB No 1545-0047

2008.

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐ ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>Abbott Northwestern Hospital</u>	<u>41-0963538</u>	<u>501 (C) 3</u>	<u>43,420.</u>	<u>0.</u>			<u>Patient</u>
<u>800 East 28th Street (39304)</u>							<u>Information and</u>
<u>Minneapolis, MN 55407</u>							<u>Referral</u>
<u>Allegheny General Hospital</u>	<u>95-4724131</u>	<u>501 (C) 3</u>	<u>36,771.</u>	<u>0.</u>			<u>Patient</u>
<u>490 East North Avenue, Ste #500</u>							<u>Information and</u>
<u>Pittsburgh, PA 15235</u>							<u>Referral</u>
<u>APDA Information & Referral Ctr</u>	<u>71-0875246</u>	<u>501 (C) 3</u>	<u>39,224.</u>	<u>0.</u>			<u>Patient</u>
<u>8555 Aero Drive, Suite 308</u>							<u>Information and</u>
<u>San Diego, CA 92123</u>							<u>Referral</u>
<u>Banner Good Samaritan Medical Ctr</u>	<u>33-0858519</u>	<u>501 (C) 3</u>	<u>31,500.</u>	<u>0.</u>			<u>Patient</u>
<u>1012 E Willetta Street</u>							<u>Information and</u>
<u>Phoenix, AZ 85006</u>							<u>Referral</u>
<u>Baylor Neuroscience Center</u>	<u>58-2670080</u>	<u>501 (C) 3</u>	<u>40,000.</u>	<u>0.</u>			<u>Patient</u>
<u>3600 Gaston Avenue Barnett Tower</u>							<u>Information and</u>
<u>Dallas, TX 75246</u>							<u>Referral</u>
<u>Benefis Health Care - West Campus</u>	<u>81-0480587</u>	<u>501 (C) 3</u>	<u>40,620.</u>	<u>0.</u>			<u>Patient</u>
<u>500 15th Avenue South</u>							<u>Information and</u>
<u>Great Falls, MT 59405</u>							<u>Referral</u>
<u>Boston University School of Med.</u>	<u>04-2103547</u>	<u>501 (C) 3</u>	<u>49,028.</u>	<u>0.</u>			<u>Patient</u>
<u>72 East Concord Street, C3</u>							<u>Information and</u>
<u>Boston, MA 02118</u>							<u>Referral</u>
<u>Boston University School of Medicine</u>	<u>04-2103545</u>	<u>501 (C) 3</u>	<u>125,000.</u>	<u>0.</u>			<u>Patient</u>
<u>715 Albany Street, Suite C-329</u>							<u>Information and</u>
<u>Boston, MA 02118</u>							<u>Referral</u>
							<u>Medical</u>
							<u>Research</u>

2 Enter total number of section 501(c)(3) and government organizations 103

3 Enter total number of other organizations 0

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number 13-1962771					
American Parkinson Disease Assoc.							
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brown University 164 Angel Street Providence, RI 02912	13-7070437	501 (C) 3	160,000.				Medical Research
Buck Institute for Age Research 8001 Redwood Blvd Novato, CA 94947	94-3030609	501 (C) 3	50,000.				Medical Research
Burnham Institute for Medical Research 10901 North Torrey Pines Road La Jolla, CA 92703	58-0063499	501 (C) 3	35,000.				Medical Research
Case Western Reserve University 2013 Cornell Road Cleveland, OH 44106	34-1018992	501 (C) 3	100,000.				Medical Research
Cedars-Sinai Medical Ctr. 8700 Beverly Blvd., Room 8215 Los Angeles, CA 90048	95-1644600	501 (C) 3	56,000.				Patient Information and Referral
Centennial Medical Center 2300 Patterson Street Nashville, TN 37203	95-3062349	501 (C) 3	35,020.				Patient Information and Referral
Center for Aging Research and Ed 18433 Roscoe Blvd., Suite 210 Northridge, CA 91325		501 (C) 3	46,200.				Patient Information and Referral
Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190	36-2513909	501 (C) 3	39,650.				Patient Information and Referral
Central DuPage Hospital 25 North Winfield Road Winfield, IL 60190	36-2813490	501 (C) 3	11,206.				Patient Information and Referral
<p>2 Enter total number of Section 501(c)(3) and government organizations</p> <p>3 Enter total number of other organizations</p>							

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia University Medical Cent 722 West 168th Street, Room 430G New York, NY 10032	13-5598093	501 (C) 3	50,000.				Medical Research
Covenant Hospital 3610 22nd Street, Suite 300 Lubbock, TX 79410	75-2428911	501 (C) 3	34,652.				Patient Information and Referral
Creighton University 601 N. 30th Street, Room 2902B Omaha, NE 68131	47-0376583	501 (C) 3	40,424.				Patient Information and Referral
Edward White Hospital 2191 9th Avenue N. St. Petersburg, FL 33713	59-3089836	501 (C) 3	35,020.				Patient Information and Referral
Emory University School of Med. 1841 Clifton Road N.E., Room 504 Atlanta, GA 30329	58-0566256	501 (C) 3	42,024.				Patient Information and Referral
Emory University School of Med 401 Woodtuff Memorial Blvd Atlanta, GA 30322	58-0566256	501 (C) 3	185,000.				Medical research
Glenbrook Hospital 2100 Pfingsten Road Glenview, IL 60025	36-2177060	501 (C) 3	11,206.				Patient Information and Referral
Gulfort Memorial Hospital 1340 Broad Avenue Suite 440 Gulfort, MS 39501	95-1831116	501 (C) 3	40,424.				Patient Information and Referral
HealthSouth Rehabilitation Hospi 143 East 2nd Street Erie, PA 16507	63-1105904	501 (C) 3	38,116.				Patient Information and Referral

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
American Parkinson Disease Assoc.		13-1962771					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hillcrest Medical Center System 1125 South Trenton Tulsa, OK 74120	77-0633896	501 (C) 3	48,900.				Patient Information and Referral
Hospital of St. Raphael 1450 Chapel Street New Haven, CT 06511	95-1831116	501 (C) 3	56,032.				Patient Information and Referral
Huntington Memorial Hospital 650 south Fair Oaks Blvd., Suite Pasadena, CA 92123	95-1644036	501 (C) 3	45,000.				Patient Information and Referral
Information & Referral Center an 201 East Sample Road Deerfield Beach, FL 33064	65-1021857	501 (C) 3	35,020.				Patient Information and Referral
Iowa Health - Des Moines 1200 Pleasant St E-524 Des Moines, IA 50309	42-1195202	501 (C) 3	40,424.				Patient Information and Referral
Jmam1 Taha MD 11711 Princeton Pike, Suite 341- Springdale, OH 45246	30-0010371	501 (C) 3	38,000.				Patient Information and Referral
Johns Hopkins c/o 12529 Collections Center Dri Chicago, IL 60693	52-0595110	501 (C) 3	85,000.				Medical Research
Kent Hospital 455 Toll Gate Road, Building 2C Warwick, RI 02886	50-514640	501 (C) 3	41,000.				Patient Information and Referral
Lake Forest College 555 n Sheridan Rd Lake Forest, IL 60045	36-2167770	501 (C) 3	50,000.				Research

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
American Parkinson Disease Assoc.		13-1962771					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lewis House CCMC		501 (C) 3					Patient Information and Referral
1 Medical Center Blvd.	23-2692637	501 (C) 3	35,020.				Patient Information and Referral
Upland, PA 19013		501 (C) 3					Patient Information and Referral
Long Beach Memorial Medical Ctr.	95-6105984	501 (C) 3	14,012.				Patient Information and Referral
2801 Atlantic Avenue		501 (C) 3					Patient Information and Referral
Long Beach, CA 90801		501 (C) 3					Patient Information and Referral
LSU Health Sciences Center	72-6087770	501 (C) 3	31,500.				Medical Research
1501 Kings Highway		501 (C) 3					Patient Information and Referral
Shreveport, LA 71103		501 (C) 3					Patient Information and Referral
LSU Health Sciences Center	72-0702002	501 (C) 3	50,000.				Patient Information and Referral
1501 Kings Highway, Box 33932		501 (C) 3					Patient Information and Referral
Shreveport, LA 71130		501 (C) 3					Patient Information and Referral
MaineHealth Learning Resource Ce	22-2589873	501 (C) 3	42,024.				Medical Research
5 Bucknam Road, Suite 1A		501 (C) 3					Patient Information and Referral
Falmouth, ME 04105		501 (C) 3					Patient Information and Referral
Massachusetts General Hospital	04-2697983	501 (C) 3	100,000.				Medical Research
114 16th Street		501 (C) 3					Medical Research
Charlestown, MA 02129		501 (C) 3					Medical Research
Massachusetts Institute of Techn	04-2103594	501 (C) 3	35,000.				Patient Information and Referral
77 Massachusetts Avenue, Bldg 68		501 (C) 3					Patient Information and Referral
Cambridge, MA 02139		501 (C) 3					Patient Information and Referral
Mayo Clinic Jacksonville	26-8013125	501 (C) 3	35,020.				Patient Information and Referral
4500 San Pablo Road		501 (C) 3					Patient Information and Referral
Jacksonville, FL 32224		501 (C) 3					Patient Information and Referral
Methodist Healthcare	62-0479367	501 (C) 3	34,652.				Patient Information and Referral
1211 Union Avenue, Suite 330							
Memphis, TN 38104							

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
American Parkinson Disease Assoc.		13-1962771					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Neurological Institute 700 Olympic Plaza, Suite 904 Tyler, TX 75701	74-1586031	501 (C) 3	36,752.				Patient Information and Referral
New York College of Osteopathic PO Box 8000, Northern Blvd. Old Westbury, NY 11568	23-7190271	501 (C) 3	34,652.				Patient Information and Referral
New York University Medical Ctr. 353 Lexington Avenue New York, NY 10016	13-5562309	501 (C) 3	35,020.				Patient Information and Referral
Northwestern University 633 Clark Street, G547 Evanston, IL 60208	36-2167817	501 (C) 3	50,000.				Medical Research
Ochsner Clinic Foundation 1514 Jefferson Highway New Orleans, LA 70121	95-1831116	501 (C) 3	35,000.				Patient Information and Referral
Orange Coast Memorial Medical Ce 9940 Talbert Avenue Suite #204	33-0332723	501 (C) 3	14,012.				Patient Information and Referral
Peninsula Hospital Center 51-15 Beach Channel Drive Far Rockaway, NY 11691	11-6037195	501 (C) 3	42,024.				Patient Information and Referral
Penn State Hershey College of Me 500 University Drive Hershey, PA 17033	24-6000376	501 (C) 3	50,000.				Medical Research
Portland VA Medical Center Veterans Hospital road Portland, OR 97207	93-1260963	501 (C) 3	50,000.				Medical Research
2 Enter total number of Section 501(c)(3) and government organizations			▲				
3 Enter total number of other organizations			▲				

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Princeton University		501 (C) 3					Medical Research
148 Lewis Thomas Laboratory Princeton, NJ 08544	52-0595110		80,000.				
Purdue University		501 (C) 3					Medical Research
302 Wood Street, Young 7th Floor West Lafayette, IN 47907	35-6072188		50,000.				
Regents of the University of Cal		501 (C) 3					Patient Information and Referral
710 Westwood Plaza, Suite A 153 Los Angeles, CA 90095	94-6036494		35,020.				
Robert Wood Johnson Univ. Hosp.		501 (C) 3					Patient Information and Referral
120 Albany Street, Suite 360 New Brunswick, NJ 08901	22-6014339		52,032.				
Robert Wood Johnson University H		501 (C) 3					Medical Research
97 Paterson Street, Room 206 New Brunswick, NJ 08901	22-6014339		125,000.				
St. Alphonsus Regional Medical C		501 (C) 3					Patient Information and Referral
1055 North Curtis Road Boise, ID 83706	82-0200895		25,989.				
St. Catherine's of Siena Hospita		501 (C) 3					Patient Information and Referral
50 Route 25A Smithtown, NY 11787	33-484411		35,020.				
St. Joseph Regional Rehabilitati		501 (C) 3					Patient Information and Referral
1600 Joseph Drive Bryan, TX 77802	74-1282696		8,755.				
St. Joseph's Mercy Health Center		501 (C) 3					Patient Information and Referral
P.O. Box 22445 Hot Springs, AR 71903	36-4195126		35,020.				

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Mary's Hospital 700 S. Park Street Madison, WI 53715	39-0806393	501 (C) 3	40,424.				Patient Information and Referral
Stanford University Medical Ctr 300 Pasteur Drive, Room A-343 Stanford, CA 94305	95-4724131	501 (C) 3	9,503.				Patient Information and Referral
Staten Island Univ. Hosp. 475 Seaview Ave Staten Island, NY 10305	11-2868878	501 (C) 3	42,024.				Patient Information and Referral
The Albany Medical Center 47 New Scotland Avenue Albany, NY 12208	20-1173824	501 (C) 3	42,000.				Patient Information and Referral
The Hitchcock Foundation One Medical Center Drive Lebanon, NH 03756	58-1963909	501 (C) 3	42,000.				Patient Information and Referral
The Neuroscience Group of North 1305 W. American Drive Neenah, WI 54956	39-1731465	501 (C) 3	17,510.				Patient Information and Referral
The University of Chicago 5841 S. Maryland Avenue Chicago, IL 60637	36-2177139	501 (C) 3	160,000.				Medical Research
UCLA School of Medicine 710 Westwood Plaza Los Angeles, CA 90095	95-6006143	501 (C) 3	125,000.				Medical Research
Univ. of TX HSC at San Antonio 8300 Floyd Curl MSC 7883 San Antonio, TX 78229	74-1586031	501 (C) 3	35,020.				Patient Information and Referral

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

▲
▲

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2008

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).Open to Public
Inspection

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

[Part I] Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ. of Virginia Health System 500 Ray C. Hunt Drive, Box 80101 Charlottesville, VA 22903	54-6001796	501 (C) 3	35,020.				Patient Information and Referral
University California at San Die 9500 Gilman Drive MC 0934 LaJolla, CA 92093	95-6006144	501 (C) 3	50,000.				Medical Research
University of Alabama 17207 7th Ave. Birmingham, AL 35223	63-6001138	501 (C) 3	40,424.				Patient Information and Referral
University of Alabama 1719 6th Ave. South, CIRC 516 Birmingham, AL 35294	63-001138	501 (C) 3	275,000.				Medical Research
University of Arizona 1501 N Campbell Avenue Tucson, AZ 85724	74-2652689	501 (C) 3	18,876.				Research
University of Arizona 1501 N Campbell Avenue Tucson, AZ 85724	74-2652689	501 (C) 3	69,394.				Patient Information and Referral
University of Colorado 12801 East 17th Avenue, L18-9401 Aurora, CO 80045	84-6049811	501 (C) 3	35,000.				Medical Research
University of Connecticut 438 Whitney Road, Ext., U-1133 Storrs, CT 06269	06-0772160	501 (C) 3	80,000.				Medical Research
University of Florida 1600 SW Archer Road Gainesville, FL 32610	59-6002052	501 (C) 3	50,000.				Medical Research

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Illinois 808 S. Wood Street, Rm 578, MC 5 Chicago, IL 60612	37-6052900	501 (C) 3	50,000.				Medical Research
University of Kentucky 740 S. Limestone Street, Suite L Lexington, KY 40536	61-6033693	501 (C) 3	36,752.				Patient Information and Referral
University of Kentucky 800 Rose Street Lexington, KY 40536	61-6033693	501 (C) 3	50,000.				Medical Research
University of Maryland Hospital 110 S. Paca Street, 3 Floor Baltimore, MD 21201	52-2238893	501 (C) 3	67,464.				Patient Information and Referral
University of Miami 1120 N.W. 14th Street Miami, FL 33136	13-6161225	501 (C) 3	50,000.				Medical Research
University of New Mexico HSC 1 University of New Mexico Albuquerque, NM 87131	85-0482962	501 (C) 3	30,000.				Patient Information and Referral
University of Pennsylvania 421 Curie Boulevard Philadelphia, PA 19104	23-1352685	501 (C) 3	35,000.				Medical Research
University of Pittsburgh 3109 Cathedral of Learning Pittsburgh, PA 15260	25-0965591	501 (C) 3	405,000.				Medical Research
University of Southern California 1501 San Pablo #321 Los Angeles, CA 90033	95-1642394	501 (C) 3	50,000.				Medical Research

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
American Parkinson Disease Assoc.		13-1962771					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Tennessee 874 Union Avenue Memphis, TN 38163	62-6001636	501 (C) 3	50,000.				Medical Research
University of Texas Medical Branch PO Box 4786-750 Houston, TX 77210	74-6000949	501 (C) 3	35,000.				Medical Research
University of Utah HSC 729 Arapahoe Drive Salt Lake City, UT 84108	87-6000525	501 (C) 3	35,020.				Patient Information and Referral
University of Vermont 1 South Prospect Street Burlington, VT 05401	56-2498034	501 (C) 3	40,000.				Patient Information and Referral
University of Virginia Medical Center The McKim Hall - Box 394 Charlottesville, VA 22908	23-7173411	501 (C) 3	160,000.				Medical Research
University of Washington 1660 Columbian Way Box 358280 Seattle, WA 98108	17-8019988	501 (C) 3	44,824.				Patient Information and Referral
University of Washington 300 Ninth Avenue Seattle, WA 98104	91-6001537	501 (C) 3	35,000.				Medical Research
UT Southwestern Grants Management PO Box 841753 Dallas, TX 75284	75-6002868	501 (C) 3	50,000.				Medical Research
V.A. Hospital 1000 Locust Street Reno, NV 89502	20-8903914	501 (C) 3	41,500.				Patient Information and Referral

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations

► **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

American Parkinson Disease Assoc.

13-1962771

[illegible]

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Part I Questions Regarding Compensation**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

	Yes	No
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public
Inspection**

Name of the Organization

Employer identification number

American Parkinson Disease Assoc.

13-1962771

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Melnicke ----- Director	0.5							0.	0.	0.
Donald Mulligan ----- Director	0.5							0.	0.	0.
Thomas Penett ----- Director	0.5							0.	0.	0.
Michael Pietrangelo ----- Director	0.5							0.	0.	0.
Robert Pirrello ----- Director	0.5							0.	0.	0.
William Powers ----- Director	0.5							0.	0.	0.
Cynthia Reimer ----- Director	0.5							0.	0.	0.
John Schwinning ----- Director	0.5							0.	0.	0.
Dr. Jay Springer ----- Director	1.5							0.	0.	0.
Daniel Wheeler ----- Director	0.5							0.	0.	0.
Charlene Allo ----- Asst. Dir	40					X		60,943.	0.	3,591.
Kathryn Whitford ----- Comm Dir.	40					X		92,114.	0.	5,589.
Cheryl Weiner ----- Controller	40					X		75,665.	0.	4,594.
Michele Popadyne ----- Asst to Med Dir	40					X		70,035.	0.	4,364.
Sharin Klisser ----- West Coast Dir	40					X		104,798.	0.	2,839.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

1) Elizabeth Braun - Board Member

Sister to board member Elena Imperato

Daughter to board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
Maestrone

Cousin to board members Mario J. Esposito Jr., Michael Esposito, Donna Marie Foti,
Dr. Robert Browne, Lisa Esposito Pidorianano & Sally Ann Esposito-Browne

2) Dr. Robert Browne - Board Member

Husband of Secretary & Board Member Sally Ann Esposito Browne

Nephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
Maestrone

Cousin to board members Elizabeth Braun, Mario J. Esposito Jr., Michael Esposito, &
Elena Imperato

Brother in law to board members Donna Marie Foti & Lisa Esposito-Pidorianano

3) Mario J. Esposito Jr. - Board Member

Brother of board member Michael Esposito

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. (contin

Nephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
Maestrone

Cousin to board members Elizabeth Braun, Donna Marie Foti, Elena Imperato, Dr.
Robert Browne, Sally Ann Esposito- Browne & Lisa Esposito Pidoriano

4) Michael Esposito - Board Member

Brother of board member Mario J. Esposito Jr.

Nephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
Maestrone

Cousin to board members Elizabeth Braun, Donna Marie Foti, Elena Imperato, Dr.
Robert Browne, Sally Ann Esposito- Browne & Lisa Esposito Pidoriano

5) Donna Marie Foti - Board Member

Niece of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
Maestrone

Cousin to board members Elizabeth Braun, Elena Imperato, Michael Esposito & Mario J.
Esposito Jr.

Sister of board members Sally Ann Browne Esposito & Lisa Esposito Pidoriano

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. (contin

Sister in law of board member Dr. Robert Browne

6) Lisa Esposito Pidorianno - Board Member

Niece of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
MaestroneCousin to board members Elizabeth Braun, Elena Imperato, Michael Esposito & Mario J.
Esposito Jr.

Sister of board members Sally Ann Browne Esposito & Donna Marie Foti

Sister in law of board member Dr. Robert Browne

7) Elena Imperato - Board Member

Daughter of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo
MaestroneCousin to board members Mario J. Esposito Jr., Michael Esposito, Lisa Esposito
Pidorianno, Donna Marie Foti, Sally Ann Esposito Browne & Dr. Robert Browne

Sister of board member Elizabeth Braun

8) Sophia Maestrone - Board member

Name of the organization

American Parkinson Disease Assoc.

Employer identification number

13-1962771

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. (contin

Wife of Director of Scientific Affairs Gianpaolo Maestrone

Mother of board members Elena Imperato & Elizabeth Braun

Aunt of board members Mario J. Esposito Jr., Michael Esposito, Sally Ann Esposito
Browne, Dr. Robert Browne, Lisa Esposito Pidorianano & Donna Marie Foti

9) Gianpaolo Maestrone - Director of Scientific Affairs

Husband of board member Sophia Maestrone

Father of board members Elena Imperato & Elizabeth Braun

Uncle of board members Mario J. Esposito Jr., Michael Esposito, Sally Ann Esposito
Browne, Dr. Robert Browne, Lisa Esposito Pidorianano & Donna Marie Foti

10) Edward Clark - Maintenance Engineer

Son in Law of former President & Board member Vincent Gatullo

11) Vincent Gatullo - President & Board Member

Father in law of maintenance engineer Edward Clark

12) George Esposito - Board member

Name of the organization

Employer identification number

American Parkinson Disease Assoc.

13-1962771

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. (contin

2nd Cousin to board members Elizabeth Braun, Donna Marie Foti, Mario J. Esposito Jr., Michael Esposito, Elena Imperato, Dr. Robert Browne, Sally Ann Esposito Browne & Lisa Espositom Pidoriano

Son of nephew of board member Sophia Maestrone & Director of Scientific Affairs
Gianpaolo Maestrone

Form 990, Part VI, Line 10 - Form 990 Review Process

Form 990 was reviewed in detail by Finance & Audit Comittees & distributed electronically to all other board members

Form 990 , Part VI, Line 17 - List of States which this Return is Filed

AK AR AZ CA CO CT FL GA IL KS KY ME MD MA MI MN MS NH NJ NC ND OH OK OR PA RI SC
TN UT WA WV WI

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Provided upon request.

2008

Federal Supplemental Information

Page 1

Client L-AM02

American Parkinson Disease Assoc.

13-1962771

2/05/10

10.29AM

Statement: Note 1
Form 990, Part VI, Line 80b
Statement of Other Information on Related Organization

Note 1: Various officers & directors of the American Parkinson Disease Assn., Inc. are members of the Board of Directors of International Parkinson Fonds, a not-for-profit Netherlands Corporation and Internationale Parkinson Fonds (Deutschland) GmbH in Germany. These organizations were formed to raise funds for Parkinson disease in those countries. International Parkinson Fonds(Netherlands) and Internationale Parkinson Fonds (Germany)are independent entities and are not controlled or affiliated with the American Parkinson Disease Assn., Inc.

2008

Schedule A, Part IV - Supplemental Information

Page 5

Client L-AM02

American Parkinson Disease Assoc.

13-1962771

2/05/10

10 29AM

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Miscellaneous total	-650,279.	27,556.	27,886.	10,800.	18,200.
Total	<u>\$ -650,279.</u>	<u>\$ 27,556.</u>	<u>\$ 27,886.</u>	<u>\$ 10,800.</u>	<u>\$ 18,200.</u>