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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under 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

OMB No 1545-0047

2009

Open to Public
Inspection

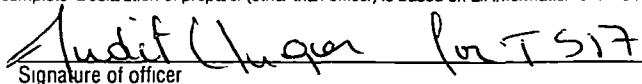
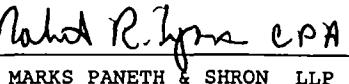
A For the 2009 calendar year, or tax year beginning MAR 1, 2009 and ending FEB 28, 2010

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TOURETTE SYNDROME ASSOCIATION, INC.			D Employer identification number 23-7191992	
	Doing Business As			E Telephone number (718) 224-2999	
	Number and street (or P.O. box if mail is not delivered to street address) 42-40 BELL BOULEVARD			Room/suite	
	City or town, state or country, and ZIP + 4 BAYSIDE, NY 11361			G Gross receipts \$ 13,305,662	
	F Name and address of principal officer: JUDIT UNGAR SAME AS C ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ► TSA-USA.ORG			H(c) Group exemption number ►		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 1972 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IDENTIFY THE CAUSE OF, FIND THE CURE FOR AND CONTROL THE EFFECTS OF TOURETTE SYNDROME.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5 Total number of employees (Part V, line 2a)	5 34	
	6 Total number of volunteers (estimate if necessary)	6 30	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
	8 Contributions and grants (Part VIII, line 1h)	8 6,716,325	
	9 Program service revenue (Part VIII, line 2g)	9 66,662	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 589,520	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 <86,606	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 7,285,901		
Revenue	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 3,003,091	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14 2,473,719	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,621,083	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a 618,172	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	16b 618,172	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17 1,993,793	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 7,140,850	
	19 Revenue less expenses Subtract line 18 from line 12	19 <55,903 ► <198,354	
	Expenses	20 Total assets (Part X, line 16)	20 17,745,929
		21 Total liabilities (Part X, line 26)	21 1,278,009
22 Net assets or fund balances Subtract line 21 from line 20		22 16,467,920	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 17,745,929	21 19,277,929	
	21 1,278,009	22 1,585,999	
22 16,467,920	23 17,691,930		

Part II Signature Block

Sign Here	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			
	 Signature of officer JUDIT UNGAR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► 	Date 7/12/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ► 11-3518842
	Firm's name (or yours if self-employed), address, and ZIP + 4 MARKS PANETH & SHRON LLP 622 THIRD AVENUE NEW YORK, NY 10017			
		Phone no. ► 212 503-8800		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO IDENTIFY THE CAUSE OF, FIND THE CURE FOR, AND CONTROL THE EFFECTS
OF TOURETTE SYNDROME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 3,876,362. including grants of \$ 3,003,091.) (Revenue \$)
RESEARCH - IDENTIFY THE CAUSES OF TOURETTE SYNDROME, IMPROVE PATIENT
CARE AND ULTIMATELY FIND A CURE FOR THE DISORDER BY PROVIDING FUNDING
FOR RESEARCH INVESTIGATIONS IN THE AREAS OF NEUROSCIENCES AND CLINICAL
CARE.

4b (Code) (Expenses \$ 1,109,488. including grants of \$) (Revenue \$ 66,662.)
PUBLIC EDUCATION - PROVIDES FOR EDUCATION AND AWARENESS TO THE PUBLIC
ON TOURETTE SYNDROME, AMONG OTHER THINGS, MAILING OF TOURETTE SYNDROME
PAMPHLETS, BROCHURES, VIDEOS AND FILMS.

4c (Code:) (Expenses \$ 937,421. including grants of \$) (Revenue \$)
CENTER FOR DISEASE CONTROL PROGRAM - THE ASSOCIATION AND CENTERS FOR
DISEASE CONTROL PREVENTION (CDC) MEDICAL EDUCATION PARTNERSHIP IS PART
OF A LARGER APPROPRIATION FROM THE US CONGRESS TO PROMOTE EXPERT
MEDICAL EDUCATION ON TOURETTE SYNDROME (TS). THE GOALS OF THE MEDICAL
EDUCATION PROGRAM ARE TO PROVIDE EXPERT EDUCATION IN TS TO PHYSICIANS
AND TO ALLIED PROFESSIONALS, AND TO ENCOURAGE PHYSICIANS APPLICATION TO
THE ASSOCIATION'S REFERRAL LISTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 348,965, including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 6,272,236.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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 similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6	X	
7		X
8		X
9		X
10	X	
11	X	
12	X	
13		X
14a		X
14b	X	
15	X	
16		X
17		X
18	X	
19		X
20		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b 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	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Form 990 (2009)

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	23
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
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	34
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	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	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	Section 501(c)(7) organizations. Enter.	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 20
 b Enter the number of voting members that are independent 1b 20

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? 2 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? 3 x

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 x

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 x

6 Does the organization have members or stockholders? 6 x

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a x

 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b x

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a x
 a The governing body? 8b x
 b Each committee with authority to act on behalf of the governing body? 9 x

9 Is there any officer, director, 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 9 x

	Yes	No
1a	20	
1b	20	
2	x	
3	x	
4	x	
5	x	
6	x	
7a	x	
7b	x	
8a	x	
8b	x	
9	x	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b x

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 x

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 11A x

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a x
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 12c x

13 Does the organization have a written whistleblower policy? 13 x

14 Does the organization have a written document retention and destruction policy? 14 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? 15 x
 a The organization's CEO, Executive Director, or top management official 15a x
 b Other officers or key employees of the organization 15b x
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16b x

	Yes	No
10a	x	
10b	x	
11	x	
11A	x	
12a	x	
12b	x	
12c	x	
13	x	
14	x	
15a	x	
15b	x	
16a	x	
16b	x	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL AK AZ AR CA CO CT DE FL GA ID IL

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JULIE NOULAS - 718-224-2999
42-40 BELL BOULEVARD BAYSIDE NY 11361-2820

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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) of 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 current officer, director, or trustee.

(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			
MONTE REDMAN <u>DIRECTOR</u>	2.00	X					0.	0.	0.
NANCY THOMAS BAKER <u>FIRST VICE CHAIR</u>	2.00	X					0.	0.	0.
REID ASHINOFF <u>SECOND VICE CHAIR</u>	2.00	X					0.	0.	0.
DENNIS SQUILLA <u>DIRECTOR</u>	2.00	X					0.	0.	0.
MICHAEL WOLFF <u>FOURTH VICE CHAIR</u>	2.00	X					0.	0.	0.
DONALD T. NOWILL <u>TREASURER</u>	2.00	X	X				0.	0.	0.
VIKTORIA HOLM KRAMER <u>DIRECTOR</u>	2.00	X					0.	0.	0.
FRED COOK <u>DIRECTOR</u>	2.00	X					0.	0.	0.
PAUL S. DEVORE <u>SECRETARY</u>	2.00	X	X				0.	0.	0.
ROBIN JOSEPHS <u>DIRECTOR</u>	2.00	X					0.	0.	0.
SANDRA HOLLIS <u>DIRECTOR</u>	2.00	X					0.	0.	0.
ALICE KANE <u>DIRECTOR</u>	2.00	X					0.	0.	0.
MARCIE KIRKPATRICK LIPSI <u>DIRECTOR</u>	2.00	X					0.	0.	0.
DIANE MALLAH <u>THIRD VICE CHAIR</u>	2.00	X					0.	0.	0.
BRUCE OCHSMAN <u>DIRECTOR</u>	2.00	X					0.	0.	0.
ROVENA SCHIRLING <u>DIRECTOR</u>	2.00	X					0.	0.	0.
BRENDA WEEDA <u>DIRECTOR</u>	2.00	X					0.	0.	0.

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

(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			
RANDI ZEMSKY <u>DIRECTOR</u>	2.00	X					0.	0.	0.
LISA MATLIN <u>DIRECTOR</u>	2.00	X					0.	0.	0.
KENNETH D. MOELIS <u>CHAIR</u>	2.00	X					0.	0.	0.
GARY FRANK <u>EXECUTIVE VP</u>	35.00		X				116,003.	0.	18,075.
JUDIT UNGAR <u>PRESIDENT</u>	35.00		X				298,050.	0.	90,052.
JULIE NOULAS <u>VP, FINANCE</u>	35.00		X				111,567.	0.	8,857.
JOSEPH MARK LEVINE <u>VP, DEVELOPMENT</u>	35.00		X				84,917.	0.	17,423.
DANIEL ROSTAN <u>VP, FIELD SERVICES</u>	35.00		X				83,731.	0.	16,871.
ELRIDGE PROCTOR <u>VP, PUBLIC POLICY</u>	35.00		X				73,896.	0.	6,105.
KEVIN MCNAUGHT <u>VP, MED. & SCIENCE PROG.</u>	35.00		X				53,699.	0.	10,829.
1b Total						►	821,863.	0.	168,212.

2 Total number of individuals (including but not limited to those listed above) 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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

0

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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 208,410. 1c 2,337,736. 1d 1e 3,021,397. 1f 1,148,782. 6,716,325.			
Program Service Revenue	2 a SALE OF INFO MATERIAL b CONFERENCE INCOME c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 900099 43,626. 900099 23,036. 66,662.	43,626. 23,036.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 2,337,736. of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► 11 a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ►	(i) Real 5,619,842. (i) Securities 5,609,301. 10,541. a 238,554. b 374,384. a 85,300. b 36,076. a b 7,285,901.	578,979. 10,541. 238,554. 374,384. 85,300. 36,076. 49,224. <135,830> 49,224. 49,224. 66,662. 0. 502,914.		578,979. 10,541. 238,554. 374,384. 85,300. 36,076. 49,224. 49,224. 66,662. 0. 502,914.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	2,514,687	2,514,687		
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	488,404	488,404		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,004,149	619,543	199,702	184,904
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,151,904	818,486	173,616	159,802
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,729	45,406	13,183	15,140
9 Other employee benefits	89,568	67,857	10,697	11,014
10 Payroll taxes	154,369	96,053	28,483	29,833
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	31,000		31,000	
d Lobbying	35,032	35,032		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	36,855	36,242		613
12 Advertising and promotion	113,543	113,220		323
13 Office expenses	241,743	130,239	24,984	86,520
14 Information technology	40,913	750	40,163	
15 Royalties				
16 Occupancy	177,766	120,856	35,747	21,163
17 Travel	192,620	174,556	7,333	10,731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	364,586	364,586		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,700	13,479	5,163	3,058
23 Insurance	52,898	40,543	10,590	1,765
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 PRINTING AND PUBLICATION	410,372	350,739		59,633
b GENETIC ANALYSIS & LAB	155,213	155,213		
c CHAPTER SUPPORT	49,554	49,554		
d MISCELLANEOUS	36,540	11,330	3,667	21,543
e RECRUITMENT & TRAINING	19,412	19,282	130	
f All other expenses	27,698	6,179	9,389	12,130
25 Total functional expenses. Add lines 1 through 24f	7,484,255	6,272,236	593,847	618,172
26 Joint costs. Check here ► <input 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	14,533,699	2	14,522,411
	3 Pledges and grants receivable, net	254,925	3	302,234
	4 Accounts receivable, net	34,266	4	58,041
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		192,297	232,031
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	238,034		
	b Less: accumulated depreciation	212,746	10c	25,288
	11 Investments - publicly traded securities	2,563,424	11	4,040,647
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	133,240	15	97,277
	16 Total assets. Add lines 1 through 15 (must equal line 34)	17,745,929	16	19,277,929
Liabilities	17 Accounts payable and accrued expenses	549,478	17	685,982
	18 Grants payable	673,047	18	824,292
	19 Deferred revenue	55,484	19	75,725
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,278,009	26	1,585,999
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	15,917,130	27	17,164,370
	28 Temporarily restricted net assets	224,790	28	201,560
	29 Permanently restricted net assets	326,000	29	326,000
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,467,920	33	17,691,930
	34 Total liabilities and net assets/fund balances	17,745,929	34	19,277,929

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

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?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURETTE SYNDROME ASSOCIATION, INC.

Employer identification number

23-7191992

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
Total							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,390,218	8,700,053	6,791,619	4,041,071	6,716,325	34,639,286
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,390,218	8,700,053	6,791,619	4,041,071	6,716,325	34,639,286
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)						
6 Public support. Subtract line 5 from line 4						797,135
						33,842,151

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,390,218	8,700,053	6,791,619	4,041,071	6,716,325	34,639,286
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	410,414	529,405	750,504	696,849	578,979	2,966,151
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						37,605,437
12 Gross receipts from related activities, etc. (see instructions)				12		1,518,300
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 2009 (line 6, column (f) divided by line 11, column (f))	14	89.99	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.77	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. 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		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. 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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ►

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section C. Computation of Public Support Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 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 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization _____ Employer identification number _____

TOURETTE SYNDROME ASSOCIATION INC

23-7191992

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2** Political expenditures
- 3** Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

► \$ _____
► \$ _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768
 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply

 Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

 Yes

 No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		17,771
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17,261
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			35,032
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURETTE SYNDROME ASSOCIATION, INC.

Employer identification number

23-7191992

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	1	
2 Aggregate contributions to (during year)	0	
3 Aggregate grants from (during year)	0	
4 Aggregate value at end of year	326,000	

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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

1a 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, 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 acquisition, 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
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programse Other _____

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 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:

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

	Amount
1c	
1d	
1e	
1f	

Part V Endowment Funds. Complete if the 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	326,000.	326,000.			
b Contributions	236,000.	180,000.			
c Net investment earnings, gains, and losses	<227,806. >	<165,932. >			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	8,194.	14,068.			
g End of year balance	326,000.	326,000.			

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

a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

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

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

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

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

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		238,034.	212,746.	25,288.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 25,288.

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		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X | Other Liabilities. See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. 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 Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,285,901
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	7,484,255
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	<198,354
4 Net unrealized gains (losses) on investments	4	1,422,364
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4 through 8	9	1,422,364
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,224,010

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	8,930,839
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	1,422,364
b Donated services and use of facilities	2b	222,574
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	1,644,938
3 Subtract line 2e from line 1	3	7,285,901
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment 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	0
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,285,901

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

1 Total expenses and losses per audited financial statements	1	7,706,829
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	222,574
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	222,574
3 Subtract line 2e from line 1	3	7,484,255
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment 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	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,484,255

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

IS TO SUPPORT THE WORK OF THE ED & SERVICE (INFORMATION & REFERRAL SERVICE

PROGRAM).

PART X, LINE 2, FIN 48:

EFFECTIVE MARCH 1, 2009, THE ASSOCIATION ADOPTED THE PROVISIONS OF FASB

INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTIES IN INCOME

TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, "NOW INCORPORATED IN

Part XIV Supplemental Information (continued)

ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES

STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR

UNCERTAIN TAX POSITIONS. THE ADOPTION OF FIN 48 DID NOT HAVE AN EFFECT ON

THE ASSOCIATION'S FINANCIAL POSITION AS OF MARCH 1, 2009 OR THE

ASSOCIATION'S RESULTS OF OPERATIONS AND CASH FLOWS FOR THE YEAR ENDED

FEBRUARY 28, 2010. THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR

STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS

BEFORE 2007.

Schedule F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

TOURETTE SYNDROME ASSOCIATION, INC.

23-7191992

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANT RECIPIENT	NIH RESEARCH	152,886.
EUROPE	0	0	GRANT RECIPIENT	RESEARCH/NIH RESEARCH	344,174.
EAST ASIA AND THE PACIFIC	0	0	GRANT RECIPIENT	RESEARCH	71,600.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT RECIPIENT	RESEARCH	75,000.
Totals	► 0	0			643,660.

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

Schedule F (Form 990) 2009

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	1 (b) IRS code section and EIN (if applicable)	1 (c) Region	1 (d) Purpose of grant	1 (e) Amount of cash grant	1 (f) Manner of cash disbursement	1 (g) Amount of non-cash assistance	1 (h) Description of non-cash assistance	1 (i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH GRANT	71,600	CHECK	0		BOOK
		MIDDLE EAST AND NORTH AFRICA	RESEARCH GRANT	75,000	CHECK	0		BOOK
		EUROPE	RESEARCH GRANT	74,970	CHECK	0		BOOK
		EUROPE	RESEARCH GRANT	37,292	CHECK	0		BOOK
		EUROPE	RESEARCH GRANT	68,000	WIRE TRANSFER	0		BOOK
		NORTH AMERICA	NIH GRANT- RESEARCH	8,656	CHECK	0		BOOK
		NORTH AMERICA	NIH GRANT- RESEARCH	107,694	CHECK	0		BOOK
		NORTH AMERICA	NIH GRANT- RESEARCH	45,192	CHECK	0		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities 0

CONTINUOUS AND DISCRETE STATE CONTROL SYSTEMS

Organization Name: **Individuals Organized for Limited States Committee** if the organization answered "Yes" to Form 990 Part IV line 16

Grants and Other Assistance to Individuals Outside the

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F. PART I. LINE 2: TSA MUST RECEIVE A FINAL PROGRESS REPORT

DESCRIBING RESEARCH AND OUTCOMES AS WELL AS HOW FUNDS HAVE BEEN USED.

ADVISORY BOARDS REVIEW AND APPROVE BEFORE FINAL PAYMENT IS MADE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

TOURETTE SYNDROME ASSOCIATION, INC.

23-7191992

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a 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?

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.

Total

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.

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 DINNER DANCE, DINNER & JOURNALS	(b) Event #2 GOLF TOURNAMENTS	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
1 Gross receipts	1,475,618	563,117	537,555	2,576,290
2 Less: Chantable contributions	1,389,868	410,313	537,555	2,337,736
3 Gross income (line 1 minus line 2)	85,750	152,804		238,554
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	81,939	199,190	93,255	374,384
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (374,384)
11 Net income summary. Combine line 3, column (d), and line 10				► <135,830>

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			85,300	85,300
2 Cash prizes				
3 Noncash prizes			36,076	36,076
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 checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► (36,076)
8 Net gaming income summary. Combine line 1, column (d), and line 7				► 49,224

9 Enter the state(s) in which the organization operates gaming activities NY, RI

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

b If "No," explain.

Yes	No
9a	X
10a	X

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

b If "Yes," explain

11	X
12	X

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

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

Name ► JULIE NOULAS C/O TOURETTE SYNDROME ASSOCIATION, INC.Address ► 4240 BELL BLVD. - BAYSIDE, NY 11361

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

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 of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► STEPHEN QUILLGaming manager compensation ► \$ 0.Description of services provided ► STEPHEN IS A VOLUNTEER. HE ARRANGES FOR LICENSE AND HOSTS THE EVENTS. 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?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

X

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No 1545-0047
2009

Open to Public
Inspection

Name of the organization

TOURETTE SYNDROME ASSOCIATION INC.

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?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UNIV. OF CALIFORNIA, SAN FRANCISCO, CALIFORNIA ST STE. 315 - SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	315,165.	0.			NIH GRANT - RESEARCH
MASSACHUSETTS GENERAL HOSPITAL GRANTS & CONTRACTS ADMIN, 101 HUNTINGTON AVE, STE. 300 - BOSTON, MA 02241	04-2697893	501(C)(3)	782,006.	0.			NIH GRANT - RESEARCH
YALE UNIVERSITY SCHOOL OF MEDICINE GRANTS & CONTRACTS ADMIN, 47 COLLEGE ST STE. 203 - NEW HAVEN, CT 06508	06-0646973	501(C)(3)	149,827.	0.			NIH GRANT - RESEARCH
JOHN HOPKINS UNIVERSITY OFFICE OF RESEARCH ADMIN, 720 RUTLAND AVE.-BALTIMORE, MD - BALTIMORE, MD 2120	52-0595110	501(C)(3)	117,331.	0.			NIH GRANT - RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UNIV. OF CALIFORNIA - LA, 10920 WILSHIRE BLVD., STE. 1200 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	64,440.	0.			NIH GRANT - RESEARCH
UNIVERSITY OF UTAH GRANT & CONTRACTS ADMIN, 75 S. 200 EAST, 2ND FL - SALT LAKE CITY, UT 84112	74-1586031	501(C)(3)	221,094.	0.			NIH GRANT - RESEARCH

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

3 Enter total number of other organizations

► 19.
► 0.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance*
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Part IV: Summary of Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

CONTINUITY 2: TGA MUST RECEIVE A FINAL PROGRESS REPORT

DESCRIBING RESEARCH AND OUTCOMES AS WELL AS HOW FUNDS HAVE BEEN USED.

ADVISORY BOARDS REVIEW AND APPROVE BEFORE FINAL PAYMENT IS MADE.

SCHEDULE I-1
(Form 990)
 Internal Revenue Service

Name of the organization

TOURETTE SYNDROME ASSOCIATION, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(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
THE UNIVERSITY OF CHICAGO UNIV. RESEARCH ADMIN, 970 EAST 58T CHICAGO, IL 60637	36-2177139	501(C)(3)	40,398.	0.		NIH GRANT - RESEARCH
BOARD OF REGENTS OF THE UW SYSTEM UNIV. OF WISCONSIN-MILWAUKEE, P.O. MILWAUKEE, WI 53201	39-1805963	501(C)(3)	27,189.	0.		NIH GRANT - RESEARCH
UNIVERSITY OF TX HILTH SCI CTR SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586631	501(C)(3)	6,097.	0.		NIH GRANT - RESEARCH
ALBERT EINSTEIN SCHOOL OF MEDICINE OF YESHIVA UNIVERSITY - 1300 MORRIS PARK AVENUE-B - BRONX, NY 10461	13-1624225	501(C)(3)	115,000.	0.		RESEARCH
GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057	53-0646573	501(C)(3)	66,000.	0.		RESEARCH
MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FIN., P.O. BOX 414876 BOSTON, MA 02241-1876	04-2697893	501(C)(3)	37,708.	0.		RESEARCH
NYU SCHOOL OF MEDICINE SPONSORED PROGRAMS, P.O.BOX 415026 BOSTON, MA 02241-5026	13-5562308	501(C)(3)	150,000.	0.		RESEARCH
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. - 150 BROADWAY, SUITE 301 - MENANDS, NY 12204	14-1410842	501(C)(3)	74,900.	0.		RESEARCH

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

23-7191992

OMB No 1545-0047
2009
 Open to Public
 Inspection
Schedule I-1 (Form 990) 2009

TOURETTE SYNDROME ASSOCIATION, INC.

Name of the organization

23-19919

TOURETTE SYNDROME ASSOCIATION INC. **Patients and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURETTE SYNDROME ASSOCIATION, INC.

Employer identification number

23-7191992

Part I Questions Regarding Compensation

1a 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)

Yes

No

b If any of the boxes on line 1a are 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 the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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, with respect to the filing organization or a related organization

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 lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4a

x

4b

x

4c

x

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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?

5a

x

b Any related organization?

5b

x

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?

6a

x

b Any related organization?

6b

x

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

7 For persons 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

7

x

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

8

x

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

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Inspection

Name of the organization

TOURETTE SYNDROME ASSOCIATION, INC.

Employer identification number

23-7191992

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:NEW YORK COUNSELING PROGRAM - PROVIDES CASE MANAGEMENT, ADVOCACY,COUNSELING AND GROUP SESSION SERVICES TO PERSONS WITH TOURETTE SYNDROMEWHO RESIDE IN NEW YORK CITY.EXPENSES \$ 158467, INCLUDING GRANTS OF \$ 0, REVENUE \$ 0.PROFESSIONAL EDUCATION - PROVIDES FOR THE EDUCATION AND AWARENESS OFTOURETTE SYNDROME TO MEDICAL PROFESSIONALS, THROUGH AMONG OTHER THINGS,SEMINARS AND DISTRIBUTION OF RESEARCH UPDATES,EXPENSES \$ 190498, INCLUDING GRANTS OF \$ 0, REVENUE \$ 0.FORM 990, PART VI, SECTION A, LINE 6: THE IS A MEMBERSHIP ORGANIZATION,FORM 990, PART VI, SECTION A, LINE 7A: CLASS OF MEMBERS, ONLY RIGHTS ARETO ELECT THE GOVERNING BOARD.FORM 990, PART VI, SECTION A, LINE 8B: SUB COMMITTEES ARE ADVISORY ONLY,NO AUTHORITY TO MAKE DECISIONS, MUST GET FULL BOARD APPROVAL.FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS ON TSA'S WEBSITEFOR ONE WEEK FOR BOARD MEMBERS TO COMMENT ON BEFORE IT IS SENT TO THEPRESIDENT FOR SIGNATURE.FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY ISSIGNED ANNUALLY BY BOARD MEMBERS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

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Name of the organization

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Employer identification number

23-7191992

FORM 990, PART VI, SECTION B, LINE 15: THERE IS A PERSONNEL/COMPENSATIONCOMMITTEE. THE CHAIR ASSIGNS THE MEMBERS TO DO RESEARCH AND COME UP WITHRECOMMENDATIONS TO THE COMMITTEE. THE CHAIRMAN TAKES THE AMOUNTS TO THEFULL BOARD FOR APPROVAL.FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, KS, KY, LA, ME, MD, MI, MA, MN, MS, NH, NJ, NCOH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI, WYFORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND ANNUALREPORT ARE ON THE WEB. ALL OTHER POLICIES ARE AVAILABLE UPON REQUEST.FORM 990, PART XI, LINE 2C:THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTHAS NOT BEEN CHANGED FROM PRIOR YEAR.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

066

06-24-09
928102

(D) - Asset disposed

* ITG, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

40.1