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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 09-01-2009 and ending 08-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
American Parkinson Disease Assoc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
135 Parkinson Avenue

City or town, state or country, and ZIP + 4
Staten Island, NY 10305

D Employer identification number
13-1962771

E Telephone number
(718) 981-8001

G Gross receipts $ 11,257,831

F Name and address of principal officer
Joel Gerstel
135 Parkinson Ave
Staten Island, NY 10305

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www apdaparkinson org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1961 | **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To foster and promote research for the cure and alleviation of Parkinson's disease and its symptoms

2 Check this box ▶ ☐ 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	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of employees (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	783
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	9,149,259	9,792,022
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-249,055	135,826
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-625,030	-540,278
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,275,174	9,387,570
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,371,713	4,113,222
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,143,272	1,756,201
16a	Professional fundraising fees (Part IX, column (A), line 11e)	184,475	555,918
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,378,583		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,965,216	3,282,673
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,664,676	9,708,014
19	Revenue less expenses Subtract line 18 from line 12	-4,389,502	-320,444

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	8,937,778	8,901,050
21	Total liabilities (Part X, line 26)	3,905,617	4,271,095
22	Net assets or fund balances Subtract line 21 from line 20	5,032,161	4,629,955

Part II Signature Block

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

Sign Here

****** | 2011-04-28
Signature of officer | Date

Joel Gerstel Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Fred M LaMarca CPA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ POTTER & LAMARCA LLP 101 TYRELLAN AVE STATEN ISLAND, NY 103092651			EIN ▶ Phone no ▶ (718) 227-8000

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,952,418 including grants of $ 2,418,563) (Revenue $)

Information and Referral Services - To promote awareness of and provide information to persons suffering from Parkinson's disease 56 Information and Referral centers funded

4b (Code) (Expenses $ 2,327,132 including grants of $) (Revenue $)

Public and Professional education - To educate the public and medical profession with programs for the benefit of Parkinsonians and their families Approximately 180,000 newsletters are mailed seasonally

4c (Code) (Expenses $ 1,854,295 including grants of $ 1,694,659) (Revenue $)

Research Centers - To foster and promote research for the cure and alleviation of the condition of persons suffering from Parkinson's Disease Nine Advanced Centers were funded

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 7,133,845

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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*	5		No
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*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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*	10	Yes	
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.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17	Yes	
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*	18	Yes	
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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**	Yes	

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	63		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		No
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
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?		5c		No
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?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		No
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
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?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	39		
b	Enter the number of voting members that are independent	1b	39		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WV , WI , WA , UT , TN , SC , RI , PA , OR , OK , OH , NJ , NH , ND , NC , MS , MN , MI , ME , MD , MA , KY , KS , IL , GA , FL , CT , CO , CA , AZ , AR , AK

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Cheryl Weiner
135 Parkinson Avenue
Staten Island, NY 10305
(718) 981-8001

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed 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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	692,910		30,965

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 ▶ 2

			Yes	No
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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Listco Direct Marketing 1276 46th Street Brooklyn, NY 11219	Fulfillment	489,535
Direct Edge 10375-B Southern Md Blvd Dunkirk, MD 20754	Fulfillment	138,036
Creative Direct Response 16900 Science Drive STE 210 Bowie, MD 21715	Fundraising	245,582
Corporate Meeting Solutions 11721 S Easly Dr Lees Summit, MO 64086	Fulfillment	185,564
Brickmill Marketing 24 Millbrook Road Wilton, NH 03086	Fulfillment	396,466
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 ▶ 6		

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	1a	Federated campaigns	116,265				
	b	Membership dues	48,326				
	c	Fundraising events	1,333,092				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	8,294,339				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		9,792,022			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		0			
	3	Investment income (including dividends, interest and other similar amounts)		42,942			42,942
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross Rents	25,643					
	b	Less rental expenses						
	c	Rental income or (loss)	25,643					
	d	Net rental income or (loss)			25,643			25,643

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,387,287					
	b	Less cost or other basis and sales expenses	1,294,403					
	c	Gain or (loss)	92,884					
	d	Net gain or (loss)			92,884			92,884
	8a	Gross income from fundraising events (not including $ 1,333,092 of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b	575,858				
	c	Net income or (loss) from fundraising events			-575,858			-575,858
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			0			

	Miscellaneous Revenue	Business Code				
11a	Miscellaneous		9,937			9,937
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		9,937			
12	**Total revenue.** See Instructions		9,387,570			-404,452

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	4,113,222	4,113,222		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	182,235	119,411	45,239	17,585
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,219,544	615,962	483,372	120,210
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	99,678	52,291	37,589	9,798
9 Other employee benefits	166,008	87,088	62,602	16,318
10 Payroll taxes	88,736	46,551	33,462	8,723
11 Fees for services (non-employees)				
a Management	0			
b Legal	63,670	33,401	24,010	6,259
c Accounting	77,398	40,603	29,187	7,608
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	555,918			555,918
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	84,092	44,115	31,711	8,266
17 Travel	64,769	33,978	24,424	6,367
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	706,906	706,906		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	138,149	74,572	54,942	8,635
23 Insurance	0			
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 Supplies	117,461	61,620	44,295	11,546
b Postage and Shipping	75,880	39,807	28,614	7,459
c Patient Services	438,141	438,141		
d Office Expense	155,277	81,458	58,555	15,264
e Mailings	1,150,337	434,242	158,170	557,925
f All other expenses	210,593	110,477	79,414	20,702
25 **Total functional expenses.** Add lines 1 through 24f	9,708,014	7,133,845	1,195,586	1,378,583
26 **Joint costs.** Check here ▶ ☑ 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		49,435	1	78,740
	2	Savings and temporary cash investments		3,524,922	2	4,056,828
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		691,201	4	751,225
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	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	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		24,338	9	18,966
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,817,705			
	b	Less accumulated depreciation	10b 652,091	3,299,862	10c	3,165,614
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11		1,169,972	12	829,677
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		178,048	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,937,778	16	8,901,050
Liabilities	17	Accounts payable and accrued expenses		564,070	17	351,732
	18	Grants payable		3,233,254	18	3,826,187
	19	Deferred revenue			19	
	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		108,293	25	93,176
	26	**Total liabilities.** Add lines 17 through 25		3,905,617	26	4,271,095
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,068,860	27	1,887,241
	28	Temporarily restricted net assets		2,854,891	28	2,634,304
	29	Permanently restricted net assets		108,410	29	108,410
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		5,032,161	33	4,629,955
	34	Total liabilities and net assets/fund balances		8,937,778	34	8,901,050

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated 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?	3a		No
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	3b		No

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SCHEDULE A (Form 990 or 990EZ)

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
American Parkinson Disease Assoc

Employer identification number
13-1962771

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")	9,879,589	10,754,385	10,117,777	9,149,259	9,792,022	49,693,032
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	9,879,589	10,754,385	10,117,777	9,149,259	9,792,022	49,693,032
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)						0
6 **Public Support.** Subtract line 5 from line 4						49,693,032

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	9,879,589	259,540	10,117,777	9,149,259	9,792,022	49,693,032
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	177,686	259,540	264,849	103,045	68,585	873,705
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	10,800	27,886	27,556	-650,279	-565,921	-1,149,958
11 **Total support** (Add lines 7 through 10)						49,416,779

12	Gross receipts from related activities, etc (See instructions)	12	50,883

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	100 000 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	95 320 %

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 ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—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 ☐

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 ☐

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 ☐

Part III Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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 D. Computation of Investment Income 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 ▶

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

Additional Data

Software ID:
Software Version:
EIN: 13-1962771
Name: American Parkinson Disease Assoc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Powers Director	50							0	0	0
Vincent Gattullo Director	50							0	0	0
Thomas Penett Director	50							0	0	0
Sophia Maestrone Director	50							0	0	0
Sharon Kissler West Coasr Dir	0					X		56,066	0	0
Sally Ann Esposito-Browne Treasurer	1 50							0	0	0
Robert Pirrello Director	50							0	0	0
Robert Levine Director	50							0	0	0
Robert Browne Director	50							0	0	0
Patrick Mcdermott Vice President	1 50							0	0	0
Nicholas Corrado Director	1 50							0	0	0
Michele Popadynec Asst to Med Dir	40 00					X		79,951	0	2,432
Michael Pietrangelo Director	50							0	0	0
Michael Melnicke Director	50							0	0	0
Michael Esposito Director	50							0	0	0
Marvin Henick Director	50							0	0	0
Mario Esposito Director	50							0	0	0
Lisa Esposito Director	50							0	0	0
Kathryn Whitford Comm Dir	40 00					X		94,720	0	6,585
Joseph Conte Director	50							0	0	0
John Schwinning Director	50							0	0	0
John Marangos Vice President	1 50							0	0	0
John Lagana Director	50							0	0	0
Joel Gerstel Executive Direc	40 00			X	X			184,335	0	12,305
Joel A Miele President	1 50							0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jerry Wells Secretary	50							0	0	0
Gianpaolo Maestrone Dir Sci Affair	40 00			X	X			138,976	0	0
George Esposito Director	50							0	0	0
Gary Chu Director	50							0	0	0
Fred Greene Vice President	1 50							0	0	0
Elliot Shapiro Vice President	1 50							0	0	0
Elizabeth Braun Director	50							0	0	0
Elena Imperato Director	50							0	0	0
Donna Fanelli Director	50							0	0	0
Donald Mulligan Director	50							0	0	0
Daniel Wheeler Director	50							0	0	0
Cynthia Reimer Director	50							0	0	0
Cheryl Weiner Controller	40 00					X		77,136	0	5,412
Charlene Allo Asst Dir	40 00					X		61,726	0	4,231
Andrew Finn Director	50							0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	117,461	61,620	44,295	11,546
Postage and Shipping	75,880	39,807	28,614	7,459
Patient Services	438,141	438,141		
Office Expense	155,277	81,458	58,555	15,264
Mailings	1,150,337	434,242	158,170	557,925

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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
American Parkinson Disease Assoc

Employer identification number
13-1962771

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 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 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 programs
- e ☐ 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds. Complete if 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	2,963,301	2,591,742			
b Contributions	2,795,460	1,946,269			
c Investment earnings or losses					
d Grants or scholarships	1,043,224	558,637			
e Other expenditures for facilities and programs	1,972,823	1,016,073			
f Administrative expenses					
g End of year balance	2,742,714	2,963,301			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **4.000 %**
- c Term endowment ▶ **96.000 %**

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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		696,071		696,071
b Buildings		2,820,627	461,954	2,358,673
c Leasehold improvements		78,159	15,399	62,760
d Equipment		83,918	74,313	9,605
e Other		138,930	100,425	38,505
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,165,614

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. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	829,677	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Annuities Payable	93,176
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	93,176

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,387,570
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,708,014
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-320,444
4	Net unrealized gains (losses) on investments	4	-81,762
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 - 8	9	-81,762
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-402,206

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	9,881,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-81,762		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	575,858		
e	Add lines **2a** through **2d**			2e	494,096
3	Subtract line **2e** from line **1**			3	9,387,570
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,387,570

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

1	Total expenses and losses per audited financial statements			1	10,283,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	575,858		
e	Add lines **2a** through **2d**			2e	575,858
3	Subtract line **2e** from line **1**			3	9,708,014
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,708,014

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special Event Expenses $575858
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Special Event Expenses $575858
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Endowment funds are restricted for research, for the information and referal centers, and program expenses at specific chapters

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
American Parkinson Disease Assoc

Employer identification number
13-1962771

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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 activities? ☑ **Yes** ☐ **No**

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶				1,197,787	492,248	705,539

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

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

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.

		(a) Event #1 Various (event type)	(b) Event #2 Walk a Thon (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	753,900	579,192		1,333,092
	2 Less Charitable contributions	753,900	579,192		1,333,092
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	439,706	136,152		575,858
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				575,858
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-575,858

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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," to 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
American Parkinson Disease Assoc

Employer identification number
13-1962771

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 62

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		APDA has an independent scientific advisory board (SAB) that recommends the recepients of the grants, who are in turn is approved by the Board of Directors Initial funding is made based on the grant and subsequent payments are made contingent on progress reports Final reports are mandatory for the grants and only after their receipt is final payment disbursed Centers for Advanced Research where funding extends out to more than one year submit annual progress reports Information and Referal Centers are monitored for volume activity and similarly, after the initial payment, subsequent payments are contingent upon receipt of progress reports

Additional Data

Return to Form

Software ID: 09000047
Software Version: 2009v1.7
EIN: 13-1962771
Name: American Parkinson Disease Assoc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Westfield Memorial Hospital 189 East Main Street Westfield, NY 14787	16-0743222		30,000	0			Patient Information and Referral
Washington University Medical Center4525 Scott Avenue Box 8225 St Louis, MO 63110	43-0653611		349,923	0			Medical Research
Washington Univ School of Medicine660 South Euclid Avenue St Louis, MO 63110	43-0653611		42,024	0			Patient Information and Referral
VA Hospital1000 Locust Street Reno, NV 89502	20-8903914		41,500	0			Patient Information and Referral
University of Washington300 Ninth Avenue Seattle, WA 98104	91-6001537		44,824	0			Medical Research
University of Washington 1660 Columbian Way Box 358280 Seattle, WA 98108	17-8019988		25,000	0			Patient Information and Referral
University of Virginia Medical CenterThe McKim Hall - Box 394 Charlottesville, VA 22908	23-7173411		160,020	0			Medical Research
University of Vermont1 South Prospect Street Burlington, VT 05401	56-2498034		40,000	0			Patient Information and Referral
University of Utah HSC729 Arapeen Drive Salt Lake City, UT 84108	87-6000525		35,020	0			Patient Information and Referral
University of Pittsburgh3109 Cathedral of Learning Pittsburgh, PA 15260	25-0965591		125,000	0			Medical Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of New Mexico HSC1 University of New Mexico Albuquerque, NM 87131	85-0482962		30,000	0			Patient Information and Referral
University of Maryland Hospital110 S Paca Street 3 Floor Baltimore, MD 21201	52-2238893		67,464	0			Patient Information and Referral
University of Kentucky800 Rose Street Lexington, KY 40536	61-6033693		36,752	0			Medical Research
University of Arizona1501 N Campbell Avenue Tucson, AZ 85724	74-2652689		50,000	0			Patient Information and Referral
University of Alabama1719 6th Ave South CIRC 516 Birmingham, AL 35294	63-6005396		165,424	0			Medical Research
Univ of TX HSC at San Antonio8300 Floyd Curl MSC 7883 San Antonio, TX 78229	74-1586031		35,020	0			Patient Information and Referral
UCLA School of Medicine710 Westwood Plaza Los Angeles, CA 90095	95-6006143		125,000	0			Medical Research
The University of Chicago 5841 S Maryland Avenue Chicago, IL 60637	36-2177139		175,000	0			Medical Research
The Hitchcock Foundation One Medical Center Drive Lebanon, NH 03756	58-1963909		42,000	0			Patient Information and Referral
The Albany Medical Center 47 New Scotland Avenue Albany, NY 12208	20-1173824		40,000	0			Patient Information and Referral

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Staten Island Univ Hosp475 Seaview Ave Staten Island, NY 10305	11-2868878		42,024	0			Patient Information and Referral
Standford University Medical Ctr300 Pasteur Drive Room A-343 Stanford, CA 94305	95-4724131		57,018	0			Patient Information and Referral
St Marys Hospital700 S Park Street Madison, WI 53715	39-0806393		40,424	0			Patient Information and Referral
St Joseph Regional Rehabilitation Cente1600 Joseph Drive Bryan, TX 77802	74-1282696		35,020	0			Patient Information and Referral
St Catherines of Siena Hospital50 Route 25A Smithtown, NY 11787	06-1562701		35,020	0			Patient Information and Referral
Robert Wood Johnson University Hospital97 Paterson Street Room 206 New Brunswick, NJ 08901	22-6014339		125,000	0			Medical Research
Robert Wood Johnson Univ Hosp120 Albany Street Suite 360 New Brunswick, NJ 08901	22-6014339		52,032	0			Patient Information and Referral
Regents of the University of California710 Westwood Plaza Suite A 153 Los Angeles, CA 90095	94-6036494		35,020	0			Patient Information and Referral
Peninsula Hospital Center 51-15 Beach Channel Drive Far Rockaway, NY 11691	11-6037195		42,024	0			Patient Information and Referral
Orange Coast Memorial Medical Center9940 Talbert Avenue Suite 204 Fountain Valley, CA 92708	33-0332723		42,036	0			Patient Information and Referral

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ochsner Clinic Foundation 1514 Jefferson Highway New Orleans, LA 70121	95-1831116		35,000	0			Patient Information and Referral
New York University Medical Ctr353 Lexington Avenue New York, NY 10016	13-5562309		35,020	0			Patient Information and Referral
New York College of Osteopathic MedicinePO Box 8000 Northern Blvd Old Westbury, NY 11568	23-7190271		34,652	0			Patient Information and Referral
Methodist Healthcare1211 Union Avenue Suite 330 Memphis, TN 38104	62-0479367		34,652	0			Patient Information and Referral
Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224	26-8013125		35,020	0			Patient Information and Referral
MaineHealth Learning Resource Center5 Bucknam Road Suite 1A Falmouth, ME 04105	22-2589873		42,024	0			Patient Information and Referral
LSU Health Sciences Center 1501 Kings Highway Box 33932 Shreveport, LA 71130	72-0702002		31,500	0			Medical Research
Kettering Memorial Hospital 11711 Princeton Pike Suite 341 Springdale, OH 45246	30-0010371		38,000	0			
Kent Hospital455 Toll Gate Road Building 2C Warwick, RI 02886	05-0258896		41,000	0			Patient Information and Referral
Johns Hopkinsc/o 12529 Collections Center Drive Chicago, IL 60693	52-0595110		10,000	0			Medical Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa Health - Des Moines 1200 Pleasant St E-524 Des Moines, IA 50309	42-1195202		40,424	0			Patient Information and Referral
Information & Referral Center and SFL Ch201 East Sample Road Deerfield Beach, FL 33064	65-1021857		35,020	0			Patient Information and Referral
Huntington Memorial Hospital 650 south Fair Oaks Blvd Suite 32 Pasadena, CA 92123	95-1644036		45,000	0			Patient Information and Referral
Hospital of St Raphael1450 Chapel Street New Haven, CT 06511	95-1831116		56,032	0			Patient Information and Referral
Hillcrest Medical Center System1125 South Trenton Tulsa, OK 74120	77-0633896		48,900	0			Patient Information and Referral
HealthSouth Rehabilitation Hospital143 East 2nd Street Erie, PA 16507	63-1105904		38,116	0			Patient Information and Referral
Gulfport Memorial Hospital 1340 Broad Avenue Suite 440 Gulfport, MS 39501	95-1831116		40,424	0			Patient Information and Referral
Emory University School of Medicine401 Woodtuff Memorial Blvd Atlanta, GA 30322	58-0566256		177,024	0			Medical research
Edward White Hosptial2191 9th Avenue N St Petersburg, FL 33713	59-3089836		35,020	0			Patient Information and Referral
East Texas Medical Center 700 Olympic Plaza Suite 904 Tyler, TX 75701	74-1586031		36,752	0			Patient Information and Referral

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crozer Chester Medical Center1 Medical Center Blvd Upland, PA 19013	23-2692637		35,020	0			Patient Information and Referral
Creighton University601 N 30th Street Room 2902B Omaha, NE 68131	47-0376583		40,424	0			Patient Information and Referral
Covenant Hospital3610 22nd Street Suite 300 Lubbock, TX 79410	75-2428911		34,652	0			Patient Information and Referral
Central DuPage Hospital25 North Winfield Road Winfield, IL 60190	36-2813490		176,449	0			Patient Information and Referral
Center for Aging Research and Education18433 Roscoe Blvd Suite 210 Northridge, CA 91325	95-4490770		46,200	0			Patient Information and Referral
Centennial Medical Center 2300 Patterson Street Nashville, TN 37203	95-3062349		35,020	0			Patient Information and Referral
Cedars-Sinai Medical Ctr 8700 Beverly Blvd Room 8215 Los Angeles, CA 90048	95-1644600		56,000	0			Patient Information and Referral
Boston University School of Medicine715 Albany Street Suite C-329 Boston, MA 02118	04-2103545		235,180	0			Medical Research
Benefis Health Care - West Campus500 15th Avenue South Great Falls, MT 59405	81-0480587		40,620	0			Patient Information and Referral
Baylor Neuroscience Center 3600 Gaston Avenue Barnett Tower Dallas, TX 75246	58-2670080		40,000	0			Patient Information and Referral

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Banner Good Smaritan Medical Ctr1012 E Willetta Street Phoenix, AZ 85006	33-0858519		31,500	0			Patient Information and Referral
APDA Information & Referral Ctr8555 Aero Drive Suite 308 San Diego, CA 92123	71-0875246		39,224	0			Patient Information and Referral
Allegheny General Hospital 490 East North Avenue Ste 500 Pittsburgh, PA 15235	95-4724131		12,257	0			Patient Information and Referral
Abbott Northwestern Hospital 800 East 28th Street 39304 Minneapolis, MN 55407	41-0963538		43,420	0			Patient Information and Referral

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
American Parkinson Disease Assoc

Employer identification number
13-1962771

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joel Gerstel	(i)	170,651		13,684		12,305	196,640	123,693
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1962771
Name: American Parkinson Disease Assoc

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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

2009

Open to Public Inspection

Name of the organization
American Parkinson Disease Assoc

Employer identification number
13-1962771

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Provided upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of Interest policy signed by the Board annually Members recuse themselves from voting if there is a potential conflict of interest

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Form 990 was reviewed in detail by Finance & Audit Comittees & distributed electronically to all other board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	1)Elizabeth Braun - Board MemberSister to board member Elena ImperatoDaughter to board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Mario J Esposito Jr , Michael Esposito, Donna Marie Foti, Dr Robert Browne, Lisa Esposito Pidoriano & Sally Ann Esposito-Browne2) Dr Robert Browne - Board MemberHusband of Treasurer & Board Member Sally Ann Esposito BrowneNephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Elizabeth Braun, Mario J Esposito Jr , Michael Esposito, & Elena ImperatoBrother in law to board members Donna Marie Foti & Lisa Esposito-Pidoriano3) Mario J Esposito Jr - Board MemberBrother of board member Michael EspositoNephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Elizabeth Braun, Donna Marie Foti, Elena Imperato, Dr Robert Browne, Sally Ann Esposito-Browne & Lisa Esposito Pidoriano4) Michael Esposito - Board MemberBrother of board member Mario J Esposito Jr Nephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Elizabeth Braun, Donna Marie Foti, Elena Imperato, Dr Robert Browne, Sally Ann Esposito-Browne & Lisa Esposito Pidoriano5)Donna Marie Foti - Board MemberNiece of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Elizabeth Braun, Elena Imperato, Michael Esposito & Mario J Esposito Jr Sister of board members Sally Ann Browne Esposito & Lisa Esposito PidorianoSister in law of board member Dr Robert Browne6)Lisa Esposito Pidoriano - Board MemberNiece of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Elizabeth Braun, Elena Imperato, Michael Esposito & Mario J Esposito Jr Sister of board members Sally Ann Browne Esposito & Donna Marie Foti Sister in law of board member Dr Robert Browne7) Elena Imperato - Board MemberDaughter of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo MaestroneCousin to board members Mario J Esposito Jr , Michael Esposito, Lisa Esposito Pidoriano, Donna Marie Foti,Sally Ann Esposito Browne & Dr Robert BrowneSister of board member Elizabeth Braun 8) Sophia Maestrone - Board memberWife of Director of Scientific Affairs Gianpaolo MaestroneMother of board members Elena Imperato & Elizabeth BraunAunt of board members Mario J Esposito Jr , Michael Esposito, Sally Ann Esposito Browne, Dr Robert Browne, Lisa Esposito Pidoriano & Donna Marie Foti9) Gianpaolo Maestrone - Director of Scientific AffairsHusband of board member Sophia MaestroneFather of board members Elena Imperato & Elizabeth BraunUncle of board members Mario J Esposito Jr , Michael Esposito, Sally Ann Esposito Browne, Dr Robert Browne, Lisa Esposito Pidoriano & Donna Marie Foti10) Edward Clark - Maintenance EngineerSon in Law of former President & Board member Vincent Gatullo11)Vincent Gatullo - President & Board MemberFather in law of maintenance engineer Edward Clark12) George Esposito - Board member 2nd Cousin to board members Elizabeth Braun, Donna Marie Foti, Mario J Esposito Jr , Michael Esposito, Elena Imperato, Dr Robert Browne, Sally Ann Esposito Browne & Lisa Espositom PidorianoSon of nephew of board member Sophia Maestrone & Director of Scientific Affairs Gianpaolo Maestrone13) Sally Ann Esposito Browne - Treasurerwife of Dr Robert Browne, Board member, and related to several other board members

Identifier	Return Reference	Explanation
	Client Note1	Statement Note 1Form 990, Part VI, Line 80bStatement of Other Information on Related OrganizationNote 1 Various officers & directors of the American Parkinson Disease Assn , Inc are members of the Board of Directors of International Parkinson Fonds, a not-for-profit Netherlands Corporation and Internationale Parkinson Fonds (Deutschland) GmbH in Germany These organizations were formed to raise funds for Parkinson disease in those countries International Parkinson Fonds(Netherlands) and Internationale Parkinson Fonds (Germany)are independent entities and are not controlled or affiliated with the American Parkinson Disease Assn , Inc