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CLIENT'S COPY



AMERICAN PARKINSON DISEASE ASSOC.  
PO BOX 61420  
STATEN ISLAND, NY 10306

AMERICAN PARKINSON DISEASE ASSOC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION  
RETURNS, AS FOLLOWS...

2020 FORM 990

2020 CALIFORNIA FORM 199

2020 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING  
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

WISS & COMPANY, LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
AUGUST 31, 2021

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**PREPARED FOR:**

AMERICAN PARKINSON DISEASE ASSOC.  
PO BOX 61420  
STATEN ISLAND, NY 10306

---

**PREPARED BY:**

WISS & COMPANY, LLP  
100 CAMPUS DRIVE  
FLORHAM PARK, NJ 07932

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY JULY 15, 2022

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning SEP 1, 2020, and ending AUG 31, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**AMERICAN PARKINSON DISEASE ASSOC.**

**13-1962771**

Name and title of officer or person subject to tax

**LESLIE CHAMBERS  
PRESIDENT/CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>14,649,882.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize WISS & COMPANY, LLP to enter my PIN 10305  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22635907039**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Taxpayer identification number (TIN) <b>13-1962771</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 61420</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STATEN ISLAND, NY 10306</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHRIS SALICCO**

- The books are in the care of ▶ **PO BOX 61420 - STATEN ISLAND, NY 10306**  
Telephone No. ▶ **347-329-1396** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **SEP 1, 2020**, and ending **AUG 31, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>AMERICAN PARKINSON DISEASE ASSOC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 61420</b> City or town, state or province, country, and ZIP or foreign postal code <b>STATEN ISLAND, NY 10306</b>	<b>D</b> Employer identification number <b>13-1962771</b>
	<b>F</b> Name and address of principal officer: <b>LESLIE CHAMBERS</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>718-981-8001</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>G</b> Gross receipts \$ <b>17,963,814.</b>
<b>J</b> Website: <b>WWW.APDAPARKINSON.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: <b>1961</b>	<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>EVERY DAY WE PROVIDE THE SUPPORT, EDUCATION, AND RESEARCH THAT WILL HELP EVERYONE IMPACTED BY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>42</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>500</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>11,571,893.</b>
9 Program service revenue (Part VIII, line 2g)		<b>0.</b>	<b>0.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>202,431.</b>	<b>762,111.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>-189,364.</b>	<b>35,412.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>11,584,960.</b>	<b>14,649,882.</b>
<b>Expenses</b>		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,264,618.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,686,271.</b>	<b>3,676,692.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>221,929.</b>	<b>263,256.</b>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,897,202.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,665,712.</b>	<b>5,003,798.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,838,530.</b>	<b>11,860,852.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>-253,570.</b>	<b>2,789,030.</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>17,412,701.</b>	<b>20,731,785.</b>
	21 Total liabilities (Part X, line 26)	<b>3,995,640.</b>	<b>3,742,857.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>13,417,061.</b>	<b>16,988,928.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>LESLIE CHAMBERS, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANA MILLER</b>	Preparer's signature <i>Diana Miller</i>
	Firm's name ▶ <b>WISS &amp; COMPANY, LLP</b>	Date <b>6/03/22</b>
	Firm's address ▶ <b>100 CAMPUS DRIVE FLORHAM PARK, NJ 07932</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01597612</b>
		Firm's EIN ▶ <b>22-1732349</b>
		Phone no. <b>973-994-9400</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA) IS THE LARGEST GRASSROOTS NETWORK DEDICATED TO FIGHTING PARKINSON'S DISEASE (PD) AND WORKS TIRELESSLY TO HELP THE APPROXIMATELY ONE MILLION PEOPLE WITH PD IN THE UNITED STATES LIVE LIFE TO THE FULLEST IN THE FACE OF THIS

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,999,481. including grants of \$ ) (Revenue \$ ) PUBLIC AWARENESS - APDA CURRENTLY PROVIDES (ON-LINE AND IN PRINT) MORE THAN 47 FREE EDUCATIONAL PUBLICATIONS, 32 IN ENGLISH AND 15 IN SPANISH, TO ADDRESS MEDICAL AND SOCIAL ASPECTS OF THE DIAGNOSIS, TREATMENT AND CARE OF PARKINSON DISEASE PATIENTS. DISTRIBUTED THROUGH APDA 15 CHAPTERS (13 OF WHICH ARE FULLY ACTIVE), I&R CENTERS, AND WITH ITS "800" CALL LINE, APDA ALSO RAISES AWARENESS THROUGH TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS ENTITLED "LIVE WITH OPTIMISM" "LOOK CLOSER" AND "MIRA MS DE CERCA" THAT HAVE AIRED NATIONWIDE SINCE 2015. APPROXIMATELY 240,000 NEWSLETTERS ARE MAILED ANNUALLY. CONTRIBUTED SERVICES INCLUDE DONATED MEDIA (TELEVISION AND RADIO BROADCASTING AND OTHER FORMS OF MEDIA, INCLUDING PUBLIC SERVICE ANNOUNCEMENTS) VALUED AT APPROXIMATELY \$10,315,025 FOR THE YEAR ENDED

4b (Code: ) (Expenses \$ 1,906,352. including grants of \$ 489,678. ) (Revenue \$ ) PATIENT SERVICES AND EDUCATIONAL PROGRAMS - APDA AIMS TO SUPPORT EVERY PERSON AND EVERY FAMILY IMPACTED BY PARKINSON'S. THROUGH ITS NATIONWIDE SYSTEM OF CHAPTERS AND INFORMATION & REFERRAL (I&R) CENTERS, APDA UNIQUELY DELIVERS EDUCATION, SUPPORT AND PATIENT SERVICES TO AMERICANS WITH PARKINSON'S AND THEIR FAMILIES EACH DAY. 17 INFORMATION AND REFERRAL CENTERS ARE FUNDED. APDA CONDUCTED 7 NATIONAL PATIENT WEBINARS ON TOPICS THAT ADDRESS THE SYMPTOMS AND TREATMENT OF PARKINSON'S DISEASE AND REACHED OVER 100,000 INDIVIDUALS. THE NATIONAL SUPPORT GROUP PROGRAM "PRESS", PARKINSON'S ROADMAP FOR SUPPORT AND SERVICES, WAS SUCCESSFULLY OFFERED IN 21 MARKETS.

4c (Code: ) (Expenses \$ 2,965,493. including grants of \$ 2,427,428. ) (Revenue \$ ) RESEARCH - APDA PROUDLY INVESTS IN EIGHT CENTERS FOR ADVANCED RESEARCH AND SUPPORTS GRANTS TO FUND THE MOST PROMISING SCIENCE FOCUSED ON DISCOVERING THE CAUSE(S) AND FINDING THE CURE FOR PARKINSON'S DISEASE. SINCE ITS FOUNDING IN 1961, APDA HAS BEEN A FUNDING PARTNER IN MANY OF THE MAJOR PD SCIENTIFIC BREAKTHROUGHS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,871,326.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
**CHRIS SALICCO - 347-329-1396**  
**PO BOX 61420, STATEN ISLAND, NY 10306**

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) THOMAS K. PENETT, ESQ. CHAIRMAN	1.50	X		X				0.	0.	0.
(2) SALLY ANN ESPOSITO BROWNE VICE CHAIR	1.50	X		X				0.	0.	0.
(3) BERNARD BATTISTA TREASURER	1.50	X		X				0.	0.	0.
(4) DONNA J.C. FANELLI, DNP SECRETARY	1.50	X		X				0.	0.	0.
(5) PATRICK MCDERMOTT EXECUTIVE COMMITTEE MEMBER	1.50	X						0.	0.	0.
(6) ATHOL COCHRANE DIRECTOR	0.50	X						0.	0.	0.
(7) DAVID G. STANDAERT, MD, PHD DIRECTOR	0.50	X						0.	0.	0.
(8) ELENA MAESTRONE IMPERATO DIRECTOR	0.50	X						0.	0.	0.
(9) ELIZABETH BRAUN, RN DIRECTOR	0.50	X						0.	0.	0.
(10) LISA ESPOSITO, DVM DIRECTOR	0.50	X						0.	0.	0.
(11) MARIO J. ESPOSITO, JR. DIRECTOR	0.50	X						0.	0.	0.
(12) MICHAEL MELNICKE DIRECTOR	0.50	X						0.	0.	0.
(13) LESLIE A. CHAMBERS PRESIDENT/CEO	40.00			X				271,932.	0.	47,612.
(14) MICHELLE MCDONALD SR. VP, CHAPTER DEVELOPMENT & FIELD	40.00				X			151,707.	0.	41,085.
(15) REBECCA GILBERT VP, CHIEF SCIENTIFIC OFFICER	30.00					X		148,565.	0.	51,946.
(16) ROBIN KORNHABER SR. VP PROGRAMS & SERVICES	40.00					X		146,748.	0.	34,038.
(17) ELOISE CAGGIANO VP, DEVELOPMENT, MARKETING & COMMUNI	40.00					X		129,962.	0.	29,057.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) CHERYL WEINER DIRECTOR FINANCE & ADMINISTRATION	40.00					X		117,804.	0.	28,829.
<b>1b Subtotal</b>								966,718.	0.	232,567.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								966,718.	0.	232,567.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST PUBLISHING 4000 SE ADAMS ST, TOPEKA, KS 66609-1481	DIRECT MAIL VENDOR	1,641,468.
THOMPSON, HABIB & DENISON, INC, 55 OLD BEDFORD RD, SUITE 201, LINCOLN, MA 01773	DIRECT MAIL CONSULTANTS	427,520.
AOIC, LLC, ONE EAST UWCHLAN AVE, SUITE 408, EXTON, PA 19341	WEBINAR CONSULTING	367,626.
FORWARD PMX AGENCY, LLC, ONE WORLD TRADE CENTER-63RD FL, NEW YORK, NY 10007	DIRECT MAIL LIST MANAGEMENT	169,133.
INNOVAIRRE COMMUNICATION PO BOX 799, MT PLEASANT, IA 52641	DIRECT MAIL VENDOR	142,615.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	1a 223,084.				
	<b>b</b>	Membership dues .....	1b				
	<b>c</b>	Fundraising events .....	1c 1,304,717.				
	<b>d</b>	Related organizations .....	1d				
	<b>e</b>	Government grants (contributions) .....	1e 502,700.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	1f 11,821,858.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	1g \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		13,852,359.			
Program Service Revenue	<b>2 a</b>	_____	Business Code				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		118,593.		118,593.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	31,884.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	6b 0.				
	<b>c</b>	Rental income or (loss)	6c 31,884.				
	<b>d</b>	Net rental income or (loss) .....		31,884.		31,884.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	3,785,119.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	7b 3,141,601.				
	<b>c</b>	Gain or (loss) .....	7c 643,518.				
<b>d</b>	Net gain or (loss) .....		643,518.		643,518.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,304,717. of contributions reported on line 1c). See Part IV, line 18 .....		31,284.				
<b>b</b>	Less: direct expenses .....	8b 172,331.					
<b>c</b>	Net income or (loss) from fundraising events .....		-141,047.		-141,047.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....		15,648.				
<b>b</b>	Less: direct expenses .....	9b 0.					
<b>c</b>	Net income or (loss) from gaming activities .....		15,648.		15,648.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....	10b					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	EMPLOYEE RETENTION REVENUE	Business Code 900099	128,927.		128,927.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		128,927.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		14,649,882.	0.	0.	797,523.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,917,106.	2,917,106.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	319,544.	232,022.	52,856.	34,666.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,485,540.	1,804,748.	411,137.	269,655.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	298,344.	216,627.	49,350.	32,367.
<b>9</b> Other employee benefits .....	380,976.	276,626.	63,018.	41,332.
<b>10</b> Payroll taxes .....	192,288.	139,620.	31,807.	20,861.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	270,502.	196,410.	44,744.	29,348.
<b>c</b> Accounting .....	82,750.	60,085.	13,688.	8,977.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	263,256.			263,256.
<b>f</b> Investment management fees .....	29,111.	21,137.	4,815.	3,159.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,120,472.	923,300.	168,204.	28,968.
<b>12</b> Advertising and promotion .....	8,928.	6,484.	1,477.	967.
<b>13</b> Office expenses .....	228,167.	191,403.	36,372.	392.
<b>14</b> Information technology .....	396,624.	244,484.	37,205.	114,935.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	169,270.	123,495.	28,133.	17,642.
<b>17</b> Travel .....	38,691.	28,094.	6,400.	4,197.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,000.	2,178.	496.	326.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	132,379.	96,120.	21,897.	14,362.
<b>23</b> Insurance .....	76,633.	55,642.	12,676.	8,315.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>POSTAGE</b> .....	1,075,292.	562,928.	34,940.	477,424.
<b>b</b> <b>STATIONERY AND PRINTING</b> .....	899,304.	491,624.	34,553.	373,127.
<b>c</b> <b>MAILINGS</b> .....	289,746.	148,368.	8,298.	133,080.
<b>d</b> <b>TELEPHONE</b> .....	96,308.	69,929.	15,930.	10,449.
<b>e</b> All other expenses .....	86,621.	62,896.	14,328.	9,397.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	11,860,852.	8,871,326.	1,092,324.	1,897,202.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,923,786.	<b>1</b>	5,861,310.
	<b>2</b> Savings and temporary cash investments .....	2,429,886.	<b>2</b>	3,955,628.
	<b>3</b> Pledges and grants receivable, net .....	40,908.	<b>3</b>	19,999.
	<b>4</b> Accounts receivable, net .....	156,445.	<b>4</b>	349,194.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	172,607.	<b>9</b>	214,619.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,303,640.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,884,057.	2,250,606.	<b>10c</b> 2,419,583.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,712,429.	<b>12</b>	3,708,492.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,726,034.	<b>15</b>	4,202,960.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,412,701.	<b>16</b>	20,731,785.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	471,913.	<b>17</b>	762,597.
	<b>18</b> Grants payable .....	2,875,457.	<b>18</b>	2,233,685.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	648,270.	<b>25</b>	746,575.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,995,640.	<b>26</b>	3,742,857.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,451,323.	<b>27</b>	10,537,195.
	<b>28</b> Net assets with donor restrictions .....	5,965,738.	<b>28</b>	6,451,733.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,417,061.	<b>32</b>	16,988,928.
<b>33</b> Total liabilities and net assets/fund balances .....	17,412,701.	<b>33</b>	20,731,785.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,649,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,860,852.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,789,030.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,417,061.
5	Net unrealized gains (losses) on investments	5	782,837.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,988,928.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11433538.	10380340.	11720995.	11571893.	13852359.	58959125.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11433538.	10380340.	11720995.	11571893.	13852359.	58959125.
<b>5</b> 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) .....						524,079.
<b>6 Public support.</b> Subtract line 5 from line 4.						58435046.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11433538.	10380340.	11720995.	11571893.	13852359.	58959125.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	84,744.	97,991.	135,841.	216,616.	150,477.	685,669.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	4,786.			10,383.	160,211.	175,380.
<b>11 Total support.</b> Add lines 7 through 10						59820174.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.68 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	97.78 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**REIMBURSEMENTS**

2016 AMOUNT: \$ 4,786.

2019 AMOUNT: \$ 10,383.

**EMPLOYEE RETENTION REVENUE**

2020 AMOUNT: \$ 128,927.

**FUNDRAISING**

2020 AMOUNT: \$ 31,284.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number <b>13-1962771</b>
------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF CHARLES RODIS 2775 ORANGE GROVE TRL NAPLES, FL 34120	\$ 277,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF GAIL S. HOLLENBECK 9507 MARSTAN RD PHILADELPHIA, PA 19118	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF STEPHEN SCHECTER 11 BROADWAY STE 615 NEW YORK, NY 10004	\$ 345,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF WAYNE LARSON 10101 270TH ST NW STANWOOD, WA 98292	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SIMONE CHARITABLE FOUNDATION 8800 GAINNEY CENTER DR SCOTTSDALE, AZ 85258	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 502,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
----------------------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number <b>13-1962771</b>
------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	173,077.	172,961.	172,961.	172,944.	172,944.
b Contributions					
c Net investment earnings, gains, and losses	1,004.	126.	123.	138.	133.
d Grants or scholarships					
e Other expenditures for facilities and programs		10.	123.	121.	133.
f Administrative expenses					
g End of year balance	174,081.	173,077.	172,961.	172,961.	172,944.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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.	1,496,184.	1,324,443.
c Leasehold improvements		483,158.	127,361.	355,797.
d Equipment		170,244.	157,777.	12,467.
e Other		133,540.	102,735.	30,805.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,419,583.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) <b>MUTUAL FUNDS-EQUITIES</b>	3,519,832.	END-OF-YEAR MARKET VALUE
(B) <b>MUTUAL FUNDS-FIXED INCOME</b>	188,660.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,708,492.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN PERPETUAL TRUST</b>	1,551,169.
(2) <b>BENEFICIAL INTEREST IN REMAINDER TRUSTS</b>	2,651,791.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,202,960.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CHARITABLE GIFT ANNUITIES PAYABLE</b>	128,623.
(3) <b>PAYCHECK PROTECTION PROGRAM LOAN</b>	617,952.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	746,575.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	20,629,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	295,587.	
b	Donated services and use of facilities	2b	5,053,225.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	659,581.	
e	Add lines 2a through 2d	2e		6,008,393.
3	Subtract line 2e from line 1		3	14,620,771.
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	29,111.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		29,111.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,649,882.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,057,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,053,225.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	172,331.	
e	Add lines 2a through 2d	2e		5,225,556.
3	Subtract line 2e from line 1		3	11,831,741.
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	29,111.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		29,111.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,860,852.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

APDA IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. APDA HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.

OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX ("UBIT"). ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE MOST SIGNIFICANT JURISDICTIONS IN WHICH APDA

**Part XIII** Supplemental Information (continued)

IS REQUIRED TO FILE TAX RETURNS INCLUDE THE U.S. FEDERAL JURISDICTION AND THE STATE OF NEW YORK, ALTHOUGH APDA FILES IN ALMOST EVERY STATE. APDA IS SUBJECT TO EXAMINATION BY THE FEDERAL TAXING AUTHORITY UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. AS OF AUGUST 31, 2021, TAX YEARS ENDING IN 2018 THROUGH 2020 ARE OPEN TO EXAMINATION, WITH LIMITED EXCEPTIONS FOR VARIOUS STATES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	172,331.
CHANGE IN VALUE OF BENEFICIAL INTEREST	487,250.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	659,581.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	172,331.
----------------------	----------

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THOMSON HABIB & DENISON - 55 OLD BEDFORD RD, SUITE 201,	FUNDRAISING COUNSEL		X	1,421,804.	427,520.	994,284.
<b>Total</b>				1,421,804.	427,520.	994,284.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		OPTIMISM WALK (event type)	GALA (event type)	3 (total number)		
Revenue	1	Gross receipts	775,150.	330,943.	229,908.	1,336,001.
	2	Less: Contributions	775,150.	330,943.	198,624.	1,304,717.
	3	Gross income (line 1 minus line 2)			31,284.	31,284.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	811.			811.
	7	Food and beverages	1,000.	5,656.	25,149.	31,805.
	8	Entertainment				
	9	Other direct expenses	50,847.	22,065.	66,803.	139,715.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				172,331.
11	Net income summary. Subtract line 10 from line 3, column (d)				-141,047.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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		15,648.	15,648.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				15,648.

9 Enter the state(s) in which the organization conducts gaming activities: IA, MA, WA  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a	%
b	An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CHRIS SALICCO

Address ▶ PO BOX 61420 - STATEN ISLAND, NY 10306

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ CHRIS SALICCO

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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: THOMSON HABIB & DENISON

(I) ADDRESS OF FUNDRAISER: 55 OLD BEDFORD RD, SUITE 201, LINCOLN, MA 01773



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABBOT NORTHWESTERN HOSPITAL 800 E. 28TH STREET, MR 12209 MINNEAPOLIS, MN 55447	04-3643816	501(C)(3)	47,565.	0.			INFORMATION & REFERRAL
BOSTON UNIVERSITY SCHOOL OF MEDICINE - 72 EAST CONCORD STREET - BOSTON, MA 02118	04-2103545	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
BOSTON UNIVERSITY 72 EAST CONCORD STREET BOSTON, MA 02118	04-2103545	501(C)(3)	87,000.	0.			INFORMATION & REFERRAL
BOSTON UNIVERSITY SCHOOL OF MEDICINE - 72 EAST CONCORD STREET - BOSTON, MA 02118	04-2103545	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY SCHOOL OF MEDICINE - 6000 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30322	58-0566256	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY SCHOOL OF MEDICINE - 6000 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30322	58-0566256	501(C)(3)	100,000.	0.			MEDICAL RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 34.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2020



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY SCHOOL OF MEDICINE - 101 WOODRUFF CIR, ROOM 6207 - ATLANTA, GA 30322	58-0566256	501(C)(3)	50,000.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY SCHOOL OF MEDICINE - 800 E. 28TH STREET, MR 12209 - MINNEAPOLIS, MN 55407	58-0566256	501(C)(3)	40,000.	0.			INFORMATION & REFERRAL
GEORGETOWN UNIVERSITY 3970 RESERVOIR RD, N.W. WASHINGTON, DC 20057	53-0196603	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
GLOBAL BRITAIN HEALTH INSTITUTE 675 NELSON RISING LANE SAN FRANCISCO, CA 94158	98-0205594	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
ICAHN SCH OF MEDICINE @ MT SINAI 1470 MADISON AVE ROOM 8-116 NEW YORK, NY 10029	13-6171197	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	501(C)(3)	15,000.	0.			INFORMATION & REFERRAL
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310	58-1438873	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
NY INSTITUTE OF TECHNOLOGY PO BOX 8000 OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	29,700.	0.			INFORMATION & REFERRAL
NY PRESBYTERIAN BROOKLYN METHODIST HOSPITAL - 263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215	11-1631796	501(C)(3)	30,000.	0.			INFORMATION & REFERRAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	36-4631835	501(C)(3)	12,500.	0.			MEDICAL RESEARCH
PACIFIC NEUROSCIENCE INSTITUTE/ST JOHN - 2125 ARIZONA AVENUE - SANTA MONICA, CA 90404	95-6100079	501(C)(3)	30,000.	0.			INFORMATION & REFERRAL
PENN STATE UNIVERSITY HERSHEY MEDICAL CENTER - 500 UNIVERSITY DRIVE - HERSHEY, PA 17033	24-6000376	501(C)(3)	15,000.	0.			INFORMATION & REFERRAL
REHABILITATION INSTITUTE OF CHICAGO SHIRLEY RYAN ABILITY LAB - 355 E. ERIE STREET - CHICAGO, IL 60611	36-2256036	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR - PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	200,000.	0.			MEDICAL RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 683 HOES LANE, ROOM 180 - PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	50,000.	0.			INFORMATION & REFERRAL
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 110 FRELINGHUYSEN ROAD - PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
SIERRA VETERANS RESEARCH & EDUCATION FOUNDATION - 975 KIRMAN AVENUE - RENO, NV 89502	20-8903914	501(C)(3)	30,000.	0.			INFORMATION & REFERRAL
ST. CATHERINE'S OF SIENNA 50 ROUTE 25A SMITHTOWN, NY 11787	06-1562701	501(C)(3)	29,700.	0.			INFORMATION & REFERRAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY MEDICAL CTR. -1 - 1635 DIVISADERO STREET, SUITE 520 - SAN FRANCISCO, CA 94115	94-1156365	501(C)(3)	8,250.	0.			INFORMATION & REFERRAL
THE BRIGHAM & WOMENS HOSPITAL, INC. - 60 FENWOOD ROAD - BOSTON, MA 02115	04-2312909	501(C)(3)	275,000.	0.			MEDICAL RESEARCH
THE BRIGHAM & WOMENS HOSPITAL, INC. - 60 FENWOOD ROAD - BOSTON, MA 02115	04-2312909	501(C)(3)	12,500.	0.			MEDICAL RESEARCH
THE BRIGHAM & WOMENS HOSPITAL, INC. - 75 FRANCIS STREET - BOSTON, MA 02115	04-2312909	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
THE BRIGHAM AND WOMENS HOSPITAL, INC. - 60 FENWOOD ROAD - BOSTON, MA 02115	04-2312909	501(C)(3)	100,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS
THE UNIVERSITY OF TEXAS HEALTH SCIENCE - 3925 WEST BRAKER LANE - AUSTIN, TX 78759	74-1761309	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 635 COMMONWEALTH AVENUE BOSTON, MA 02115	04-2103547	501(C)(3)	52,000.	0.			REHAB CENTER
TRUSTEES OF THE UNIVERSITY OF PA 440 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	12,500.	0.			MEDICAL RESEARCH
IOWA HEALTH - DES MOINES 1200 PLEASANT STREET DES MOINES, IA 50309	42-1195202	501(C)(3)	13,750.	0.			INFORMATION & REFERRAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA @ BIRMINGHAM 1719 6TH AVE S CIRC 525 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA @ BIRMINGHAM 619 19TH ST S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA @ BIRMINGHAM 60 FENWOOD ROAD BOSTON, MA 02115	63-6005396	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA @ BIRMINGHAM 1720 7TH AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	34,650.	0.			INFORMATION & REFERRAL
UNIVERSITY OF CALIFORNIA - IRVINE 825 HEALTH SCIENCES ROAD IRVINE, CA 92617	95-2226406	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA - SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - 1635 DIVISADERO STREET, SUITE 520 - SAN FRANCISCO, CA 94115	94-6036493	501(C)(3)	29,919.	0.			INFORMATION & REFERRAL
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	35,000.	0.			INFORMATION & REFERRAL
UNIVERSITY OF MARYLAND HOSPITAL 110 S. PACA STREET, 3RD FLOOR BALTIMORE, MD 21201	52-2238893	501(C)(3)	13,500.	0.			INFORMATION & REFERRAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF VIRGINIA HEALTH SYSTEMS - PO BOX 800394 - CHARLOTTESVILLE, VA 22908	23-7173411	501(C)(3)	29,700.	0.			INFORMATION & REFERRAL
UNIVERSITY OF ALABAMA @ BIRMINGHAM 1900 UNIVERSITY BLVD BIRMINGHAM, AL 35294	36-2177139	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294	36-2177139	501(C)(3)	50,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA - SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	50,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF DENVER 2155 E. WESLEY AVENUE DENVER, CO 80210	84-0404231	501(C)(3)	37,500.	0.			MEDICAL RESEARCH
UNIVERSITY OF MIAMI 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-0624458	501(C)(3)	17,500.	0.			INFORMATION & REFERRAL
UNIVERSITY OF PITTSBURGH-ADV CTR PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	100,000.	0.			MEDICAL RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 9500 GILMAN DR - LA JOLLA, CA 92093	43-0653611	501(C)(3)	100,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

APDA HAS A SCIENTIFIC ADVISORY BOARD (SAB) THAT RECOMMENDS THE RECIPIENTS OF THE GRANTS, WHO ARE IN TURN 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 MORE THAN ONE YEAR SUBMIT ANNUAL PROGRESS REPORTS. INFORMATION AND REFERRAL CENTERS ARE MONITORED FOR VOLUME ACTIVITY AND

**Part IV** Supplemental Information

SIMILARLY, AFTER THE INITIAL PAYMENT, SUBSEQUENT PAYMENTS ARE CONTINGENT UPON RECEIPT OF PROGRESS REPORTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on 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**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	(i)	270,149.	0.	1,783.	35,541.	12,071.	319,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE MCDONALD SR. VP, CHAPTER DEVELOPMENT & FIELD	(i)	151,417.	0.	290.	19,828.	21,257.	192,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA GILBERT VP, CHIEF SCIENTIFIC OFFICER	(i)	148,367.	0.	198.	19,418.	32,528.	200,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBIN KORNHABER SR. VP PROGRAMS & SERVICES	(i)	145,221.	0.	1,527.	19,180.	14,858.	180,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELOISE CAGGIANO VP, DEVELOPMENT, MARKETING & COMMUNI	(i)	129,831.	0.	131.	16,986.	12,071.	159,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:**

(A) NAME OF PERSON: DAVID G. STANDAERT, MD, PHD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NONVOTING MEMBER, BOD

(C) AMOUNT OF GRANT \$ 247,150.

(D) TYPE OF ASSISTANCE: GRANTS

(E) PURPOSE OF ASSISTANCE: RESEARCH/ I&R

**SCHEDULE L, PART III, LINE 1:**

DAVID G. STANDAERT, MD, PHD IS A NONVOTING MEMBER OF THE BOARD OF DIRECTORS OF APDA AND IS ALSO CHAIRMAN OF THE SCIENTIFIC ADVISORY BOARD. IN ADDITION, THIS MEMBER HEADS THE DEPARTMENT OF NEUROLOGY AT THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND RECEIVED RESEARCH FUNDING IN THE AMOUNT OF \$112,500, ADVANCED CENTER FUNDING IN THE AMOUNT OF \$100,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF \$34,650 FOR THE FISCAL YEARS ENDED AUGUST 31, 2021.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARKINSON'S DISEASE LIVE LIFE TO THE FULLEST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHRONIC, NEUROLOGICAL DISORDER. FOUNDED IN 1961, APDA HAS RAISED AND  
INVESTED MORE THAN \$226 MILLION TO PROVIDE OUTSTANDING PATIENT SERVICES  
AND EDUCATIONAL PROGRAMS, ELEVATE PUBLIC AWARENESS ABOUT THE DISEASE,  
AND SUPPORT RESEARCH DESIGNED TO UNLOCK THE MYSTERIES OF PD AND  
ULTIMATELY PUT AN END TO THIS DISEASE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AUGUST 31, 2020 AND \$5,053,225 FOR THE YEAR ENDED AUGUST 31, 2021. THE  
FAIR VALUE OF THE DONATED MEDIA IS DETERMINED BASED ON CONSIDERATION OF  
CASH PAYMENTS TYPICALLY MADE BY BUYERS FOR SIMILAR ADVERTISING AND  
MEDIA, STANDARD DISCOUNTS GIVEN FOR SIMILARLY PLACED MEDIA, THE MEDIA  
TYPE AND PLACEMENT AND OTHER CONSIDERATIONS.

APDA DOES NOT RECOGNIZE ANY REVENUE OR EXPENSE FROM SERVICES  
CONTRIBUTED BY VOLUNTEERS BECAUSE IT DOES NOT MEET THE CRITERIA FOR  
RECOGNITION UNDER FASB ASC 958, NOT-FOR-PROFIT ENTITIES.

FORM 990, PART VI, SECTION A, LINE 2:

1. ELIZABETH BRAUN - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELENA IMPERATO.
2. LISA ESPOSITO - BOARD MEMBER. SHE IS A SISTER TO VICE CHAIR SALLY ANN ESPOSITO BROWNE.
3. ELENA MAESTRONE IMPERATO - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
---------------------------------------------------------------	----------------------------------------------

ELIZABETH BRAUN.

4. SALLY ANN ESPOSITO BROWNE - VICE CHAIR. SHE IS A SISTER TO BOARD MEMBER LISA ESPOSITO.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED IN DETAIL BY FINANCE AND AUDIT COMMITTEES AND DISTRIBUTED ELECTRONICALLY TO ALL OTHER BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY SIGNED BY THE BOARD ANNUALLY. MEMBERS RECUSE THEMSELVES FROM VOTING IF THERE IS POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

INDEPENDENT COMPENSATION COMMITTEE FORMED TO APPROVE THE SALARIES OF THE PRESIDENT/ CEO AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY, OH, OK, RI, TN, TX, UT, VT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AVAILABLE ON WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND POLICIES PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR ENDED 8/31/21, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
---------------------------------------------------------------	----------------------------------------------

## FORM 990, PART I AND PART X - RESTATEMENT OF OPENING BALANCES:

CERTAIN PRIOR PERIOD AMOUNTS HAVE BEEN RESTATED TO CONFORM TO THE CURRENT YEAR PRESENTATION. SPECIFICALLY, APDA ADJUSTED THE 2020 FINANCIAL STATEMENTS TO REFLECT AN ADDITIONAL \$289,000 IN GRANTS PAYABLE AND GRANT EXPENSES.

## FORM 990, PART I:

1) LINE 13, PRIOR YEAR COLUMN: ORIGINALLY REPORTED \$2,975,618 RESTATED TO: \$3,264,618.

2) LINE 19, PRIOR YEAR COLUMN: ORIGINALLY REPORTED \$35,430 RESTATED TO: -\$253,570

3) LINE 21, PRIOR YEAR COLUMN: ORIGINALLY REPORTED \$3,706,640 RESTATED TO: \$3,995,640

4) LINE 22, PRIOR YEAR COLUMN: ORIGINALLY REPORTED \$13,706,061 RESTATED TO: \$13,417,061

## FORM 990, PART X:

1) LINE 18, GRANTS PAYABLE: ORIGINALLY REPORTED \$2,586,457 RESTATED TO: \$2,875,457.

2) LINE 26, TOTAL LIABILITIES: ORIGINALLY REPORTED \$3,706,640 RESTATED TO: \$3,995,640

3) LINE 27, NET ASSETS WITHOUT DONOR RESTRICTIONS: ORIGINALLY REPORTED: \$7,740,323 RESTATED TO: \$7,451,323.

4) LINE 32, TOTAL NET ASSETS: ORIGINALLY REPORTED \$13,706,061 RESTATED TO: \$13,417,061

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
AUGUST 31, 2021

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**PREPARED FOR:**

AMERICAN PARKINSON DISEASE ASSOC.  
PO BOX 61420  
STATEN ISLAND, NY 10306

---

**PREPARED BY:**

WISS & COMPANY, LLP  
100 CAMPUS DRIVE  
FLORHAM PARK, NJ 07932

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**



**California Exempt Organization  
Annual Information Return**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **09/01/2020**, and ending (mm/dd/yyyy) **08/31/2021**

Corporation/Organization name <b>AMERICAN PARKINSON DISEASE ASSOC.</b>		California corporation number <b>1672668</b>
Additional information. See instructions.		FEIN <b>13-1962771</b>
Street address (suite or room) <b>PO BOX 61420</b>		PMB no.
City <b>STATEN ISLAND</b>	State <b>NY</b>	ZIP code <b>10306</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) .....</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) Sch H (990)          (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption ..... Yes <input checked="" type="checkbox"/> No          If "Yes," what is the parent's name? .....</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. .... Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? ..... Yes <input checked="" type="checkbox"/> No          If "Yes," enter the gross receipts from nonmember sources \$ .....</p> <p><b>L</b> Is the organization a limited liability company? ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? ..... Yes <input checked="" type="checkbox"/> No          Date filed with IRS .....</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	1	4,111,455	00
	2	Gross dues and assessments from members and affiliates .....	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b> .....	3	13,852,359	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B .....	4	17,963,814	00
	5	Cost of goods sold .....	5		00
	6	Cost or other basis, and sales expenses of assets sold .....	6	3,141,601	00
	7	Total costs. Add line 5 and line 6 .....	7	3,141,601	00
	8	Total gross income. Subtract line 7 from line 4 .....	8	14,822,213	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18 .....	9	12,033,183	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	10	2,789,030	00
<b>Filing Fee</b>	11	Total payments .....	11		00
	12	Use tax. See General Information K .....	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 .....	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 .....	14		00
	15	Penalties and Interest. See General Information J .....	15		00
	16 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result .....	16		00	

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Title <b>PRESIDENT/CEO</b>	Date	<input type="checkbox"/> Telephone <b>718-981-8001</b> <input type="checkbox"/> PTIN <b>P01597612</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>6/03/2022</b>	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> Firm's FEIN <b>22-1732349</b> <input type="checkbox"/> Telephone <b>973-994-9400</b>
	Firm's name (or yours, if self-employed) and address <b>WISS &amp; COMPANY, LLP 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932</b>			

May the FTB discuss this return with the preparer shown above? See instructions .....  Yes No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	46,932	00	
	2	Interest	•	2	5,994	00	
	3	Dividends	•	3	112,599	00	
	4	Gross rents	•	4	31,884	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	3,785,119	00	
	7	Other income SEE STATEMENT 3	•	7	128,927	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	4,111,455	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	2,917,106	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	319,544	00	
	12	Other salaries and wages	•	12	2,485,540	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	192,288	00
		15	Rents	•	15	169,270	00
		16	Depreciation and depletion (See instructions)	•	16	132,379	00
		17	Other expenses and disbursements SEE STATEMENT 6	•	17	5,817,056	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	12,033,183	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		8,353,672		9,816,938
2 Net accounts receivable		156,445		349,194
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 7		2,712,429		3,708,492
10 a Depreciable assets	3,306,214		3,607,569	
b Less accumulated depreciation	( 1,751,679)	1,554,535	( 1,884,057 )	1,723,512
11 Land		696,071		696,071
12 Other assets STMT 8		3,939,549		4,437,578
13 <b>Total assets</b>		17,412,701		20,731,785
<b>Liabilities and net worth</b>				
14 Accounts payable		471,913		762,597
15 Contributions, gifts, or grants payable		2,875,457		2,233,685
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		648,270		746,575
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		13,417,061		16,988,928
22 <b>Total liabilities and net worth</b>		17,412,701		20,731,785

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 3,571,867	7	Income recorded on books this year not included in this return STMT 11	• 5,348,812
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	5,348,812
4	Income not recorded on books this year	•	10	Net income per return. Subtract line 9 from line 6	2,789,030
5	Expenses recorded on books this year not deducted in this return STMT 10	• 4,565,975			
6	Total. Add line 1 through line 5	8,137,842			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ESTATE OF CHARLES RODIS	2775 ORANGE GROVE TRL NAPLES, FL 34120		277,866.
ESTATE OF GAIL S. HOLLENBECK	9507 MARSTAN RD PHILADELPHIA, PA 19118		300,000.
ESTATE OF STEPHEN SCHECTER	11 BROADWAY STE 615 NEW YORK, NY 10004		345,328.
ESTATE OF WAYNE LARSON	10101 270TH ST NW STANWOOD, WA 98292		1,150,000.
SIMONE CHARITABLE FOUNDATION	8800 GAINNEY CENTER DR SCOTTSDALE, AZ 85258		275,000.
U.S. SMALL BUSINESS ADMINISTRATION	409 3RD ST SW WASHINGTON, DC 20416		502,700.
TOTAL INCLUDED ON LINE 3			<u>2,850,894.</u>

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,141,601.	0.	0.	3,785,119.
TOTAL TO FORM 199, PAGE 2, LN 6	<u>3,141,601.</u>	<u>0.</u>	<u>0.</u>	<u>3,785,119.</u>

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
EMPLOYEE RETENTION REVENUE	128,927.
TOTAL TO FORM 199, PART II, LINE 7	128,927.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 4

ACTIVITY CLASSIFICATION: MEDICAL RESEARCH AND INFORMATION & REFERRAL

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ABBOT NORTHWESTERN HOSPITAL	800 E. 28TH STREET, MR 12209 - MINNEAPOLIS, MN 55447	NONE	47,565.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOSTON UNIVERSITY SCHOOL OF MEDICINE	72 EAST CONCORD STREET - BOSTON, MA 02118	NONE	100,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOSTON UNIVERSITY	72 EAST CONCORD STREET - BOSTON, MA 02118	NONE	87,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOSTON UNIVERSITY SCHOOL OF MEDICINE	72 EAST CONCORD STREET - BOSTON, MA 02118	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMORY UNIVERSITY SCHOOL OF MEDICINE	6000 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30322	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMORY UNIVERSITY SCHOOL OF MEDICINE	6000 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30322	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMORY UNIVERSITY SCHOOL OF MEDICINE	101 WOODRUFF CIR, ROOM 6207 - ATLANTA, GA 30322	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMORY UNIVERSITY SCHOOL OF MEDICINE	800 E. 28TH STREET, MR 12209 - MINNEAPOLIS, MN 55407	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GEORGETOWN UNIVERSITY	3970 RESERVOIR RD, N.W. - WASHINGTON, DC 20057	NONE	37,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GLOBAL BRITAIN HEALTH INSTITUTE	675 NELSON RISING LANE - SAN FRANCISCO, CA 94158	NONE	37,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ICAHN SCH OF MEDICINE @ MT SINAI	1470 MADISON AVE ROOM 8-116 - NEW YORK, NY 10029	NONE	18,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAYO CLINIC JACKSONVILLE	4500 SAN PABLO ROAD - JACKSONVILLE, FL 32224	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MOREHOUSE SCHOOL OF MEDICINE	720 WESTVIEW DR SW - ATLANTA, GA 30310	NONE	18,750.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NY INSTITUTE OF TECHNOLOGY	PO BOX 8000 - OLD WESTBURY, NY 11568	NONE	29,700.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NY PRESBYTERIAN BROOKLYN METHODIST HOSPI	263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215	NONE	30,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OREGON HEALTH & SCIENCE UNIVERSITY	3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	NONE	12,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PACIFIC NEUROSCIENCE INSTITUTE/ST JOHN	2125 ARIZONA AVENUE - SANTA MONICA, CA 90404	NONE	30,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PENN STATE UNIVERSITY HERSHEY MEDICAL CE	500 UNIVERSITY DRIVE - HERSHEY, PA 17033	NONE	15,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REHABILITATION INSTITUTE OF CHICAGO SHI	355 E. ERIE STREET - CHICAGO, IL 60611	NONE	37,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUTGERS, THE STATE UNIVERSITY OF NEW JER	33 KNIGHTSBRIDGE ROAD, 2ND FLOOR - PISCATAWAY, NJ 08854	NONE	200,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUTGERS, THE STATE UNIVERSITY OF NEW JER	683 HOES LANE, ROOM 180 - PISCATAWAY, NJ 08854	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUTGERS, THE STATE UNIVERSITY OF NEW JER	110 FRELINGHUYSEN ROAD - PISCATAWAY, NJ 08854	NONE	37,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SIERRA VETERANS RESEARCH & EDUCATION FOU	975 KIRMAN AVENUE - RENO, NV 89502	NONE	30,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ST. CATHERINE'S OF SIENNA	50 ROUTE 25A - SMITHTOWN, NY 11787	NONE	29,700.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STANFORD UNIVERSITY MEDICAL CTR. -1	1635 DIVISADERO STREET, SUITE 520 - SAN FRANCISCO, CA 94115	NONE	8,250.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE BRIGHAM & WOMENS HOSPITAL, INC.	60 FENWOOD ROAD - BOSTON, MA 02115	NONE	275,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE BRIGHAM & WOMENS HOSPITAL, INC.	60 FENWOOD ROAD - BOSTON, MA 02115	NONE	12,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE BRIGHAM & WOMENS HOSPITAL, INC.	75 FRANCIS STREET - BOSTON, MA 02115	NONE	37,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE BRIGHAM AND WOMENS HOSPITAL, INC.	60 FENWOOD ROAD - BOSTON, MA 02115	NONE	100,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE	3925 WEST BRAKER LANE - AUSTIN, TX 78759	NONE	37,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRUSTEES OF BOSTON UNIVERSITY	635 COMMONWEALTH AVENUE - BOSTON, MA 02115	NONE	52,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TRUSTEES OF THE UNIVERSITY OF PA	440 CURIE BLVD - PHILADELPHIA, PA 19104	NONE	12,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITY POINT HEALTH	1200 PLEASANT STREET - DES MOINES, IA 50309	NONE	13,750.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA @ BIRMINGHAM	1719 6TH AVE S CIRC 525 - BIRMINGHAM, AL 35294	NONE	18,750.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA @ BIRMINGHAM	619 19TH ST S - BIRMINGHAM, AL 35294	NONE	56,250.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA @ BIRMINGHAM	60 FENWOOD ROAD - BOSTON, MA 02115	NONE	100,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA @ BIRMINGHAM	1720 7TH AVENUE SOUTH - BIRMINGHAM, AL 35294	NONE	34,650.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA - IRVINE	825 HEALTH SCIENCES ROAD - IRVINE, CA 92617	NONE	18,750.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA - SAN DIEGO	9500 GILMAN DR - LA JOLLA, CA 92093	NONE	18,750.



<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO	1635 DIVISADERO STREET, SUITE 520 - SAN FRANCISCO, CA 94115	NONE	29,919.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CHICAGO	5841 S. MARYLAND AVENUE - CHICAGO, IL 60637	NONE	35,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF MARYLAND HOSPITAL	110 S. PACA STREET, 3RD FLOOR - BALTIMORE, MD 21201	NONE	13,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF PITTSBURGH	PO BOX 371220 - PITTSBURGH, PA 15251	NONE	100,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF VIRGINIA HEALTH SYSTEMS	PO BOX 800394 - CHARLOTTESVILLE, VA 22908	NONE	29,700.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA @ BIRMINGHAM	1900 UNIVERSITY BLVD - BIRMINGHAM, AL 35294	NONE	37,500.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA AT BIRMINGHAM	1720 2ND AVENUE SOUTH - BIRMINGHAM, AL 35294	NONE	50,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA - SAN DIEGO	9500 GILMAN DR - LA JOLLA, CA 92093	NONE	50,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF DENVER	2155 E. WESLEY AVENUE - DENVER, CO 80210	NONE	37,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF MIAMI	4500 SAN PABLO ROAD SOUTH - JACKSONVILLE, FL 32224	NONE	17,500.
UNIVERSITY OF PITTSBURGH-ADV CTR	PO BOX 371220 - PITTSBURGH, PA 15251	NONE	100,000.
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	9500 GILMAN DR - LA JOLLA, CA 92093	NONE	100,000.
TOTAL FOR THIS ACTIVITY			2,650,734.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

2,650,734.

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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
THOMAS K. PENETT, ESQ. PO BOX 61420 STATEN ISLAND, NY 10306	CHAIRMAN 1.50	0.
SALLY ANN ESPOSITO BROWNE PO BOX 61420 STATEN ISLAND, NY 10306	VICE CHAIR 1.50	0.
BERNARD BATTISTA PO BOX 61420 STATEN ISLAND, NY 10306	TREASURER 1.50	0.
DONNA J.C. FANELLI, DNP PO BOX 61420 STATEN ISLAND, NY 10306	SECRETARY 1.50	0.

AMERICAN PARKINSON DISEASE ASSOC.

13-1962771

PATRICK MCDERMOTT PO BOX 61420 STATEN ISLAND, NY 10306	EXECUTIVE COMMITTEE MEMBER 1.50	0.
ATHOL COCHRANE PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
DAVID G. STANDAERT, MD, PHD PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
ELENA MAESTRONE IMPERATO PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
ELIZABETH BRAUN, RN PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
LISA ESPOSITO, DVM PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
MARIO J. ESPOSITO, JR. PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
MICHAEL MELNICKE PO BOX 61420 STATEN ISLAND, NY 10306	DIRECTOR 0.50	0.
LESLIE A. CHAMBERS PO BOX 61420 STATEN ISLAND, NY 10306	PRESIDENT/CEO 40.00	319,544.

TOTAL TO FORM 199, PART II, LINE 11

319,544.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
POSTAGE		1,075,292.
STATIONERY AND PRINTING		899,304.
MAILINGS		289,746.
TELEPHONE		96,308.
DIRECT EXPENSES OF FUNDRAISING EVENTS		172,331.
PENSION PLAN CONTRIBUTIONS		298,344.
OTHER EMPLOYEE BENEFITS		380,976.
LEGAL FEES		270,502.
ACCOUNTING FEES		82,750.
PROFESSIONAL FUNDRAISING FEES		263,256.
INVESTMENT MANAGEMENT FEES		29,111.
OTHER PROFESSIONAL FEES		1,120,472.
ADVERTISING AND PROMOTION		8,928.
OFFICE EXPENSES		228,167.
INFORMATION TECHNOLOGY		396,624.
TRAVEL		38,691.
CONFERENCES AND CONVENTIONS		3,000.
INSURANCE		76,633.
ALL OTHER EXPENSES		86,621.
TOTAL TO FORM 199, PART II, LINE 17		5,817,056.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS-EQUITIES	2,504,948.	3,519,832.
MUTUAL FUNDS-FIXED INCOME	207,481.	188,660.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,712,429.	3,708,492.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	40,908.	19,999.
PREPAID EXPENSES AND DEFERRED CHARGES	172,607.	214,619.
BENEFICIAL INTEREST IN PERPETUAL TRUST	1,383,595.	1,551,169.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	2,342,439.	2,651,791.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,939,549.	4,437,578.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CHARITABLE GIFT ANNUITIES PAYABLE	145,570.	128,623.
PAYCHECK PROTECTION PROGRAM LOAN	502,700.	617,952.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	648,270.	746,575.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 10
DESCRIPTION		AMOUNT
CONTRIBUTED SERVICES		5,053,225.
BENEFICIAL TRUST GAIN		-487,250.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		4,565,975.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
CONTRIBUTED SERVICES		5,053,225.
UNREALIZED GAIN ON SECURITIES		295,587.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		5,348,812.

TAXABLE YEAR

2020

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name	Identifying number
<b>AMERICAN PARKINSON DISEASE ASSOC.</b>	<b>13-1962771</b>

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	17,963,814
2 Total gross income (Form 199, line 8)	2	14,822,213
3 Total expenses and disbursements (Form 199, line 9)	3	12,033,183

### Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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### Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account:	Checking	Savings
6 Account number _____			

### Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here



Signature of officer

\_\_\_\_\_

Date



**PRESIDENT/CEO**

Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address				Firm's FEIN
	<b>WISS &amp; COMPANY, LLP</b>				<b>22-1732349</b>
	<b>100 CAMPUS DRIVE</b>				ZIP code <b>07932</b>
	<b>FLORHAM PARK, NJ</b>				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			Firm's FEIN
	<b>WISS &amp; COMPANY, LLP</b>			<b>22-1732349</b>
	<b>100 CAMPUS DRIVE</b>			ZIP code <b>07932</b>
	<b>FLORHAM PARK, NJ</b>			

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**

AUGUST 31, 2021

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**PREPARED FOR:**

AMERICAN PARKINSON DISEASE ASSOC.  
PO BOX 61420  
STATEN ISLAND, NY 10306

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**PREPARED BY:**

WISS & COMPANY, LLP  
100 CAMPUS DRIVE  
FLORHAM PARK, NJ 07932

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**AMOUNT OF TAX:**

BALANCE DUE OF \$775

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**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF LAW

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**MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

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**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: [HTTPS://MY.NY.GOV/](https://my.ny.gov/)

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

<b>CHAR500</b>	Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<b>2020</b> <b>Open to Public Inspection</b>
NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com		

### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>09/01/2020</b> and Ending (mm/dd/yyyy) <b>08/31/2021</b>		
Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	Name of Organization: <b>AMERICAN PARKINSON DISEASE ASSOC.</b> Mailing Address: <b>PO BOX 61420</b> City / State / ZIP: <b>STATEN ISLAND, NY 10306</b> Website: <b>WWW.APDAPARKINSON.ORG</b>	Employer Identification Number (EIN): <b>13-1962771</b> NY Registration Number: <b>01-23-58</b> Telephone: <b>718 981-8001</b> Email:
Check your organization's registration category:      7A only      EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL)      EXEMPT*      Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .		

### 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	Signature	<b>LESLIE CHAMBERS</b> <b>PRESIDENT / CEO</b>	Print Name and Title	Date
Chief Financial Officer or Treasurer:	Signature	<b>BERNARD BATTISTA</b> <b>TREASURER</b>	Print Name and Title	Date

### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes	No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes	No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.



# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

## 2020

**Open to Public  
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

### Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

### 1. Organization Information

Name of Organization:	NY Registration Number:
AMERICAN PARKINSON DISEASE ASSOC.	01-23-58

### 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input type="checkbox"/> Professional Fund Raiser	THOMSON, HABIB & DENISON, INC.	32-66-58
<input checked="" type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	55 OLD BEDFORD RD - SUITE 201	781-859-1400
	City / State / ZIP:	
	LINCOLN, MA 01773	

### 3. Contract Information

Contract Start Date:	Contract End Date:
06/01/2019	05/31/2022

### 4. Description of Services

Services provided by FRP:  
FUNDRAISING COUNSEL TO ASSIST WITH DIRECT MAIL CAMPAIGNS.

### 5. Description of Compensation

Compensation arrangement with FRP: PAID MONTHLY RETAINER FOR CONSULTING SERVICES.	Amount Paid to FRP: 427,520.
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### 6. Commercial Co-Venturer (CCV) Report

Yes  No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2020

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization: <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	NY Registration Number: <b>01-23-58</b>
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### 2. Government Grants

Name of Government Agency	Amount of Grant
1. <b>SMALL BUSINESS ADMINISTRATION</b>	1. <b>502,700.</b>
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: <b>502,700.</b>