

PUBLIC DISCLOSURE COPY

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning SEP 1, 2024, and ending AUG 31, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

AMERICAN PARKINSON DISEASE ASSOC.

EIN or SSN

13-1962771

Name and title of officer or person subject to tax

**LESLIE CHAMBERS
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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.**

| | | | |
|------------------------------------|-------------------------------------|---|------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>18,843,184.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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.

22820607039

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

14150310 759877 A58000

2024.05050 AMERICAN PARKINSON DISEAS A58000_1

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

Part I - Identification

| | | |
|--|--|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. AMERICAN PARKINSON DISEASE ASSOC. | Taxpayer identification number (TIN) 13-1962771 |
| 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. 2562 HYLAN BLVD, 61420 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. STATEN ISLAND, NY 10306 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MICHELLE MCDONALD**
2562 HYLAN BLVD, SUITE 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**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **SEP 1**, 20 **24**, and ending **AUG 31**, 20 **25**

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

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-23-58
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2024
 Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **SEP 1, 2024** and ending **AUG 31, 2025**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN PARKINSON DISEASE ASSOC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2562 HYLAN BLVD 61420 City or town, state or province, country, and ZIP or foreign postal code STATEN ISLAND, NY 10306 F Name and address of principal officer: LESLIE CHAMBERS SAME AS C ABOVE | D Employer identification number 13-1962771 E Telephone number 718-981-8001 G Gross receipts \$ 33,595,855. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.APDAPARKINSON.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1961 M State of legal domicile: NY |

Part I Summary

| | 1 Briefly describe the organization's mission or most significant activities: EVERY DAY WE PROVIDE THE SUPPORT, EDUCATION, AND RESEARCH THAT WILL HELP EVERYONE IMPACTED BY | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------------------------|-------------|--|--|-------------|---|---|------------|--|---|-------------|----------|--|-----------|-----------|--|-------------|
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | | | | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 9 | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 9 | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 58 | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 678 | | | | | | | | | | | | | | | | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. | | | | | | | | | | | | | | | | | | |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0. | | | | | | | | | | | | | | | | | | |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">22,729,919.</td> <td style="text-align: right;">18,582,613.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">824,494.</td> <td style="text-align: right;">361,583.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-192,847.</td> <td style="text-align: right;">-101,012.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">23,361,566.</td> <td style="text-align: right;">18,843,184.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 22,729,919. | 18,582,613. | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 824,494. | 361,583. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -192,847. | -101,012. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,361,566. |
| | | Prior Year | Current Year | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | | 22,729,919. | 18,582,613. | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 824,494. | 361,583. | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -192,847. | -101,012. | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,361,566. | 18,843,184. | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 0. | | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 824,494. | | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -192,847. | | | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,361,566. | | | | | | | | | | | | | | | | | | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,891,380. | | | | | | | | | | | | | | | | | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | | | | | | | | | | | | | | | | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,760,306. | | | | | | | | | | | | | | | | | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 201,489. | | | | | | | | | | | | | | | | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 3,082,358. | | | | | | | | | | | | | | | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 7,474,876. | | | | | | | | | | | | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18,328,051. | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 5,033,515. | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">30,317,278.</td> <td style="text-align: right;">30,155,971.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">3,796,302.</td> <td style="text-align: right;">3,030,984.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">26,520,976.</td> <td style="text-align: right;">27,124,987.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 30,317,278. | 30,155,971. | 21 Total liabilities (Part X, line 26) | 3,796,302. | 3,030,984. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 26,520,976. | 27,124,987. | | | | | | |
| | | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | |
| | 20 Total assets (Part X, line 16) | 30,317,278. | 30,155,971. | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 3,796,302. | 3,030,984. | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 26,520,976. | 27,124,987. | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 3,796,302. | | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 26,520,976. | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

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

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:

SEE SCHEDULE O

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 \$ 6,135,417. including grants of \$) (Revenue \$)

PUBLIC AWARENESS - APDA CURRENTLY PROVIDES (ON-LINE AND IN PRINT) MORE THAN 66 FREE EDUCATIONAL PUBLICATIONS, 36 IN ENGLISH, 22 IN SPANISH, AND 8 IN SIMPLIFIED CHINESE TO ADDRESS MEDICAL AND SOCIAL ASPECTS OF THE DIAGNOSIS, TREATMENT, AND CARE OF PEOPLE WITH PARKINSON DISEASE. THESE PUBLICATIONS AND ADDITIONAL INFORMATION DISTRIBUTED THROUGH APDA'S 12 ACTIVE CHAPTERS, 17 INFORMATION & REFERRAL CENTER GRANTS (7 TRADITIONAL CENTERS AND 10 PROJECTS, EXTENSIVE WEBSITE IN ENGLISH AND SPANISH, AND "800" TELEPHONE HELPLINE IN SEVERAL LANGUAGES. APDA ALSO RAISES AWARENESS THROUGH TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS ENTITLED "LIVE WITH OPTIMISM," "LOOK CLOSER," AND "MIRA MAS DE CERCA" THAT HAVE AIRED NATIONWIDE SINCE 2015. APPROXIMATELY 240,000 NEWSLETTERS ARE MAILED ANNUALLY, AND ADDITIONAL

4b (Code:) (Expenses \$ 5,824,232. including grants of \$ 2,116,749.) (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, INFORMATION & REFERRAL (I&R) CENTERS, AND COMMUNITY PARTNERS. APDA UNIQUELY DELIVERS EDUCATION, SUPPORT AND PATIENT SERVICES TO ANYONE WITH PARKINSON'S DISEASE AND THEIR FAMILIES EACH DAY. 17 INFORMATION AND REFERRAL CENTERS ARE GRANT FUNDED ALONG WITH COMMUNITY GRANTS ACROSS IN THE US TO EXPAND THE REACH IN UNDERSERVED COMMUNITIES. APDA CONDUCTED OVER 50 PATIENT EDUCATION WEBINARS VIRTUALLY AND IN PERSON REGARDING EDUCATION ON TOPICS THAT ADDRESS THE SYMPTOMS, TREATMENTS, AND CHALLENGES OF LIVING WITH PARKINSON'S DISEASE AND HAS REACHED OVER 165,000 VIEWS. APDA OFFERED 45 NATIONAL SUPPORT GROUP PROGRAMS "PRESS", PARKINSON'S ROADMAP FOR EDUCATION AND SUPPORT

4c (Code:) (Expenses \$ 2,563,032. including grants of \$ 1,346,073.) (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 14,522,681.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 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 |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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 |
| 26 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 |
| 27 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 | |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 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 |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on 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 |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
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. [X] Own website [X] Another's website [X] 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
MICHELLE MCDONALD - 347-329-1396
2562 HYLAN BLVD, SUITE 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) LESLIE A. CHAMBERS PRESIDENT/CEO | 40.00 | | | X | | | 331,025. | 0. | 61,328. | |
| (2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER | 40.00 | | | X | | | 209,003. | 0. | 58,531. | |
| (3) REBECCA GILBERT CHIEF MISSION OFFICER | 32.00 | | | X | | | 211,444. | 0. | 26,938. | |
| (4) HEATHER ANN HAYS VP, DEVELOPMENT | 40.00 | | | | X | | 178,578. | 0. | 54,449. | |
| (5) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMMUNICATION | 40.00 | | | | | X | 159,646. | 0. | 37,921. | |
| (6) WILLIAM PATJANE REGIONAL DIRECTOR | 40.00 | | | | | X | 135,341. | 0. | 48,718. | |
| (7) JEAN ALLENBACH REGIONAL DIRECTOR | 40.00 | | | | | X | 145,296. | 0. | 38,240. | |
| (8) CATHERINE KRANE REGIONAL DIRECTOR | 40.00 | | | | | X | 142,724. | 0. | 38,249. | |
| (9) CHRIS SALICCO VP FINANCE AND ADMINISTRATION | 40.00 | | | | | X | 130,001. | 0. | 42,447. | |
| (10) ANN HUBBARD CHIEF PUBLIC POLICY OFFICER | 40.00 | | | X | | | 0. | 0. | 0. | |
| (11) BERNARD BATTISTA CHAIRMAN | 1.50 | X | | X | | | 0. | 0. | 0. | |
| (12) DONNA J.C. FANELLI, DNP VICE CHAIR | 1.50 | X | | X | | | 0. | 0. | 0. | |
| (13) PATRICK MCDERMOTT TREASURER | 1.50 | X | | X | | | 0. | 0. | 0. | |
| (14) SALLY ANN ESPOSITO BROWNE SECRETARY | 1.50 | X | | X | | | 0. | 0. | 0. | |
| (15) THOMAS K. PENETT, ESQ. EXECUTIVE COMMITTEE MEMBER | 1.50 | X | | X | | | 0. | 0. | 0. | |
| (16) DAVID G. STANDAERT, MD, PHD DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (17) ELENA MAESTRONE IMPERATO DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) ELIZABETH BRAUN, RN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) LISA ESPOSITO, DVM DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) MARIO J. ESPOSITO, JR. DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) TOM LIODICE OUTGOING DIRECTOR (JAN 2025) | 0.50 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,643,058. | 0. | 406,821. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,643,058. | 0. | 406,821. |

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 11

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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> | 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> | | 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 |
|--|-----------------------------------|---------------------|
| MOORE A SERIES, LLC 4200 PARLIAMENT PLACE, LANHAM, MD 20706 | DIRECT MAIL CONSULTANTS | 2,874,551. |
| WISS & COMPANY, LLP, 100 CAMPUS DRIVE, SUITE 400, FLORHAM PARK, NJ 07932 | AUDIT, TAX & NETSUITE IT SERVICES | 319,319. |
| AUDIENCE 1ST MEDIA PO BOX 908, LANHAM, MD 20706 | AUDIENCE MARKETING | 266,925. |
| PERLMAN & PERLMAN, LLP, 521 5TH AVENUE, 30TH FLOOR, NEW YORK, NY 10175 | LEGAL SERVICES | 139,795. |
| YOUR PART-TIME CONTROLLER, LLC, 1500 WALNUT ST, STE 1200, PHILADELPHIA, PA | ACCOUNTING SERVICES | 101,241. |

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 | 1 a | Federated campaigns | 121,626. | | | | |
| | 1 b | Membership dues | | | | | |
| | 1 c | Fundraising events | 2,864,199. | | | | |
| | 1 d | Related organizations | | | | | |
| | 1 e | Government grants (contributions) | | | | | |
| | 1 f | All other contributions, gifts, grants, and similar amounts not included above ... | 15,596,788. | | | | |
| | 1 g | Noncash contributions included in lines 1a-1f | \$ | | | | |
| | 1 h | Total. Add lines 1a-1f | | 18,582,613. | | | |
| Program Service Revenue | 2 a | _____ | | | | | |
| | 2 b | _____ | | | | | |
| | 2 c | _____ | | | | | |
| | 2 d | _____ | | | | | |
| | 2 e | _____ | | | | | |
| | 2 f | All other program service revenue | | | | | |
| | 2 g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 159,909. | | 159,909. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | 34,512. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | 6 b | Less: rental expenses ... | 0. | | | | |
| | 6 c | Rental income or (loss) | 34,512. | | | | |
| | 6 d | Net rental income or (loss) | | 34,512. | | 34,512. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 14,445,139. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | 7 b | Less: cost or other basis and sales expenses | 14,243,465. | | | | |
| | 7 c | Gain or (loss) | 201,674. | | | | |
| | 7 d | Net gain or (loss) | | 201,674. | | 201,674. | |
| 8 a | Gross income from fundraising events (not including \$ 2,864,199. of contributions reported on line 1c). See Part IV, line 18 | | 251,215. | | | | |
| | | | | | | | |
| | | | | | | | |
| 8 b | Less: direct expenses | 509,206. | | | | | |
| 8 c | Net income or (loss) from fundraising events | | -257,991. | | -257,991. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | 24,212. | | | | |
| | | | | | | | |
| | | | | | | | |
| 9 b | Less: direct expenses | 0. | | | | | |
| 9 c | Net income or (loss) from gaming activities | | 24,212. | | 24,212. | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10 b | Less: cost of goods sold | | | | | | |
| 10 c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS | 900099 | 98,255. | | 98,255. | |
| | 11 b | _____ | | | | | |
| | 11 c | _____ | | | | | |
| | 11 d | All other revenue | | | | | |
| | 11 e | Total. Add lines 11a-11d | | 98,255. | | | |
| 12 | Total revenue. See instructions | | 18,843,184. | 0. | 0. | 260,571. | |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 3,406,572. | 3,406,572. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 56,250. | 56,250. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,158,114. | 926,491. | 88,017. | 143,606. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,072,720. | 4,058,176. | 385,526. | 629,018. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 504,411. | 403,529. | 38,335. | 62,547. |
| 9 Other employee benefits | 869,457. | 695,565. | 66,079. | 107,813. |
| 10 Payroll taxes | 431,966. | 345,573. | 32,829. | 53,564. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 142,380. | 368. | 140,933. | 1,079. |
| c Accounting | 176,951. | | 176,951. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 239,519. | | | 239,519. |
| f Investment management fees | 86,523. | 69,219. | 6,921. | 10,383. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,781,471. | 892,516. | 592,520. | 296,435. |
| 12 Advertising and promotion | 241,086. | 210,689. | 20,015. | 10,382. |
| 13 Office expenses | 155,881. | 115,183. | 9,757. | 30,941. |
| 14 Information technology | 570,254. | 435,020. | 39,468. | 95,766. |
| 15 Royalties | | | | |
| 16 Occupancy | 221,376. | 177,588. | 16,262. | 27,526. |
| 17 Travel | 247,065. | 205,375. | 19,511. | 22,179. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 442,938. | 354,351. | 33,663. | 54,924. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 197,610. | 158,088. | 15,018. | 24,504. |
| 23 Insurance | 98,732. | 78,985. | 7,504. | 12,243. |
| 24 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.) | | | | |
| a <u>PRINTING, POSTAGE AND S</u> | 2,671,199. | 1,527,798. | 79,081. | 1,064,320. |
| b <u>MAILINGS</u> | 352,327. | 169,857. | 6,307. | 176,163. |
| c <u>DUES, SUBSCRIPTIONS, LI</u> | 154,835. | 137,559. | 13,009. | 4,267. |
| d <u>MISCELLANEOUS EXPENSES</u> | 81,058. | 65,012. | 5,969. | 10,077. |
| e All other expenses | 41,033. | 32,917. | 3,014. | 5,102. |
| 25 Total functional expenses. Add lines 1 through 24e | 19,401,728. | 14,522,681. | 1,796,689. | 3,082,358. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 3,589,073. | 1,661,153. | 96,820. | 1,831,100. |

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 |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 7,557,291. | 1 | 2,799,313. |
| | 2 Savings and temporary cash investments | 1,136,880. | 2 | 7,453,524. |
| | 3 Pledges and grants receivable, net | 7,331,474. | 3 | 1,901,668. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 317,402. | 9 | 399,195. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,946,539. | | |
| | b Less: accumulated depreciation | 10b 2,548,294. | 2,440,156. | 10c 2,398,245. |
| | 11 Investments - publicly traded securities | 6,934,667. | 11 | 10,481,105. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 4,599,408. | 15 | 4,722,921. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 30,317,278. | 16 | 30,155,971. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,058,864. | 17 | 1,055,894. |
| | 18 Grants payable | 2,076,000. | 18 | 1,394,750. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 661,438. | 25 | 580,340. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,796,302. | 26 | 3,030,984. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 21,720,247. | 27 | 20,157,415. |
| | 28 Net assets with donor restrictions | 4,800,729. | 28 | 6,967,572. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 26,520,976. | 32 | 27,124,987. |
| 33 Total liabilities and net assets/fund balances | 30,317,278. | 33 | 30,155,971. | |

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 | 18,843,184. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,401,728. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -558,544. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26,520,976. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,162,555. |
| 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 | 27,124,987. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis 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?
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

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

Form 990 (2024)

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13852359. | 18964510. | 13177640. | 22729919. | 18582613. | 87307041. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 13852359. | 18964510. | 13177640. | 22729919. | 18582613. | 87307041. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6956293. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 80350748. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 13852359. | 18964510. | 13177640. | 22729919. | 18582613. | 87307041. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 150,477. | 231,948. | 235,698. | 202,652. | 194,421. | 1015196. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 160,211. | 149,397. | 231,174. | 213,523. | 349,470. | 1103775. |
| 11 Total support. Add lines 7 through 10 | | | | | | 89426012. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 106,834. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 89.85 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 88.97 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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 |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a 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 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> | | |
| c 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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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> | | |
| 7 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a 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 Did one or more disqualified persons (as defined on 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> | | |
| c Did a disqualified person (as defined on 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> | | |
| 10a 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 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

| Section A - Adjusted Net Income | | (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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | 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 | Distributable Amount. 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)

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

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:

EMPLOYEE RETENTION CREDIT

2020 AMOUNT: \$ 128,927.
2021 AMOUNT: \$ 64,463.

FUNDRAISING

2020 AMOUNT: \$ 31,284.
2021 AMOUNT: \$ 84,934.
2022 AMOUNT: \$ 200,080.
2023 AMOUNT: \$ 213,523.
2024 AMOUNT: \$ 251,215.

MISCELLANEOUS

2022 AMOUNT: \$ 31,094.
2024 AMOUNT: \$ 98,255.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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), 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), 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).

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

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 | <hr/> <hr/> <hr/> | \$ <u>1,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,080,370.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>390,764.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>551,247.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>516,609.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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 AMERICAN PARKINSON DISEASE ASSOC. | Employer identification number 13-1962771 |
|--|---|

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 |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| 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 |
| | | | |
| (e) Transfer of gift | | | |
| 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 |
| | | | |
| (e) Transfer of gift | | | |
| 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 |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

| | |
|--|---|
| Name of organization AMERICAN PARKINSON DISEASE ASSOC. | Employer identification number (EIN) 13-1962771 |
|--|---|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$ _____

3 Volunteer hours for political campaign activities _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 0. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 0. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 19,401,728. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 19,401,728. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | | | | 1,000,000. | 1,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,500,000. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | 250,000. | 250,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 375,000. |
| f Grassroots lobbying expenditures | | | | | |

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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 2d 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.

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.

b 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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 | 175,377. | 175,377. | 175,377. | 174,081. | 173,077. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | 1,296. | 1,004. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 175,377. | 175,377. | 175,377. | 175,377. | 174,081. |

- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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. | 1,872,268. | 948,359. |
| c Leasehold improvements | | 612,464. | 287,559. | 324,905. |
| d Equipment | | 170,244. | 169,826. | 418. |
| e Other | | 647,133. | 218,641. | 428,492. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,398,245. |

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) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

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

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) BENEFICIAL INTEREST IN PERPETUAL TRUST | 1,578,498. |
| (2) BENEFICIAL INTEREST IN REMAINDER TRUSTS | 2,750,155. |
| (3) OPERATING LEASE RIGHT OF USE ASSET, NET | 394,268. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 4,722,921. |

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) CHARITABLE GIFT ANNUITIES PAYABLE | 161,572. |
| (3) OPERATING LEASE LIABILITY | 418,768. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 580,340. |

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 | 31,022,141. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 913,388. | |
| b | Donated services and use of facilities | 2b | 10,593,719. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 758,373. | |
| e | Add lines 2a through 2d | 2e | | 12,265,480. |
| 3 | Subtract line 2e from line 1 | 3 | | 18,756,661. |
| 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 | 86,523. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 86,523. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 18,843,184. |

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 | 30,418,130. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 10,593,719. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 509,206. | |
| e | Add lines 2a through 2d | 2e | | 11,102,925. |
| 3 | Subtract line 2e from line 1 | 3 | | 19,315,205. |
| 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 | 86,523. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 86,523. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 19,401,728. |

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 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, 2025, TAX YEARS ENDING IN 2022 THROUGH 2024 ARE OPEN TO EXAMINATION, WITH LIMITED EXCEPTIONS FOR VARIOUS STATES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| FUNDRAISING EXPENSES | 509,206. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST | 249,167. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 758,373. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EXPENSES 509,206.

Multiple horizontal lines for supplemental information.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | EUROPE | MEDICAL RESEARCH | 56,250. | BANK TRANSFER/WIRE | 0. | | |
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| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

DUE TO THE TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE ANNUAL AUDIT, IT IS OBLIGATORY THAT THE RESEARCHER RECEIVING THE RESEARCH GRANT, PROVIDE AN ACCEPTABLE PROGRESS REPORT OF THEIR RESEARCH AFTER 6 MONTHS AND COMPLETE PROGRESS AND FINANCIAL REPORTS AFTER 12 MONTHS. FAILURE TO PURSUE THE RESEARCH OR PROVIDE ANY REPORT WILL ABATE PAYMENT OF THE GRANT. FURTHERMORE, IF THE REQUIRED REPORTS ARE NOT RECEIVED WITHIN 90 DAYS OF THEIR DUE DATE, THE GRANT RECIPIENT, WILL BE REQUIRED TO REFUND ALL MONIES GIVEN TO THEM AND CONSIDERED TO HAVE BREACHED THE GRANT AGREEMENT.

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL BASIS OF ACCOUNTING.

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 WALKS (event type) | GALA (event type) | 3 (total number) | | |
| Revenue | 1 | Gross receipts | 1,827,952. | 892,995. | 394,467. | 3,115,414. |
| | 2 | Less: Contributions | 1,827,952. | 726,475. | 309,772. | 2,864,199. |
| | 3 | Gross income (line 1 minus line 2) | | 166,520. | 84,695. | 251,215. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 5,803. | 5,265. | 16,067. | 27,135. |
| | 7 | Food and beverages | 11,821. | 3,540. | 478. | 15,839. |
| | 8 | Entertainment | 2,575. | 5,951. | 600. | 9,126. |
| | 9 | Other direct expenses | 127,556. | 223,286. | 106,264. | 457,106. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 509,206. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -257,991. | |

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)) |
|-----------------|--|-----------------------|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 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) | | | | 24,212. |

9 Enter the state(s) in which the organization conducts gaming activities: CT, IL, MA, WI

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

Name MICHELLE MCDONALD

Address 2562 HYLAN BLVD, SUITE 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 the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name MICHELLE MCDONALD

Gaming manager compensation \$ 0.

Description of services provided OVERALL SUPERVISION AND MANAGEMENT.

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: MOORE A SERIES, LLC

(I) ADDRESS OF FUNDRAISER:
4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK DRIVE - BRONX, NY 10461 | 86-0621846 | 501(C)(3) | 18,750. | 0. | | | MEDICAL RESEARCH |
| BOSTON UNIVERSITY SCHOOL OF MEDICINE - DEPARTMENT OF NEUROLOGY AND NEURSCIENCE72 EAST CONCORD STREET - BOSTON, MA 02118 | 04-2103545 | 501(C)(3) | 87,000. | 0. | | | INFORMATION AND REFERRAL |
| BRONX VETERANS MEDICAL RESEARCH 130 WEST KINGSBRIDGE RD BRONX, NY 10468 | 13-3699250 | 501(C)(3) | 56,250. | 0. | | | MEDICAL RESEARCH |
| BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 | 05-0258812 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195 | 34-0714585 | 501(C)(3) | 131,250. | 0. | | | MEDICAL RESEARCH |
| EAST CAROLINA UNIVERSITY MAIL STOP 203, 1000 EAST 5TH ST GREENVILLE, NC 27858 | 56-6000403 | 501(C)(3) | 14,589. | 0. | | | MEDICAL RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 35.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 noncash 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 - 401 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30329 | 58-0566256 | 501(C)(3) | 171,250. | 0. | | | FELLOWSHIP GRANT - \$12,500, MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$133,750 & INFORMATION & |
| HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY - 601 GENOME WAY - HUNTSVILLE, AL 35806 | 27-2320591 | 501(C)(3) | 37,500. | 0. | | | FELLOWSHIP - \$12,500 & INFORMATION & REFERRAL - \$25,000 |
| JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - 3910 KESWICK RD - BALTIMORE, MD 21211 | 52-0595110 | 501(C)(3) | 56,250. | 0. | | | MEDICAL RESEARCH |
| MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 | 59-3337028 | 501(C)(3) | 106,484. | 0. | | | MEDICAL RESEARCH - ADVANCED CENTERS |
| MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065 | 13-1924236 | 501(C)(3) | 37,500. | 0. | | | FELLOWSHIP - \$12,500 & INFORMATION & REFERRAL - \$25,000 |
| MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE S.W. ATLANTA, GA 30310 | 58-1438873 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| MUHAMMED ALI PARKINSON CENTER 2910 N 3RD AVE STE 450 PHOENIX, AZ 85013 | 86-0174371 | 501(C)(3) | 48,750. | 0. | | | COMMUNITY GRANT |
| NY PRESBYTERIAN BROOKLYN METHODIST HOSP. - DEPT. OF NEUROSCIENCE 263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215 | 11-1631796 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| NYIT PO BOX 8000, NORTHERN BLVD. OLD WESTBURY, NY 11568 | 11-1788788 | 501(C)(3) | 25,000. | 0. | | | INFORMATION AND 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 noncash 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 2020 SW 4TH AVE ST 900 PORTLAND, OR 97201 | 23-7083114 | 501(C)(3) | 25,000. | 0. | | | INFORMATION AND REFERRAL |
| PACIFIC NEUROSCIENCE INSTITUTE/SAINT JOHN - PROVIDENCE SAINT JOHN'S HEALTH CENTER 1301 20TH STREET SUUITE 150 - SANTA | 95-6100079 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| PARKINSONS WELLNESS PROJECT INC. 71 POMONA RD SUFFERN, NY 10901 | 84-2819605 | 501(C)(3) | 7,700. | 0. | | | COMMUNITY GRANT |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF RESEARCH, 1850 RESEARCH PARK DRIVE - DAVIS , CA 95618 | 94-6036494 | 501(C)(3) | 112,500. | 0. | | | COTZIAS- \$50,000, MEDICAL RESEARCH - \$37,500 & INFORMATION & REFERRAL - \$25,000 |
| REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES - 2221 UNIVERSITY AVE ST 100 - MINNEAPOLIS, MN 55414 | 41-6007513 | 501(C)(3) | 37,500. | 0. | | | FELLOWSHIP |
| RUTGERS THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854 | 07-8795875 | 501(C)(3) | 188,750. | 0. | | | INFORMATION AND REFERRAL - \$75,000 & MEDICAL RESEARCH - ADVANCED CENTERS - \$113,750 |
| SEATTLE INSTITUTE FOR BIO MEDICAL RESEARCH - 1660 S. COLUMBIAN WAY S-151F - SEATTLE , WA 98108 | 91-1452438 | 501(C)(3) | 50,000. | 0. | | | OTHER REGISTRY GRANT |
| ST. CATHERINE OF SIENA 500 COMMACK ROAD COMMACK, NY 11725 | 06-1562701 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| STANFORD UNIVERSITY MEDICAL CTR. 300 PASTEUR DRIVE, ROOM H-3144 STANFORD , CA 94305 | 94-1156365 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON , MA 02115 | 04-2312909 | 501(C)(3) | 232,500. | 0. | | | COTZIAS - \$100,000, MEDICAL RESEARCH-ADVANCED CENTERS - \$113,750 & MEDICAL RESEARCH - |
| THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065 | 13-1624158 | 501(C)(3) | 100,000. | 0. | | | MEDICAL RESEARCH |
| TRUSTEES OF BOSTON UNIVERSITY 635 COMMONWEALTH AVENUE BOSTON , MA 02215 | 04-2103547 | 501(C)(3) | 222,000. | 0. | | | MEDICAL RESEARCH - \$56,250, MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$113,750 & OTHER GRANTS - |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE SOUTH, ROOM 251 - BIRMINGHAM, AL 35233 | 63-6005396 | 501(C)(3) | 293,750. | 0. | | | RESEARCH GRANT - \$93,750, MEDICAL RESEARCH-ADVANCED CENTERS - \$125,000 & INFORMATION AND REFERRAL |
| UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE. MAIL CODE 203 CHICAGO , IL 60637 | 36-2177139 | 501(C)(3) | 75,000. | 0. | | | INFORMATION AND REFERRAL |
| UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1120 NW 14TH STREET, 13TH FLOOR, ROOM 1377 - MIAMI, FL 33136 | 59-0624458 | 501(C)(3) | 131,250. | 0. | | | INFORMATION AND REFERRAL - \$75,000 & MEDICAL RESEARCH - \$56,250 |
| UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 SOUTH ST ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3) | 18,750. | 0. | | | MEDICAL RESEARCH |
| UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, 5TH FLOOR PHILADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 62,500. | 0. | | | MEDICAL RESEARCH - \$12,500 & FELLOWSHIP - \$50,000 |
| UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251 | 25-0965591 | 501(C)(3) | 245,000. | 0. | | | MEDICAL RESEARCH - \$56,250 & MEDICAL RESEARCH - ADVANCED CENTERS - \$188,750 |

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY SCHOOL OF MEDICINE
(H) PURPOSE OF GRANT OR ASSISTANCE: FELLOWSHIP GRANT - \$12,500, MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$133,750 & INFORMATION & REFERRAL - \$25,000

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIGHAM & WOMENS HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COTZIAS - \$100,000, MEDICAL RESEARCH-ADVANCED CENTERS - \$113,750 & MEDICAL RESEARCH - \$18,750

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF BOSTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL RESEARCH - \$56,250, MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$113,750 & OTHER GRANTS - REHAB CENTER \$52,000

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ALABAMA AT BIRMINGHAM

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH GRANT - \$93,750, MEDICAL RESEARCH-ADVANCED CENTERS - \$125,000 & INFORMATION AND REFERRAL - \$75,000,

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

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?

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

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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) | 324,166. | 0. | 6,859. | 42,173. | 19,155. | 392,353. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER | (i) | 208,146. | 0. | 857. | 26,627. | 31,904. | 267,534. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) REBECCA GILBERT CHIEF MISSION OFFICER | (i) | 211,000. | 0. | 444. | 26,938. | 0. | 238,382. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) HEATHER ANN HAYS VP, DEVELOPMENT | (i) | 177,903. | 0. | 675. | 22,751. | 31,698. | 233,027. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMMUNICATION | (i) | 159,332. | 0. | 314. | 20,339. | 17,582. | 197,567. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) WILLIAM PATJANE REGIONAL DIRECTOR | (i) | 134,620. | 0. | 721. | 17,242. | 31,476. | 184,059. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JEAN ALLENBACH REGIONAL DIRECTOR | (i) | 145,016. | 0. | 280. | 18,511. | 19,729. | 183,536. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) CATHERINE KRANE REGIONAL DIRECTOR | (i) | 141,262. | 0. | 1,462. | 18,183. | 20,066. | 180,973. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) CHRIS SALICCO VP FINANCE AND ADMINISTRATION | (i) | 129,751. | 0. | 250. | 16,562. | 25,885. | 172,448. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|--------------------|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| Total | | | | | | | \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) DAVID G. STANDAERT | NONVOTING MEMBER | 293,750. | GRANTS | RESEARCH/ I&R |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

SEE PART V FOR CONTINUATIONS

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 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

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 \$ 293,750.

(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 \$93,750, ADVANCED CENTER FUNDING IN THE AMOUNT OF \$125,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF \$75,000 FOR THE FISCAL YEARS ENDED AUGUST 31, 2025.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**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:
THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA) IS A NATIONWIDE
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
CHRONIC, NEUROLOGICAL DISORDER. FOUNDED IN 1961, APDA HAS RAISED AND
INVESTED MORE THAN \$313 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.

APDA PROVIDES EXTENSIVE IN-PERSON AND VIRTUAL PROGRAMS TO HELP EDUCATE,
ENGAGE, AND SUPPORT PEOPLE WITH PARKINSON'S DISEASE AND THEIR CARE
PARTNERS. APDA ALSO PROVIDES CRITICAL INFORMATION AND REFERRALS,
ACTIVITIES TO PROMOTE PHYSICAL AND EMOTIONAL WELL-BEING, AND HELPS
FOSTER A SENSE OF COMMUNITY THAT CAN GREATLY IMPROVE QUALITY OF LIFE.
AS WE LOOK TOWARDS A FUTURE WITHOUT PARKINSON'S DISEASE AND SUPPORT
CUTTING-EDGE RESEARCH TO HELP REACH THAT GOAL, APDA IS COMMITTED TO
SERVING PEOPLE WITH PARKINSON'S EVERY STEP OF THE WAY WITH HIGH-QUALITY
PROGRAMS, RESPECT, AND COMPASSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
720,000 SENT VIA EMAIL.

CONTRIBUTED SERVICES INCLUDE DONATED MEDIA (TELEVISION AND RADIO
BROADCASTING AND OTHER FORMS OF MEDIA, INCLUDING PUBLIC SERVICE
ANNOUNCEMENTS) VALUED AT \$10,593,719 FOR THE YEAR ENDED AUGUST 31,
2025. 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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SERVICES, "PRESS ON," AND CARE PARTNER CONNECTION IN 30 MARKETS AND 35
CONNECTING THROUGH ART PROGRAMS IN 25 MARKETS. APDA PROVIDES VETTED PD
INFORMATION VIA FACTSHEETS AND BOOKLETS WITH 170,000 DOWNLOADS AND
MAILINGS ACROSS THE US.

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 SECRETARY SALLY ANN ESPOSITO BROWNE.
3. ELENA MAESTRONE IMPERATO - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELIZABETH BRAUN.
4. SALLY ANN ESPOSITO BROWNE - SECRETARY. SHE IS A SISTER TO BOARD MEMBER LISA ESPOSITO.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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:
 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN
 VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 18:
 FORM 990 AVAILABLE UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON THE IRS
 WEBSITE - [HTTPS://APPS.IRS.GOV/APP/EOS/](https://apps.irs.gov/app/eos/) AND WWW.GUIDESTAR.ORG

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 8/31/25, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN
 INDEPENDENT AUDITOR.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR
2024

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|--------------------|
| Exempt Organization name | Identifying number |
| AMERICAN PARKINSON DISEASE ASSOC. | 13-1962771 |

Part I Electronic Return Information (whole dollars only)

| | | |
|--|---|-------------------|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 33,595,855 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 19,352,390 |
| 3 Refund (Form 109, line 26) | 3 | |
| 4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) | 4 | |

Part II Settle Your Account Electronically for Taxable Year 2024

| | | |
|--|-----------|---------------------------------|
| 5 <input type="checkbox"/> Direct deposit of refund (Form 109 only.) | | |
| 6 <input type="checkbox"/> Electronic funds withdrawal | 6a Amount | 6b Withdrawal date (mm/dd/yyyy) |

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 7 Amount | | | | |
| 8 Withdrawal Date | | | | |

Part IV Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------|--|
| 9 Routing number _____ | 11 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 10 Account number _____ | |

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

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 2024 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

| | | | |
|------------------|----------------------|------|----------------------|
| Sign Here | | | |
| | Signature of officer | Date | PRESIDENT/CEO |

Part VI 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, 2024 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.

| | | | | | |
|------------------|---|--|--|---|--|
| ERO | ERO's signature | Date _____ | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01597612 |
| Must Sign | Firm's name (or yours if self-employed) and address | WISS & COMPANY, LLP 100 CAMPUS DRIVE FLORHAM PARK, NJ | | | Firm's FEIN 22-1732349 ZIP code 07932 |

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.

| | | | | | |
|----------------------|---|--|---|---------------------------------------|--|
| Paid Preparer | Paid preparer's signature | Date _____ | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN P01597612 | |
| Must Sign | Firm's name (or yours if self-employed) and address | WISS & COMPANY, LLP 100 CAMPUS DRIVE FLORHAM PARK, NJ | | | Firm's FEIN 22-1732349 ZIP code 07932 |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|---|---|
| <p><u>AMERICAN PARKINSON DISEASE ASSOC.</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>2562 HYLAN BLVD, NO. 61420</u> Address (Number and Street)</p> <p><u>STATEN ISLAND, NY 10306</u> City or Town, State, and ZIP Code</p> <p><u>718-981-8001</u> <u>APDA@APDAPARKINSON.ORG</u> Telephone Number E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>063671</u></p> <p>Corporation or Organization No. <u>1672668</u></p> <p>Federal Employer ID No. <u>13-1962771</u></p> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 09/01/2024 ending 08/31/2025) list:

Total Revenue (including noncash contributions) \$ 18,843,184 Noncash Contributions \$ 0 Total Assets \$ 30,155,971
 Program Expenses \$ 14,522,681 Total Expenses \$ 19,401,728

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|----------|----------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <p style="text-align: right;">SEE STATEMENT 13</p> | X | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <p style="text-align: right;">SEE STATEMENT 14</p> | X | |
| 5. During this reporting period, did the organization receive any governmental funding? | | X |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? <p style="text-align: right;">SEE STATEMENT 15</p> | X | |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | X | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|---|--------------|-------------------------------|------|
| <u>LESLIE CHAMBERS</u> Signature of Authorized Agent | Printed Name | <u>PRESIDENT/CEO</u> Title | Date |
|---|--------------|-------------------------------|------|

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 13

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 \$93,750, ADVANCED CENTER FUNDING IN THE AMOUNT OF \$125,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF \$75,000 FOR THE FISCAL YEARS ENDED AUGUST 31, 2025.

CA RRF-1

INFORMATION REGARDING COMMERCIAL
FUNDRAISING SERVICES
PART B, LINE 4

STATEMENT 14

FUNDRAISING COUNSEL/CONSULTANT

1. DIRECT MAIL PROCESSORS, INC.
1150 CONRAD COURT
HAGERSTOWN, MD 21740
START DATE: 08/01/2019
END DATE: 05/31/2026

2. MOORE A SERIES, LLC
4200 PARLIAMENT PLACE, SUITE 300
LANHAM, MD 20706
START DATE: 06/01/2019
END DATE: 05/31/2026

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 6

STATEMENT 15

SEVERAL RAFFLES WERE HELD AT DIFFERENT CHAPTERS AT VARIOUS TIMES DURING THE FISCAL YEAR. NONE OF THESE RAFFLES TOOK PLACE IN CALIFORNIA.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

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

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

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.

Part I - Identification

| | | |
|---|--|---|
| Type or Print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. AMERICAN PARKINSON DISEASE ASSOC. | Taxpayer identification number (TIN) 13-1962771 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 2562 HYLAN BLVD, 61420 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. STATEN ISLAND, NY 10306 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MICHELLE MCDONALD**
2562 HYLAN BLVD, SUITE 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**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **SEP 1**, 20 **24**, and ending **AUG 31**, 20 **25**

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

| | | | |
|---|-----------|----|-----------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.