### Part I Summary

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

2. Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a): 3

4. Number of independent voting members of the governing body (Part VI, line 1b): 4

5. Total number of individuals employed in calendar year 2011 (Part V, line 2a): 5

6. Total number of volunteers (estimate if necessary): 6

7a. Total unrelated business revenue from Part VIII, column (C), line 12: 7a.

7b. Net unrelated business taxable income from Form 990-T, line 34: 7b.

8. Contributions and grants (Part VIII, line 1h): Prior Year: 11,186,671, Current Year: 8,378,136

9. Program service revenue (Part VIII, line 2g): 122,926, 34,651

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d): -465,416, -578,939

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a): 10,844,181, 7,833,848

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12): 3,186,919, 3,222,166

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3): 1,562,853, 1,503,453

14. Benefits paid to or for members (Part IX, column (A), line 4): 275,818

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10): 2,934,276, 3,709,054

16a. Professional fundraising fees (Part IX, column (A), line 11a): 7,959,866, 8,514,673

17. Other expenses (Part IX, column (A), lines 11a-11d, 11H-24e): 2,884,315, -680,825

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25): 10,589,121, 9,280,021

19. Revenue less expenses. Subtract line 18 from line 12: 2,519,196, 2,329,891

20. Total assets (Part X, line 16): 7,538,925, 6,950,130

### 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
- Type or print name and title: President & CEO

**Paid Preparer Use Only**

- Print/Type preparer's name: Fred M. LaMarca, CPA
- Preparer's signature: 
- Date: 
- Check □ if self-employed: 
- PTN: 00170223

**Firm's name**: POTTER & LAMARCA LLP
- Firm's EIN: 
- Firm's address: 101 TYRELLAN AVE, STATEN ISLAND, NY 10309-2651
- Phone no.: (718) 227-8000

---

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes  [ ] No
Part III: Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. □

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>$2,561,270.</td>
<td>$1,235,567.</td>
</tr>
<tr>
<td>Information and Referral Services - To promote awareness of and provide information to persons suffering from Parkinson's disease. 56 Information and Referral centers funded.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>$2,308,370.</td>
<td>$1,567,890.</td>
</tr>
<tr>
<td>Public and Professional education - To educate the public and medical profession with programs for the benefit of Parkinsonians and their families. Approximately 180,000 newsletters are mailed seasonally.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c</td>
<td>$1,434,888.</td>
<td>$1,892,345.</td>
</tr>
<tr>
<td>Research Centers - To foster and promote research for the cure and alleviation of the condition of persons suffering from Parkinson's Disease. Nine Advanced Centers were funded. Four summer fellowships were funded.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

4e Total program service expenses ▶ $6,304,528.
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 X

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 4 X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. 5 X

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. 6 X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X

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

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 X

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 X

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

   a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 11a X

   b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11b X

   c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11c X

   d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. 11d X

   e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11e X

   f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11f X

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

   b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b X

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

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

   b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 14b X

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization, or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV. 15 X

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV. 16 X

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

18 Did the organization report more than $15,000 of fundraising event gross income and contributions on Part VIII, lines 1c and 5a? If 'Yes,' complete Schedule G, Part II. 18 X

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

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a X

   b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>X</td>
</tr>
<tr>
<td>22</td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>X</td>
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<tr>
<td>24a</td>
<td>X</td>
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<td>24b</td>
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<td>24c</td>
<td></td>
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<td>24d</td>
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<td>25a</td>
<td>X</td>
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<tr>
<td>25b</td>
<td>X</td>
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<td>26</td>
<td>X</td>
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<tr>
<td>27</td>
<td>X</td>
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<tr>
<td>28a</td>
<td>X</td>
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<tr>
<td>28b</td>
<td>X</td>
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<tr>
<td>28c</td>
<td>X</td>
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<td>33</td>
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<td>34</td>
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<tr>
<td>35a</td>
<td>X</td>
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<td>35b</td>
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<tr>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>
**Part V: Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V:  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>2a</td>
<td>16</td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td><strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payer?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year.</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 502(a)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4547(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year.</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>14b</td>
<td></td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a

b Enter the number of voting members included in line 1a. above, who are independent. 1b

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? See Schedule O.

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? See Schedule O.

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Schedule O.

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? See Schedule O.

6 Did the organization have members or stockholders? See Schedule O.

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? See Schedule O.

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Schedule O.

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? See Schedule O.

b Each committee with authority to act on behalf of the governing body? See Schedule O.

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses in Schedule O. See Schedule O.

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

10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that their operations are consistent with the organization's exempt purposes? See Schedule O.

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? See Schedule O.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. See Schedule O.

12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. See Schedule O.

13 Did the organization have a written whistleblower policy? See Schedule O.

14 Did the organization have a written document retention and destruction policy? See Schedule O.

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official. See Schedule O.

b Other officers of key employees of the organization. See Schedule O.

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? See Schedule O.

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures or similar arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? See Schedule O.

Section C. Disclosure

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

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

- Own website
- Another’s website
- Upon request

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

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

- Cheryl Weiner 135 Parkinson Avenue Staten Island NY 10305 718-981-8001
### 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 “5” in columns (E), (F), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of ‘key employee.’
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 3 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average Hours per week (describe hours for related organizations in Schedule C)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Joel A. Miele</td>
<td>Chairman</td>
<td>1.5 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) John Marango</td>
<td>3rd V Chair</td>
<td>1.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Fred Greene</td>
<td>1st V Chair</td>
<td>1.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Patrick Modern</td>
<td>2nd V Chair</td>
<td>1.5 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Elliot Shapiro</td>
<td>4th V Chair</td>
<td>1.5 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Sally Ann Esposito-Brow</td>
<td>Treasurer</td>
<td>1.5 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) Nicholas Corrado</td>
<td>Director</td>
<td>1.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) Vincent Gattullo</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) Elizabeth Braun</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) Robert Browne</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) Jerry Wells</td>
<td>Secretary</td>
<td>0.5 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) Gary W Chu</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) Joseph G Conte</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) George A Esposito, JR</td>
<td>Director</td>
<td>0.5 X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15) Lisa Esposito</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(16) Mario J Esposito</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(17) Michael Esposito</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(19) Donna JG Panelli</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(19) Maxine Dust</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(20) Marvin Henick</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(21) John Lagana JR</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(22) Thomas K Penett</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(23) Elena Imperato</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(24) Michael Pietrangelo</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(25) Cynthia A Reimer</td>
<td>Director</td>
<td>0.5 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total: 296,815.

b Total from continuation sheets to Part VII, Section A: 296,815.

c Total (add lines 1b and 1c): 296,815.

d Total (add lines 1b and 1c): 296,815.

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 ▶ 2

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

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

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

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brickhill Marketing 24 Millbrook Road Wilton, NH 03086</td>
<td>Fulfillment</td>
<td>363,720.</td>
</tr>
<tr>
<td>Creative Direct Response 16900 Science Drive SIE 210 Bowie, MD 21715</td>
<td>Fundraising</td>
<td>319,085.</td>
</tr>
<tr>
<td>Listco Direct Marketing 1276 46th Street Brooklyn, NY 11219</td>
<td>Fulfillment</td>
<td>475,695.</td>
</tr>
<tr>
<td>L &amp; E Meridian 7400 Fullerton Rd Springfield, VA 22153</td>
<td>Fulfillment</td>
<td>208,511.</td>
</tr>
<tr>
<td>Direct Edge 10375-B Southern Md Blvd Dunkirk, MD 20754</td>
<td>Fulfillment</td>
<td>188,197.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5
### American Parkinson Disease Assoc.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average Hours per Week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>John P Schwinning</td>
<td>0.5 X</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniel Wheeler</td>
<td>0.5 X</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Melnicke</td>
<td>0.5 X</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joel A. Miele, JR</td>
<td>0.5 X</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>William Powers</td>
<td>0.5 X</td>
<td>Director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leslie Chambers</td>
<td>40 X</td>
<td>Pres &amp; CEO</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Former Pres ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathryn Whitford</td>
<td>40 X</td>
<td>Assoc Exec Dir</td>
<td>192,399.</td>
<td>0.</td>
<td>41,340.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>104,416.</td>
<td>0.</td>
<td>13,246.</td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td>108,974.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td>32,719.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td>1,891,300.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>6,345,143.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Noncash contributions included in line 1a if:</td>
<td>$25,000.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 1a-1f</td>
<td>8,378,136.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest and other similar amounts)</td>
<td></td>
<td></td>
<td>37,177.</td>
<td>37,177.</td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6a Gross rents
- (i) Real: 26,679.
- (ii) Personal: 26,679.
- Net rental income or (loss): 26,679.

#### 7a Gross amount from sales of assets other than inventory
- (i) Securities: 1,000,318.
- (ii) Other: 1,002,844.
- Gain or (loss): -2,526.
- Net gain or (loss): -2,526.

#### 8a Gross income from fundraising events
- (i) Contributions reported on line 1c: 1,891,300.
- Less: cost of goods sold: 618,118.
- Net income or (loss) from fundraising events: -618,118.

#### 9a Gross income from gaming activities
- See Part IV, line 19.
- Less: direct expenses: 618,118.
- Net income or (loss) from gaming activities: -618,118.

#### 10a Gross sales of inventory, less returns and allowances
- See Part IV, line 19.
- Less: cost of goods sold: 618,118.
- Net income or (loss) from sales of inventory:

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>Miscellaneous</td>
<td>12,500.</td>
<td>12,500.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total. Add lines 11a-1d</td>
<td>12,500.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td>7,833,848.</td>
<td>0.</td>
<td>0. -544,288.</td>
</tr>
</tbody>
</table>
# Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX. Yes [X] No

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 9b, 7b, 8a, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>3,222,166</td>
<td>3,222,166</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>209,954</td>
<td>136,470</td>
<td>52,488</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,080,551</td>
<td>586,987</td>
<td>402,931</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>91,740</td>
<td>51,429</td>
<td>32,375</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>123,918</td>
<td>69,470</td>
<td>43,730</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>77,290</td>
<td>43,329</td>
<td>27,276</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>64,701</td>
<td>36,271</td>
<td>22,833</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>91,926</td>
<td>51,534</td>
<td>32,440</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment, management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td>72,461</td>
<td>72,461</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
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</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>45,557</td>
<td>25,539</td>
<td>16,077</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>55,237</td>
<td>30,966</td>
<td>19,493</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>444,563</td>
<td>444,563</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>125,305</td>
<td>70,246</td>
<td>44,220</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>33,722</td>
<td>18,905</td>
<td>11,900</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 13% of line 25, column (A) amount, list line 24e expenses on Schedule O).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Mailings</td>
<td>1,910,061</td>
<td>892,572</td>
<td>41,639</td>
</tr>
<tr>
<td>b</td>
<td>Patient Services</td>
<td>316,045</td>
<td>316,045</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Office Expense</td>
<td>211,653</td>
<td>118,653</td>
<td>74,692</td>
</tr>
<tr>
<td>d</td>
<td>Supplies</td>
<td>118,713</td>
<td>66,550</td>
<td>41,894</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>219,110</td>
<td>122,833</td>
<td>77,324</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24</td>
<td>8,514,673</td>
<td>6,304,528</td>
<td>1,013,773</td>
</tr>
<tr>
<td>26</td>
<td>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 [X] if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2011)  American Parkinson Disease Assoc.  13-1962771  Page 10

TSEA0110L  01/20/12
### Part X - Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>170,258</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>4,388,412</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3,457,199</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>28,281</td>
</tr>
<tr>
<td>5</td>
<td>Land, buildings, and equipment: cost or other basis</td>
<td>3,833,804</td>
</tr>
<tr>
<td>6</td>
<td>Less: accumulated depreciation</td>
<td>874,015</td>
</tr>
<tr>
<td>7</td>
<td>Investments - publicly traded securities</td>
<td>11,058,121</td>
</tr>
<tr>
<td>8</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>276,073</td>
</tr>
<tr>
<td>9</td>
<td>Deferred revenue</td>
<td>2,155,132</td>
</tr>
<tr>
<td>10</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>11</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>22</td>
</tr>
<tr>
<td>12</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>87,991</td>
</tr>
<tr>
<td>13</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>25</td>
</tr>
<tr>
<td>14</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>15</td>
<td>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</td>
<td>2,519,196</td>
</tr>
<tr>
<td>16</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,723,339</td>
</tr>
<tr>
<td>17</td>
<td>Unrestricted net assets</td>
<td>108,410</td>
</tr>
<tr>
<td>18</td>
<td>Temporarily restricted net assets</td>
<td>7,538,925</td>
</tr>
<tr>
<td>19</td>
<td>Permanently restricted net assets</td>
<td>10,058,121</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Total liabilities</td>
<td>2,723,339</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Capital stock or trust principal, or current funds</td>
<td>3,128,003</td>
</tr>
<tr>
<td>28</td>
<td>Temporary surplus, or land, building, or equipment fund</td>
<td>4,302,512</td>
</tr>
<tr>
<td>29</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>108,410</td>
</tr>
<tr>
<td>30</td>
<td>Total net assets or fund balances</td>
<td>7,538,925</td>
</tr>
<tr>
<td>31</td>
<td>Total liabilities and net assets/fund balances</td>
<td>10,058,121</td>
</tr>
</tbody>
</table>
**Part XI: Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O). See Schedule O</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

**Part XII: Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA
Public Charity Status and Public Support

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

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

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

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

1. [ ] A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. [ ] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)
10. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. [ ] An organization organized and operated exclusively for the benefit of, and primarily serving the interests of, one or more religious, charitable, educational, or scientific organizations (other than organizations described in section 501(c)(3)) or other organization described in section 501(c)(4), (c)(5), or (c)(6). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a. [ ] Type I
b. [ ] Type II
c. [ ] Type III — Functionally integrated
d. [ ] Type III — Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box:

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? [ ] Yes [ ] No

(ii) A family member of a person described in (i) above? [ ] Yes [ ] No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? [ ] Yes [ ] No

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC Section (see instructions))</th>
<th>(iv) Is the organization in column (ii) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (ii) of your support?</th>
<th>(vi) Is the organization in column (ii) organized in the U.S.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule A (Form 990 or 990-EZ) 2011
## Schedule A (Form 990 or 990-EZ) 2011

### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received; (Do not include any &quot;unusual grant&quot;)</td>
<td>10117777.9,149,259.9,792,022.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48,623,865.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td>11186671.8,378,136.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>10117777.9,149,259.9,792,022.</td>
<td></td>
<td></td>
<td>11186671.8,378,136.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48,623,865.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>10117777.9,149,259.9,792,022.</td>
<td></td>
<td></td>
<td>11186671.8,378,136.</td>
<td></td>
<td>48,623,865.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>264,849.</td>
<td>103,045.</td>
<td>68,585.</td>
<td>60,392.</td>
<td>63,856.</td>
<td>560,727.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV</td>
<td>27,556.</td>
<td>-650,279.</td>
<td>-565,921.</td>
<td>-538,277.</td>
<td>-618,118.</td>
<td>-2,345,039.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46,839,553.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td>12</td>
<td>110,088.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | 14 | 15 | 14 | 15 | 100.00 % | 100.00 % |

16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. X

16b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 15, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 

17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 15a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 

17b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  

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

BAA Schedule A (Form 990 or 990-EZ) 2011
### Section A. Public Support

Calendar year (or fiscal yr beginning in) - (a) 2007   (b) 2008   (c) 2009   (d) 2010   (e) 2011   (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.

7b. 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.

7c. Add lines 7a and 7b.

8. Public support (Subtract line 7c from line 6).

### Section B. Total Support

Calendar year (or fiscal yr beginning in) - (a) 2007   (b) 2008   (c) 2009   (d) 2010   (e) 2011   (f) Total

9. Amounts from line 5.

10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

10c. Add lines 10a and 10b.

11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.

12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).

13. Total support. (Add lines 5, 9, 10, and 12).

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

### Section C. Computation of Public Support Percentage

15. Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).


### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).


19a. 33-1/3% support tests — 2011. 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.

19b. 33-1/3% support tests — 2010. 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.

20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See Instructions.)
### Part II, Line 10 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous</td>
<td>-618,118</td>
<td>-538,277</td>
<td>-565,921</td>
<td>-650,279</td>
<td>27,556</td>
</tr>
<tr>
<td>Total</td>
<td>$ -618,118</td>
<td>$ -538,277</td>
<td>$ -565,921</td>
<td>$ -650,279</td>
<td>$ 27,556</td>
</tr>
</tbody>
</table>
American Parkinson Disease Assoc. 13-1962771

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

1. Total number at end of year
   (a) Donor advised funds
   (b) Funds and other accounts

2. Aggregate contributions to (during year)

3. Aggregate grants from (during year)

4. Aggregate value at end of year

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

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   □ Yes □ No

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   □ Preservation of land for public use (e.g., recreation or education)
   □ Preservation of an historically important land area
   □ Protection of natural habitat
   □ Preservation of a certified historic structure
   □ Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing of the conservation easements it holds?
   □ Yes □ No

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

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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

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

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

1. If the organization elected, as permitted under SFAS 115 (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 XIV, the text of the footnote to its financial statements that describes these items.

2. If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

3. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items:
   a. Revenues included in Form 990, Part VIII, line 1
   b. Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a [ ] Public exhibition        d [ ] Loan or exchange programs
   b [ ] Scholarly research       e [ ] Other
   c [ ] Preservation for future generations

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

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

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

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

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

   +-----------------------------------------------------------------------------------------+---+
   |                                                                                       | 1c |
   | Beginning balance                                                                     |   |
   |                                                                                       | 1d |
   | Additions during the year                                                             |   |
   |                                                                                       | 1e |
   | Distributions during the year                                                        |   |
   |                                                                                       | 1f |
   | Ending balance                                                                        |   |

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

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

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


   b Contributions: 2,028,273. 4,044,584. 2,795,460. 1,946,269.

   c Net investment earnings, gains, and losses: 799,808. 876,679. 1,043,224. 558,637.

   d Grants or scholarships: 1,412,596. 1,499,697. 1,972,823. 1,016,073.

   e Other expenditures for facilities and programs: 4,226,791. 4,410,922. 2,742,714. 2,963,301.

   f Administrative expenses: 3.87\% 96.13\% The percentages in lines 2a, 2b, and 2c should equal 100%.

   g End of year balance: 4,226,791. 4,410,922. 2,742,714. 2,963,301.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a Board designated or quasi-endowment: \$ 3.87\%

   b Permanent endowment: \$ 96.13\%

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

   (i) unrelated organizations: \[ ] Yes [ ] No

   (ii) related organizations: \[ ] Yes [ ] No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? \[ ] Yes [ ] No

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

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

Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value
                        | (investment)           | (other)                | depreciation    |
1a Land.               | 696,071.               | 696,071.               |                |
1c Leasehold improvements. | 78,159.       | 22,774.                | 55,385.        |
1d Equipment.          | 98,557.                | 34,153.                |                |
1e Other.              | 140,390.               | 136,841.               | 3,549.         |
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (3), line 10(c)) \[ ] 2,959,789.

BAA

Schedule D (Form 990) 2011
### Part VII | Investments — Other Securities

See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other <strong>Marketable securities</strong></td>
<td>1,078,944.</td>
<td><strong>End of Year Market Value</strong></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<td>(C)</td>
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<td>(D)</td>
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<td>(F)</td>
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<td>(G)</td>
<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong> (Column (b) must equal Form 990 Part X, column (E) line 12.)</td>
<td>1,078,944.</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII | Investments — Program Related

See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
<td></td>
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<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong> (Column (b) must equal Form 990, Part X, column (E) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX | Other Assets

See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Total:</strong> (Column (b) must equal Form 990, Part X, column (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X | Other Liabilities

See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Annuities Payable</td>
<td>84,068.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
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<td>(6)</td>
<td></td>
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<td>(7)</td>
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<td>(8)</td>
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<td>(9)</td>
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<tr>
<td>(10)</td>
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<tr>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong> (Column (b) must equal Form 990, Part X, column (B) line 25.)</td>
<td>84,068.</td>
</tr>
</tbody>
</table>

---

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

BAA

TEEA3303  01/23/12  Schedule D (Form 990) 2011
### Part XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1. Total revenue (Form 990, Part VIII, column (A), line 12) .................................................. 7,833,848.
2. Total expenses (Form 990, Part IX, column (A), line 25) ...................................................... 8,514,673.
3. Excess or (deficit) for the year. Subtract line 2 from line 1. .................................................. -680,825.
5. Donated services and use of facilities .........................................................................................
6. Investment expenses .................................................................................................................
7. Prior period adjustments ...........................................................................................................
8. Other (Describe in Part XIV) ......................................................................................................
10. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. ......... -588,795.

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

1. Total revenue, gains, and other support per audited financial statements ............................... 1 8,543,996.
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12: ................................. 2a 92,030.
   a. Net unrealized gains on investments ......................................................................................
   b. Donated services and use of facilities ....................................................................................
   c. Recoveries of prior year grants ............................................................................................
   d. Other (Describe in Part XIV). See Part XIV. ......................................................................
      2d 618,118.
   e. Add lines 2a through 2d. ....................................................................................................... 2e 710,148.
3. Subtract line 2e from line 1. ....................................................................................................... 3 7,833,848.
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1: ................................. 4a
   a. Investment expenses not included on Form 990, Part VIII, line 7b. ............................... 4a 710,148.
   b. Other (Describe in Part XIV). ............................................................................................... 4b
   c. Add lines 4a and 4b. .............................................................................................................
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). ................. 5 7,833,848.

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

1. Total expenses and losses per audited financial statements .................................................... 1 9,132,791.
2. Amounts included on line 1 but not on Form 990, Part IX, line 25: ........................................
   a. Donated services and use of facilities ...................................................................................
   b. Prior year adjustments .......................................................................................................... 2b
   c. Other losses .........................................................................................................................
   d. Other (Describe in Part XIV). See Part XIV. ......................................................................
      2d 618,118.
   e. Add lines 2a through 2d. ....................................................................................................... 2e 618,118.
3. Subtract line 2e from line 1. ....................................................................................................... 3 8,514,673.
4. Amounts included on Form 990, Part IX, line 25, but not on line 1: ................................. 4a
   a. Investment expenses not included on Form 990, Part VIII, line 7b. ............................... 4a
   b. Other (Describe in Part XIV). ............................................................................................... 4b
   c. Add lines 4a and 4b. .............................................................................................................
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) ................. 5 8,514,673.

### Part XIV: Supplemental Information

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

---

**Part V, Line 4: Intended Uses Of Endowment Fund**

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

---

**Endowment funds are restricted for research, for the information and referral centers, and program expenses at specific chapters.**
<table>
<thead>
<tr>
<th>Schedule D, Part XII. Line 2d</th>
<th>Other Revenue Included in F/S but Not Included on Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Event Expenses</td>
<td>$ 618,118.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 618,118.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule D, Part XIII. Line 2d</th>
<th>Other Expenses and Losses Per Audited F/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Event Expenses</td>
<td>$ 618,118.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 618,118.</strong></td>
</tr>
</tbody>
</table>
## Supplemental Information Regarding Fundraising or Gaming Activities

### Part I

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [x] Mail solicitations
   - [x] Internet and email solicitations
   - [x] Phone solicitations
   - [x] In-person solicitations
   - [x] Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

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

2b. If ‘Yes,’ list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have statutory or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to fundraiser listed in column (i)</th>
<th>Amount paid to organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDR 16900 Science Bowie MD 21715</td>
<td>Fundraising</td>
<td>X</td>
<td>775,694.</td>
<td>319,085.</td>
<td>456,609.</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Total: 775,694.  319,085.  456,609.

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

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

---

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

Schedule G (Form 990 or 990-EZ) 2011

TENASOHL 01/26/12
Part II: Fundraising Events. Complete if the organization answered 'Yes' to 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 5a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>949,975.</td>
<td>528,886.</td>
<td>412,439.</td>
<td>1,891,300.</td>
</tr>
<tr>
<td>Less: Charitable contributions</td>
<td>949,975.</td>
<td>528,886.</td>
<td>412,439.</td>
<td>1,891,300.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>264,398.</td>
<td>43,203.</td>
<td>310,517.</td>
<td>618,118.</td>
</tr>
</tbody>
</table>

Direct expense summary. Add lines 4 through 9 in column (d). ........................................... 618,118.

Net income summary. Combine line 3, column (d), and line 10. ........................................... -618,118.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-cash prizes</td>
<td></td>
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<tr>
<td>Rent/facility costs</td>
<td></td>
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<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d). ...........................................</td>
<td></td>
<td></td>
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<tr>
<td>Net gaming income summary. Combine lines 1, column (d) and line 7. ...........................................</td>
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</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? ........................................... [ ] 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 operate gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiarv 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 operated in:

a. The organization's facility .......................................................... 13a %

b. An outside facility ........................................................................ 13b %

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

Name

Address

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ...... ☐ Yes ☐ No

b. If 'Yes,' enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

c. If 'Yes,' enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $.

Description of services provided

☐ Director/Officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .......................................................... ☐ Yes ☐ No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
**SCHEDULE I**  
(Form 990)  

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

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

Attach to Form 990.

**Name of the organization:**  
American Parkinson Disease Assoc.

**Employer identification number:**  
13-1962771

### Part I General Information on Grants and Assistance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   | Yes | No |
| 2. | Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.  
   | See Part IV | |

### Part II Grants and Other Assistance to Governments and Organizations in the United States

Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000.

Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1. | Abbott Northwestern Hospital  
   - 800 East 28th Street (39304)  
   - Minneapolis, MN 55407 | 41-0963538 |  | 41,248. | 0. |  |  | Information and Referral |
| 2. | Allegheny General Hospital  
   - 490 East North Avenue, Ste. #  
   - Pittsburgh, PA 15235 | 95-4724131 |  | 30,000. | 0. |  |  | Information and Referral |
| 3. | APDA Information & Ref Ctr.  
   - 8555 Aero Drive, Suite 308  
   - San Diego, CA 92123 | 51-0875246 |  | 32,425. | 0. |  |  | Information and Referral |
| 4. | Banner Good Samaritan  
   - 1022 E Willetta St  
   - Phoenix, AZ 85006 | 31-0858519 |  | 49,253. | 0. |  |  | Information and Referral |
| 5. | Baylor Neuroscience Center  
   - 3600 Gaston Avenue, Barnett To  
   - Dallas, TX 75246 | 58-2670080 |  | 38,000. | 0. |  |  | Information and Referral |
| 6. | Benefis Health Care  
   - 500 19th Avenue South  
   - Great Falls, MT 59405 | 61-0480587 |  | 38,509. | 0. |  |  | Information and Referral |
| 7. | Boston U School of Med.  
   - 72 East Concord Street, C3  
   - Boston, MA 02118 | 04-2103547 |  | 78,152. | 0. |  |  | Medical Research |
| 8. | Boston University School of M  
   - 715 Albany Street, Suite E-32  
   - Boston, MA 02118 | 04-2103545 |  | 75,000. | 0. |  |  | Information and Referral |

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II: Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

APDA has an independent scientific advisory board (SAB) that recommends the recipients of the grants, who in turn is approved by the Board of Directors.

Initial funding is made based on the grant and subsequent payments are made contingent on progress reports. Final reports are mandatory for the grants and only after their receipt is final payment disbursed.

Centers for Advanced Research where funding extends out to more than one year submit annual progress reports.

Information and Referal Centers are monitored for volume activity and similarly, after the initial payment, subsequent payments are contingent upon receipt of progress reports.
Continuation Sheet for Schedule I (Form 990)

Name of the organization
American Parkinson Disease Assoc.

Part II: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)

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### Part II: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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<td>33,268</td>
<td></td>
<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U of Vermont 1 South Prospect Street 56-2496034</td>
<td></td>
<td></td>
<td></td>
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<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burlington, VT 05401</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>U of Washington 1600 Columbian Way Box 358280</td>
<td>17-8019988</td>
<td></td>
<td>42,580</td>
<td></td>
<td>Information and Referral</td>
<td></td>
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<tr>
<td>Seattle, WA 98109</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UCSA School of Medicine 710 Westwood Plaza</td>
<td>55-6006143</td>
<td></td>
<td>75,000</td>
<td></td>
<td>Medical Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90095</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>University of Alabama 1719 5th Ave. South, CIBC 514</td>
<td>63-6005396</td>
<td></td>
<td>75,000</td>
<td></td>
<td>Medical Research</td>
<td></td>
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<tr>
<td>Birmingham, AL 35294</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Alabama 17207 7th Ave. Birmingham, AL 35223</td>
<td>63-6001138</td>
<td></td>
<td>38,403</td>
<td></td>
<td>Information and Referral</td>
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<tr>
<td>Birmingham, AL 35223</td>
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</tr>
<tr>
<td>University of Arizona 1501 N. Campbell Avenue</td>
<td>74-2652689</td>
<td></td>
<td>47,500</td>
<td></td>
<td>Information and Referral</td>
<td></td>
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<tr>
<td>Tucson, AZ 85724</td>
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</tr>
</tbody>
</table>
### American Parkinson Disease Assoc.

#### Part II: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kentucky 740 S. Limestone Street, Suite L Lexington, KY 40536</td>
<td>61-6033693</td>
<td></td>
<td>34,912.</td>
<td></td>
<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Maryland Hospital 110 S. Paca Street, 3 Floor Baltimore, MD 21201</td>
<td>52-2238653</td>
<td></td>
<td>61,500.</td>
<td></td>
<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Pittsburgh 3109 Cathedral of Learning Pittsburgh, PA 15260</td>
<td>25-0965591</td>
<td></td>
<td>75,000.</td>
<td></td>
<td>Medical Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Virginia Med Ctr The McKin Hall - Box 394 Charlottesville, VA 22908</td>
<td>23-7173411</td>
<td></td>
<td>30,000.</td>
<td></td>
<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Virginia Medical C The McKin Hall - Box 394 Charlottesville, VA 22908</td>
<td>23-7173411</td>
<td></td>
<td>75,000.</td>
<td></td>
<td>Medical Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hof Virginia Health Sys 900 Ray C. Hunt Drive, Box 00101 Charlottesville, VA 22903</td>
<td>54-6001796</td>
<td></td>
<td>33,265.</td>
<td></td>
<td>Information and Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V.A. Hospital 1000 Locust Street Reno, NV 89502</td>
<td>20-0903914</td>
<td></td>
<td>25,000.</td>
<td></td>
<td>Information and Referral</td>
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</tr>
<tr>
<td>Washington U School of Med 560 South Euclid Avenue St. Louis, MO 63110</td>
<td>43-0653611</td>
<td></td>
<td>39,923.</td>
<td></td>
<td>Information and Referral</td>
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<tr>
<td>Washington University Medical C 1525 Scott Avenue, Box 8225 St. Louis, MO 63110</td>
<td>43-0653611</td>
<td></td>
<td>75,000.</td>
<td></td>
<td>Medical Research</td>
<td></td>
<td></td>
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<tr>
<td>Westfield Mem Hospital 189 East Main Street Westfield, NY 14787</td>
<td>16-0743222</td>
<td></td>
<td>28,500.</td>
<td></td>
<td>Information and Referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule I Cont (Form 990) 2011
Compensation Information

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

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

American Parkinson Disease Assoc. 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III

1b 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. Part III

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

3 Indicate which, if any, of the following the filing 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. Explain in Part III.

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? Part III

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Part III

4b X

c Participate in, or receive payment from, an equity-based compensation arrangement? Part III

4c X

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

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

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

<table>
<thead>
<tr>
<th>Contingency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5a X

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

Part III

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

<table>
<thead>
<tr>
<th>Contingency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6a X

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

Part III

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

7 X

Part III

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

8 X

Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-5(a)?

9

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (i). Do not list any individuals that are not 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 columns (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joel Gerstel</td>
<td>(i) 192,399.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 18,999.</td>
<td>(v) 22,341.</td>
</tr>
<tr>
<td>2</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>3</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>4</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
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<td>5</td>
<td>(i)</td>
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</tr>
<tr>
<td>6</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>7</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>8</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>9</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>10</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>11</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>12</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>13</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>14</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>15</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
<tr>
<td>16</td>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
</tbody>
</table>

**BAA**
Part II. Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

Illness of the executive director required the use of a car service for transportation to the office.

Part 1, Line 1b - Reason For Not Following Policy Regarding Payments

No policy at time of illness. Illness of the executive director required the use of a car service for transportation to the office.

Part 1, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Joel Gerstel, executive director, retired from organization, and received severance package of $100,000, which was accrued in full on the financial statements, as of 8/31/2012. Severance payments to be paid in 12 equal instalments of $8,333.33, commencing during the fiscal year ended 8/31/2013.
Supplemental Information to Form 990 or 990-EZ

Schedule G, Part I

brickmill expenses were $347,917. Of this amount, $17,351 was identified by the contract as the basic mailing, printing, and postage costs, with the difference recorded as payment to the fundraising counsel.

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

1) Elizabeth Braun - Board Member

Sister to board member Elena Imperato

Cousin to board members Mario J. Esposito Jr., Michael Esposito, Dr. Robert Browne,

Lisa Esposito & Sally Ann Esposito-Browne

2) Dr. Robert Browne - Board Member

Husband of Treasurer & Board Member Sally Ann Esposito Browne

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

Elena Imperato

Brother in law to board member Lisa Esposito

3) Mario J. Esposito Jr. - Board Member

Brother of board member Michael Esposito
_ Form 990, Part VI, Line 2: Business or Family Relationship of Officers, Directors, Etc._

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

- 4) Michael Esposito - Board Member

- Brother of board member Mario J. Esposito Jr.

- Cousin to board members Elizabeth Braun, Elena Imperato, Dr. Robert Browne, Sally
  - Ann Esposito-Browne & Lisa Esposito Pideriano

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

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

- Sister in law of board member Dr. Robert Browne

- 5) Lisa Esposito - Board Member

- Cousin to board members Elizabeth Braun, Elena Imperato, Michael Esposito & Mario J.
  - Esposito Jr.
Form 990, Part VI, Line 2: Business or Family Relationship of Officers, Directors, Etc.

Sister of board members Sally Ann Esposito Browne

Sister in law of board member Dr. Robert Browne

6) Elena Imperato - Board Member

Cousin to board members Mario J. Esposito Jr., Michael Esposito, Lisa Esposito, Sally Ann Esposito Browne & Dr. Robert Browne

Sister of board member Elizabeth Braun

7) Edward Clark - Maintenance Engineer

Son in law of former President & Board member Vincent Gatullo

8) Vincent Gatullo Board Member & former President

Father in law of maintenance engineer Edward Clark

8) George Esposito - Board member

2nd Cousin to board members Elizabeth Braun, Mario J. Esposito Jr., Michael Esposito, Elena Imperato, Dr. Robert Browne, Sally Ann Esposito Browne & Lisa
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Esposito

11) Sally Ann Esposito Browne - Treasurer

wife of Dr. Robert Browne, Board member, and related to several other board members

12) Joel A. Miele - Chairman

Father of board member Joel A. Miele, Jr

Father in law of board member Gary Chu

Form 990, Part VI, Line 11b - Form 990 Review Process

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

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of Interest policy signed by the Board annually. Members recuse themselves
from voting if there is a potential conflict of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Outside contractors hired to benchmark executive salary. Independent compensation
committee formed to approve executive director and key employee salaries.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

same as 15a above. Outside contractors hired to benchmark executive salary.

Independent compensation committee formed to approve executive director and key
employee salaries.
Form 990, Part VI, Line 17 - List of States which this Return is Filed

- AL AK AZ AR CA CO CT DC FL GA HI IL KS KY ME MD MA MI MN MS NH NJ NM NY NC ND OH

- OK OR PA RI SC TN UT VA WA WV WI

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

- Provided upon request.
Form 990, Part XI, Line 5  
Other Changes in Net Assets or Fund Balances  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Unrealized Gains or Losses on Investments</td>
<td>$ 92,030</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 92,030</strong></td>
</tr>
</tbody>
</table>
Statement: Note 1
Form 990, Part VI, Line 80b
Statement of Other Information on Related Organization

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