

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2025

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning SEP 1, 2025 and ending DEC 31, 2025

Form sections B through M: B Check if applicable, C Name of organization (AMERICAN PARKINSON DISEASE ASSOC.), D Employer identification number (13-1962771), E Telephone number (718-981-8001), G Gross receipts \$ (12,380,665), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.APDAPARKINSON.ORG), K Form of organization, L Year of formation (1961), M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (GARRAUD ETIENNE), Preparer (DIANA MILLER), and Firm (WISS & COMPANY, LLP)

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,139,889. including grants of \$) (Revenue \$) PUBLIC AWARENESS - APDA CURRENTLY PROVIDES (ON-LINE AND IN PRINT) MORE THAN 71 FREE EDUCATIONAL PUBLICATIONS, 39 IN ENGLISH, 24 IN SPANISH, AND 8 IN SIMPLIFIED CHINESE TO ADDRESS MEDICAL AND SOCIAL ASPECTS OF THE DIAGNOSIS, TREATMENT, AND CARE OF PEOPLE WITH PARKINSON DISEASE. THESE PUBLICATIONS AND ADDITIONAL INFORMATION DISTRIBUTED THROUGH APDA'S 12 ACTIVE CHAPTERS, 17 INFORMATION & REFERRAL CENTER GRANTS (7 TRADITIONAL CENTERS AND 10 PROJECTS), EXTENSIVE WEBSITE IN ENGLISH AND SPANISH, AND "800" TELEPHONE HELPLINE IN SEVERAL LANGUAGES. APDA ALSO RAISES AWARENESS THROUGH TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS ENTITLED "LIVE WITH OPTIMISM," "LOOK CLOSER," AND "MIRA MAS DE CERCA" THAT HAVE AIRED NATIONWIDE SINCE 2015. APPROXIMATELY 240,000 NEWSLETTERS ARE MAILED ANNUALLY

4b (Code:) (Expenses \$ 2,037,619. including grants of \$ 1,009,991.) (Revenue \$) PATIENT SERVICES AND EDUCATIONAL PROGRAMS - APDA AIMS TO SUPPORT EVERY PERSON AND EVERY FAMILY IMPACTED BY PARKINSON'S. THROUGH ITS NATIONWIDE SYSTEM OF CHAPTERS, INFORMATION & REFERRAL (I&R) CENTERS, AND COMMUNITY PARTNERS. APDA UNIQUELY DELIVERS INFORMATION, EDUCATION, AND SUPPORT SERVICES TO ANYONE WITH PARKINSON'S DISEASE AND THEIR FAMILIES EACH DAY. 17 INFORMATION AND REFERRAL CENTERS ARE GRANT FUNDED ALONG WITH COMMUNITY GRANTS ACROSS THE US TO EXPAND THE REACH IN UNDERSERVED COMMUNITIES. APDA CONDUCTED OVER 35 PATIENT EDUCATION WEBINARS VIRTUALLY AND IN PERSON REGARDING EDUCATION ON TOPICS THAT ADDRESS THE SYMPTOMS, TREATMENTS, AND CHALLENGES OF LIVING WITH PARKINSON'S DISEASE. APDA OFFERED MORE THAN 30 NATIONAL SPECIALIZED PROGRAMS "PRESS", PARKINSON'S ROADMAP FOR EDUCATION AND SUPPORT, PRESS ON, AND

4c (Code:) (Expenses \$ 1,110,372. including grants of \$ 662,500.) (Revenue \$) RESEARCH - APDA PROUDLY INVESTS IN EIGHT CENTERS FOR ADVANCED RESEARCH AND SUPPORTS GRANTS TO FUND THE MOST PROMISING SCIENCE FOCUSED ON DISCOVERING THE CAUSE(S) AND FINDING THE CURE FOR PARKINSON'S DISEASE. SINCE ITS FOUNDING IN 1961, APDA HAS BEEN A FUNDING PARTNER IN MANY OF THE MAJOR PD SCIENTIFIC BREAKTHROUGHS.

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

4e Total program service expenses 6,287,880.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	40.00			X			344,497.	0.	64,313.	
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	40.00			X			223,314.	0.	59,242.	
(3) REBECCA GILBERT CHIEF MISSION OFFICER	32.00			X			221,772.	0.	28,164.	
(4) HEATHER ANN HAYS VP, DEVELOPMENT	40.00				X		188,161.	0.	57,011.	
(5) ELOISE CAGGIANO VP, DEVELOPMENT/MKTG & COMM	40.00					X	167,290.	0.	41,627.	
(6) JEAN ALLENBACH REGIONAL DIRECTOR	40.00					X	152,529.	0.	41,471.	
(7) WILLIAM PATJANE REGIONAL DIRECTOR	40.00					X	142,407.	0.	51,136.	
(8) CATHERINE KRANE REGIONAL DIRECTOR	40.00					X	148,842.	0.	40,350.	
(9) ROSA PENA VP PROGRAM AND SERVICES	40.00					X	152,958.	0.	22,399.	
(10) ANNE HUBBARD CHIEF PUBLIC POLICY OFFICE	40.00			X			98,570.	0.	29,451.	
(11) BERNARD BATTISTA CHAIRMAN	1.50	X		X			0.	0.	0.	
(12) DONNA J.C. FANELLI, DNP VICE CHAIR	1.50	X		X			0.	0.	0.	
(13) PATRICK MCDERMOTT TREASURER	1.50	X		X			0.	0.	0.	
(14) ELENA MAESTRONE IMPERATO SECRETARY	1.50	X		X			0.	0.	0.	
(15) THOMAS K. PENETT, ESQ. EXECUTIVE COMMITTEE MEMBER	0.50	X		X			0.	0.	0.	
(16) J. ZOE BECKERMAN EXECUTIVE COMMITTEE MEMBER	0.50	X		X			0.	0.	0.	
(17) ADALYNN E. HARRIS, PHD DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID G. STANDAERT, MD, PHD DIRECTOR	0.50	X						0.	0.	0.
(19) LISA ESPOSITO, DVM DIRECTOR	0.50	X						0.	0.	0.
(20) MARIO J. ESPOSITO, JR. DIRECTOR	0.50	X						0.	0.	0.
(21) SALLY ANN ESPOSITO BROWNE DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								1,840,340.	0.	435,164.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,840,340.	0.	435,164.

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 23

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MOORE, A SERIES LLC 4200 PARLIAMENT PLACE, LANHAM, MD 20706	POSTAGE AND PRINTING	1,411,793.
HAVAS LYNX NEW YORK, 200 MADISON AVE, 9TH FLR, NEW YORK, NY 10016	PRODUCTION AND VIDEOGRAPHY	200,000.
AUDIENCE 1ST MEDIA P.O. BOX 908, LANHAM, MD 20706	LIST RENTAL SERVICES	167,412.
INLAND PRINTING COMPANT, INC P.O. BOX 414, SYOSSET, NY 11791	PRINTING OF BOOKLETS, POSTCARDS,	114,330.
AOIC, LLC 1 E UWCHLAN AVE, EXTON, PA 19341	MANAGEMENT OF PROGRAMS	109,227.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	23,439.				
	1 b	Membership dues					
	1 c	Fundraising events	1,230,465.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	10,796,571.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		12,050,475.			
Program Service Revenue	2 a	_____					
	2 b	_____					
	2 c	_____					
	2 d	_____					
	2 e	_____					
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		107,521.		107,521.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	11,654.			
			(ii) Personal				
	6 b	Less: rental expenses ...	0.				
	6 c	Rental income or (loss)	11,654.				
	6 d	Net rental income or (loss)		11,654.		11,654.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	83,615.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	76,316.				
	7 c	Gain or (loss)	7,299.				
	7 d	Net gain or (loss)		7,299.		7,299.	
8 a	Gross income from fundraising events (not including \$ 1,230,465. of contributions reported on line 1c). See Part IV, line 18		117,990.				
8 b	Less: direct expenses	212,491.					
8 c	Net income or (loss) from fundraising events		-94,501.		-94,501.		
9 a	Gross income from gaming activities. See Part IV, line 19		9,410.				
9 b	Less: direct expenses	0.					
9 c	Net income or (loss) from gaming activities		9,410.		9,410.		
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____					
	11 b	_____					
	11 c	_____					
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		12,091,858.	0.	0.	41,383.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,672,491.	1,672,491.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	513,531.	410,825.	39,028.	63,678.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,767,967.	1,414,373.	134,366.	219,228.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	226,249.	180,999.	17,195.	28,055.
9 Other employee benefits	339,774.	271,819.	25,823.	42,132.
10 Payroll taxes	148,084.	118,468.	11,254.	18,362.
11 Fees for services (nonemployees):				
a Management				
b Legal	62,468.	7,111.	55,357.	
c Accounting	111,963.		111,963.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	89,394.			89,394.
f Investment management fees	30,592.	24,474.	2,325.	3,793.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	873,633.	685,572.	167,431.	20,630.
12 Advertising and promotion	118,248.	60,557.	4,093.	53,598.
13 Office expenses	48,885.	36,000.	2,815.	10,070.
14 Information technology	154,743.	123,795.	11,760.	19,188.
15 Royalties				
16 Occupancy	68,081.	54,465.	4,576.	9,040.
17 Travel	101,579.	85,162.	8,090.	8,327.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	196,513.	158,131.	16,175.	22,207.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,979.	77,584.	7,370.	12,025.
23 Insurance	22,760.	18,208.	1,730.	2,822.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING, POSTAGE AND S	1,265,549.	689,263.	33,017.	543,269.
b MAILINGS	187,396.	90,344.	3,354.	93,698.
c DUES, SUBSCRIPTIONS, LI	104,002.	87,463.	8,309.	8,230.
d MISCELLANEOUS EXPENSES	21,032.	8,464.	882.	11,686.
e All other expenses	15,390.	12,312.	1,034.	2,044.
25 Total functional expenses. Add lines 1 through 24e	8,237,303.	6,287,880.	667,947.	1,281,476.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,694,082.	816,717.	30,324.	847,041.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,799,313.	1	1,384,859.
	2 Savings and temporary cash investments	7,453,524.	2	14,009,862.
	3 Pledges and grants receivable, net	1,901,668.	3	1,105,059.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	399,195.	9	550,140.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,946,539.		
	b Less: accumulated depreciation	10b 2,645,273.	2,398,245.	10c 2,301,266.
	11 Investments - publicly traded securities	10,481,105.	11	11,027,810.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,722,921.	15	4,872,189.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,155,971.	16	35,251,185.	
Liabilities	17 Accounts payable and accrued expenses	1,055,894.	17	1,220,453.
	18 Grants payable	1,394,750.	18	1,941,083.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	580,340.	25	542,431.
	26 Total liabilities. Add lines 17 through 25	3,030,984.	26	3,703,967.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,157,415.	27	24,897,914.
	28 Net assets with donor restrictions	6,967,572.	28	6,649,304.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,124,987.	32	31,547,218.
33 Total liabilities and net assets/fund balances	30,155,971.	33	35,251,185.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,091,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,237,303.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,854,555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,124,987.
5	Net unrealized gains (losses) on investments	5	567,676.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,547,218.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18964510.	13177640.	22729919.	18582613.	12050475.	85505157.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18964510.	13177640.	22729919.	18582613.	12050475.	85505157.
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)						8748172.
6 Public support. Subtract line 5 from line 4.						76756985.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	18964510.	13177640.	22729919.	18582613.	12050475.	85505157.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231,948.	235,698.	202,652.	194,421.	119,175.	983,894.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	149,397.	231,174.	213,523.	349,470.	117,990.	1061554.
11 Total support. Add lines 7 through 10						87550605.
12 Gross receipts from related activities, etc. (see instructions)					12	100,596.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	87.67 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	89.85 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

EMPLOYEE RETENTION CREDIT

2021 AMOUNT: \$ 64,463.

FUNDRAISING

2021 AMOUNT: \$ 84,934.

2022 AMOUNT: \$ 200,080.

2023 AMOUNT: \$ 213,523.

2024 AMOUNT: \$ 251,215.

2025 AMOUNT: \$ 117,990.

MISCELLANEOUS

2022 AMOUNT: \$ 31,094.

2024 AMOUNT: \$ 98,255.

Schedule B (Form 990)

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

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (AMERICAN PARKINSON DISEASE ASSOC.), Employer identification number (13-1962771)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,716,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>787,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>723,381.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>462,099.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>518,380.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>323,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 340,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 639,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Name of organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

LHA 532051 04-01-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	175,377.	175,377.	175,377.	175,377.	174,081.
b Contributions					
c Net investment earnings, gains, and losses					1,296.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	175,377.	175,377.	175,377.	175,377.	175,377.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,071.		696,071.
b Buildings		2,820,627.	1,903,608.	917,019.
c Leasehold improvements		612,464.	299,097.	313,367.
d Equipment		170,244.	170,244.	0.
e Other		647,133.	272,324.	374,809.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,301,266.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,612,753.
(2) BENEFICIAL INTEREST IN REMAINDER TRUSTS	2,900,489.
(3) OPERATING LEASE RIGHT OF USE ASSET, NET	358,947.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,872,189.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	160,139.
(3) OPERATING LEASE LIABILITY	382,292.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	542,431.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,687,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	383,087.	
b	Donated services and use of facilities	2b	2,856,444.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	397,080.	
e	Add lines 2a through 2d	2e	3,636,611.	
3	Subtract line 2e from line 1	3	12,051,260.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,592.	
b	Other (Describe in Part XIII.)	4b	10,006.	
c	Add lines 4a and 4b	4c	40,598.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,091,858.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,265,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,856,444.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	212,491.	
e	Add lines 2a through 2d	2e	3,068,935.	
3	Subtract line 2e from line 1	3	8,196,705.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,592.	
b	Other (Describe in Part XIII.)	4b	10,006.	
c	Add lines 4a and 4b	4c	40,598.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,237,303.	

Part XIII Supplemental Information

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

PART X, LINE 2:

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

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

THE MOST SIGNIFICANT JURISDICTIONS IN WHICH APDA IS REQUIRED TO FILE TAX RETURNS INCLUDE THE U.S. FEDERAL JURISDICTION AND THE STATE OF NEW YORK, ALTHOUGH APDA FILES IN ALMOST EVERY STATE. APDA IS SUBJECT TO EXAMINATION BY THE FEDERAL TAXING AUTHORITY UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. WITH LIMITED EXCEPTIONS, APDA IS SUBJECT TO STATE TAX EXAMINATIONS FOR THE FOUR MOST RECENT TAX YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	212,491.
CHANGE IN VALUE OF BENEFICIAL INTEREST	184,589.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	397,080.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

REIMBURSEMENTS AND RETURNS - RECLASS TO EXPENSE 10,006.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 212,491.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENTS AND RETURNS - RECLASS TO EXPENSE 10,006.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		OPTIMISM WALKS (event type)	GALA (event type)	2 (total number)		
Revenue	1	Gross receipts	799,451.	518,746.	30,258.	1,348,455.
	2	Less: Contributions	799,451.	404,611.	26,403.	1,230,465.
	3	Gross income (line 1 minus line 2)		114,135.	3,855.	117,990.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,666.		1,500.	5,166.
	7	Food and beverages	8,078.		108.	8,186.
	8	Entertainment	3,000.	3,000.		6,000.
	9	Other direct expenses	67,188.	120,000.	5,951.	193,139.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				212,491.
11	Net income summary. Subtract line 10 from line 3, column (d)				-94,501.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: MOORE A SERIES, LLC

(I) ADDRESS OF FUNDRAISER:

4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY SCHOOL OF MEDICINE - DEPARTMENT OF NEUROLOGY AND NEURSCIENCE72 EAST CONCORD STREET - BOSTON, MA 02118	04-2103545	501(C)(3)	29,000.	0.			INFORMATION AND REFERRAL
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
EMORY UNIVERSITY SCHOOL OF MEDICINE - 401 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30329	58-0566256	501(C)(3)	54,167.	0.			FELLOWSHIP GRANT - \$12,500 & ADVANCED CENTERS - \$41,667
HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY - 601 GENOME WAY - HUNTSVILLE, AL 35806	27-2320591	501(C)(3)	25,000.	0.			FELLOWSHIPS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	31,250.	0.			ADVANCED CENTERS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE S.W. ATLANTA, GA 30310	58-1438873	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22.

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY PRESBYTERIAN BROOKLYN METHODIST HOSP. - DEPT. OF NEUROSCIENCE 263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215	11-1631796	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
OKLAHOMA STATE UNIVERSITY 5310 E 31ST ST TULSA, OK 74135	73-1383996	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
PACIFIC NEUROSCIENCE INSTITUTE/SAINT JOHN - PROVIDENCE SAINT JOHN'S HEALTH CENTER 1301 20TH STREET SUUITE 150 - SANTA	95-6100079	501(C)(3)	50,000.	0.			INFORMATION AND REFERRAL
REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF RESEARCH, 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	501(C)(3)	16,667.	0.			FELLOWSHIPS
RUTGERS THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	114,583.	0.			INFORMATION AND REFERRAL - \$25,000, ADVANCED CENTERS - \$72,917 & FELLOWSHIPS - \$16,666
ST. CATHERINE OF SIENA 500 COMMACK ROAD COMMACK, NY 11725	06-1562701	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
STANFORD UNIVERSITY MEDICAL CTR. 300 PASTEUR DRIVE, ROOM H-3144 STANFORD, CA 94305	94-1156365	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
THE BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	143,750.	0.			COTZIA - \$75,000, ADVANCED CENTERS - \$31,250 AND MEDICAL RESEARCH - \$37,500
THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)(3)	50,000.	0.			MEDICAL RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 635 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	83,250.	0.			INFORMATION AND REFERRAL - \$52,000 & ADVANCED CENTERS - \$31,250
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE SOUTH, ROOM 251 - BIRMINGHAM, AL 35233	63-6005396	501(C)(3)	91,667.	0.			MEDICAL RESEARCH-ADVANCED CENTERS - \$41,667 & INFORMATION AND REFERRAL - \$50,000,
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE. MAIL CODE 203 CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - 1120 NW 14TH STREET, 13TH FLOOR, ROOM 1377 - MIAMI, FL 33136	59-0624458	501(C)(3)	25,000.	0.			INFORMATION AND REFERRAL
UNIVERSITY OF NORTH CAROLINE AT CHAPEL HILL - 104 AIRPORT DRIVE ST 2200 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	16,667.	0.			FELLOWSHIPS
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 407 E 61ST ST RM 106 - NEW YORK, NY 10065	13-1623978	501(C)(3)	33,333.	0.			FELLOWSHIPS
YALE UNIVERSITY 2 WHITNEY AVE 6TH FLOOR NEW HAVEN, CT 06510	06-0646973	501(C)(3)	47,916.	0.			FELLOWSHIPS - \$16,666 & ADVANCED CENTERS - \$31,250

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

APDA HAS A SCIENTIFIC ADVISORY BOARD (SAB) THAT RECOMMENDS THE RECIPIENTS OF THE GRANTS, WHO ARE IN TURN APPROVED BY THE BOARD OF DIRECTORS. INITIAL FUNDING IS MADE BASED ON THE GRANT AND SUBSEQUENT PAYMENTS ARE MADE CONTINGENT ON PROGRESS REPORTS. FINAL REPORTS ARE MANDATORY FOR THE GRANTS AND ONLY AFTER THEIR RECEIPT IS FINAL PAYMENT DISBURSED. CENTERS FOR ADVANCED RESEARCH WHERE FUNDING EXTENDS OUT MORE THAN ONE YEAR SUBMIT ANNUAL PROGRESS REPORTS. INFORMATION AND REFERRAL CENTERS ARE MONITORED FOR VOLUME ACTIVITY AND SIMILARLY, AFTER THE INITIAL PAYMENT, SUBSEQUENT PAYMENTS ARE CONTINGENT UPON RECEIPT OF PROGRESS REPORTS.

**SCHEDULE J
(Form 990)**

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

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	(i)	337,177.	0.	7,320.	43,527.	20,786.	408,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	(i)	221,316.	0.	1,998.	28,216.	31,026.	282,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA GILBERT CHIEF MISSION OFFICER	(i)	221,266.	0.	506.	28,021.	143.	249,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER ANN HAYS VP, DEVELOPMENT	(i)	187,378.	0.	783.	23,774.	33,237.	245,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELOISE CAGGIANO VP, DEVELOPMENT/MKTG & COMM	(i)	166,892.	0.	398.	21,137.	20,490.	208,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEAN ALLENBACH REGIONAL DIRECTOR	(i)	151,831.	0.	698.	19,272.	22,199.	194,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM PATJANE REGIONAL DIRECTOR	(i)	141,578.	0.	829.	17,993.	33,143.	193,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CATHERINE KRANE REGIONAL DIRECTOR	(i)	147,174.	0.	1,668.	18,806.	21,544.	189,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROSA PENA VP PROGRAM AND SERVICES	(i)	151,613.	0.	1,345.	19,326.	3,073.	175,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

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

Part II Loans to and/or From Interested Persons

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

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 and Total.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Row 1: DAVID G. STANDAERT, NONVOTING MEMBER, 91,667, GRANTS, RESEARCH/ I&R.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
NONVOTING MEMBER, BOD

(C) AMOUNT OF GRANT \$ 91,667.

(D) TYPE OF ASSISTANCE: GRANTS

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

SCHEDULE L, PART III, LINE 1:

DAVID G. STANDAERT, MD, PHD IS A NONVOTING MEMBER OF THE BOARD OF DIRECTORS OF APDA AND IS ALSO CHAIRMAN OF THE SCIENTIFIC ADVISORY BOARD. IN ADDITION, THIS MEMBER HEADS THE DEPARTMENT OF NEUROLOGY AT THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND RECEIVED ADVANCED CENTER FUNDING IN THE AMOUNT OF \$41,667, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF \$50,000 FOR THE FOUR-MONTH PERIOD ENDED DECEMBER 31, 2025.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARKINSON'S DISEASE LIVE LIFE TO THE FULLEST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA) IS A NATIONWIDE
GRASSROOTS NETWORK DEDICATED TO FIGHTING PARKINSON'S DISEASE (PD) AND
WORKS TIRELESSLY TO HELP THE APPROXIMATELY ONE MILLION PEOPLE WITH PD
IN THE UNITED STATES LIVE LIFE TO THE FULLEST IN THE FACE OF THIS
CHRONIC, NEUROLOGICAL DISORDER. FOUNDED IN 1961, APDA HAS RAISED AND
INVESTED MORE THAN \$338 MILLION TO PROVIDE OUTSTANDING PATIENT SERVICES
AND EDUCATIONAL PROGRAMS, ELEVATE PUBLIC AWARENESS ABOUT THE DISEASE,
AND SUPPORT RESEARCH DESIGNED TO UNLOCK THE MYSTERIES OF PD AND
ULTIMATELY PUT AN END TO THIS DISEASE.

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CARE PARTNER CONNECTION IN 15 STATES.

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

1. LISA ESPOSITO - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER SALLY ANN ESPOSITO BROWNE.
2. SALLY ANN ESPOSITO BROWNE - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER LISA ESPOSITO.

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

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 18:

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

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

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

LHA 532211 04-01-25

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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FORM 990, PART VI, SECTION C, LINE 19:
 FINANCIAL STATEMENTS AVAILABLE ON WEBSITE AND UPON REQUEST. GOVERNING
 DOCUMENTS AND POLICIES PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	685,572.
MANAGEMENT AND GENERAL EXPENSES	167,431.
FUNDRAISING EXPENSES	20,630.
TOTAL EXPENSES	873,633.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	873,633.

FORM 990, PART XII, LINE 2C:
 THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
 OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR
 ENDED 12/31/25, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN
 INDEPENDENT AUDITOR.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
	BUILDING		SL	39.00	MM	16	2,820,627.				2,820,627.	1,872,268.		31,340.	1,903,608.
	LEASEHOLD IMPROVEMENTS		SL	39.00	MM	16	612,464.				612,464.	287,559.		11,538.	299,097.
	* 990 PAGE 10 TOTAL BUILDINGS						3,433,091.				3,433,091.	2,159,827.		42,878.	2,202,705.
	FURNITURE & FIXTURES														
	FURNITURE & FIXTURES		SL	7.00		16	170,244.				170,244.	169,826.		418.	170,244.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						170,244.				170,244.	169,826.		418.	170,244.
	MACHINERY & EQUIPMENT														
	COMPUTER EQUIPMENT		SL	5.00		16	647,133.				647,133.	218,641.		53,683.	272,324.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						647,133.				647,133.	218,641.		53,683.	272,324.
	LAND														
	LAND		L				696,071.				696,071.			0.	
	* 990 PAGE 10 TOTAL LAND						696,071.				696,071.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,946,539.				4,946,539.	2,548,294.		96,979.	2,645,273.