

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. PARKINSON'S DISEASE FOUNDATION, INC. 1359 Broadway #1509 New York, NY 10018

D Employer Identification Number 13-1866796 E Telephone number (212) 923-4700 F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: WWW.PDF.ORG

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 19,916,704.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue (1-12), Expenses (13-17), and Assets (18-21). Includes sub-rows for contributions, program revenue, membership, interest, dividends, rents, investment income, sales of assets, special events, and inventory.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ <u>451,663.5</u> non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> X	22 4,516,635.	4,516,635.		
23	Specific assistance to individuals (att sch).....	23			
24	Benefits paid to or for members (att sch).....	24			
25	Compensation of officers, directors, etc.....	25 212,809.	117,045.	42,562.	53,202.
26	Other salaries and wages.....	26 898,375.	752,995.	90,951.	54,429.
27	Pension plan contributions.....	27 68,836.	52,490.	7,656.	8,690.
28	Other employee benefits.....	28 119,634.	77,722.	22,703.	19,209.
29	Payroll taxes.....	29 94,113.	78,695.	8,025.	7,393.
30	Professional fundraising fees.....	30			
31	Accounting fees.....	31 168,454.	7,238.	124,906.	36,310.
32	Legal fees.....	32 103,602.	43,420.	37,366.	22,816.
33	Supplies.....	33 48,632.	7,463.	40,835.	334.
34	Telephone.....	34 49,738.	38,270.	5,946.	5,522.
35	Postage and shipping.....	35 398,646.	102,866.	15,143.	280,637.
36	Occupancy.....	36 189,100.	157,464.	18,078.	13,558.
37	Equipment rental and maintenance.....	37			
38	Printing and publications.....	38 374,360.	266,185.	9,572.	98,603.
39	Travel.....	39 96,574.	95,948.	340.	286.
40	Conferences, conventions, and meetings.....	40 71,225.	60,440.	2,680.	8,105.
41	Interest.....	41			
42	Depreciation, depletion, etc (attach schedule).....	42 119,611.	67,415.	35,684.	16,512.
43	Other expenses not covered above (itemize):				
a	See Statement 4	43a 923,699.	405,570.	135,853.	382,276.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44 8,454,043.	6,847,861.	598,300.	1,007,882.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Awards of grants and fellowships for research in Parkinson's Disease</u> <u>(See attached Statement 12)</u> (Grants and allocations \$ <u>4,366,635.</u>) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	5,148,694.
b <u>Educational programs and support services for people with Parkinson's Disease, their families and care givers.</u> (Grants and allocations \$ <u>150,000.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,699,167.
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	6,847,861.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	410,419.	45	255,376.
	46 Savings and temporary cash investments.....	35,578.	46	703,754.
	47a Accounts receivable.....	47a 24,959.		
	b Less: allowance for doubtful accounts.....	47b	9,083.	47c 24,959.
	48a Pledges receivable.....	48a 148,008.		
	b Less: allowance for doubtful accounts.....	48b	134,350.	48c 148,008.
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch.).....	51a		
	b Less: allowance for doubtful accounts.....	51b		51c
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....		49,283.	53 41,747.
	54 Investments — securities (attach schedule) <i> Stmt 14</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		11,765,634.	54 10,922,447.
	55a Investments — land, buildings, & equipment: basis.....	55a		
b Less: accumulated depreciation (attach schedule).....	55b		55c	
56 Investments — other (attach schedule).....			56	
57a Land, buildings, and equipment: basis.....	57a 837,190.			
b Less: accumulated depreciation (attach schedule)..... <i> Statement 6</i>	57b 175,282.	391,886.	57c 661,908.	
58 Other assets (describe <input type="checkbox"/> See Statement 7).....		1,985,844.	58 769,951.	
59 Total assets (must equal line 74). Add lines 45 through 58.....		14,782,077.	59 13,528,150.	
LIABILITIES	60 Accounts payable and accrued expenses.....	283,134.	60	271,275.
	61 Grants payable.....	768,674.	61	688,500.
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 8).....		945,020.	65 913,389.
66 Total liabilities. Add lines 60 through 65.....		1,996,828.	66 1,873,164.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	11,400,139.	67	10,602,794.
	68 Temporarily restricted.....	1,385,110.	68	1,052,192.
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		12,785,249.	73 11,654,986.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....		14,782,077.	74 13,528,150.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	7,323,780.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	b1	-206,555.
	2 Donated services and use of facilities.....	b2	
	3 Recoveries of prior year grants.....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	-206,555.
c	Subtract line b from line a	c	7,530,335.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	7,530,335.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....	a	8,454,043.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	b1	
	2 Prior year adjustments reported on Part I, line 20.....	b2	
	3 Losses reported on Part I, line 20.....	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	8,454,043.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	8,454,043.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 9		212,809.	21,281.	0.

Part VI Other Information (continued)

	Yes	No
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82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	INDETERMINABLE	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members.	85c	N/A	
d Section 162(e) lobbying and political expenditures.	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities.	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶			0.
90 a List the states with which a copy of this return is filed ▶ <u>See Statement 15</u>			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		18
91 a The books are in care of ▶ <u>Robin Elliott, c/o PDF</u> Telephone number ▶ <u>212-923-4700</u> Located at ▶ <u>1359 Broadway # 1509 NY, NY 10018,</u> ZIP + 4 ▶ <u>10018</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If 'Yes,' enter the name of the foreign country ▶			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92			N/A

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Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
 - a _____
 - b _____
 - c _____
 - d _____
 - e _____
- f Medicare/Medicaid payments
- g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
 - a debt-financed property
 - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
 - a _____
 - b _____
 - c _____
 - d _____
 - e _____

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
a					
b					
c					
d					
e					
f					
g					
94					
95			14	1,832.	
96			14	360,639.	
97					
a					
b					
98					
99					
100					
101			18	800,722.	
102					
103					
a					
b					
c					
d					
e					
104				1,163,193.	
105					1,163,193.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer _____ Date _____

Type or print name and title _____

Please Sign Here

Paid Preparer's Use Only

Preparer's signature _____

Firm's name (if self-employed), address, and ZIP + 4 _____

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SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

PARKINSON'S DISEASE FOUNDATION, INC.

13-1866796

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 10		679,935.	16,129.	0.
Total number of other employees paid over \$50,000	▶ 1			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Sanky Perlowin Associates, Inc. 589 8th Avenue NY, NY 10018	Direct mail Consult	130,358.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>76,930.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) See Statement 16	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?..... If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?.....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....		
d	Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?.....		
b	Admissions policies?.....		
c	Employment of faculty or administrative staff?.....		
d	Scholarships or other financial assistance?.....		
e	Educational policies?.....		
f	Use of facilities?.....		
g	Athletic programs?.....		
h	Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?.....		
b	Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....		

PARKINSON'S DISEASE FOUNDATION, INC.

13-1866796

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 12,958,613.
 Cost or Other Basis: 12,157,891.

Total Gain (Loss) Publicly Traded Securities \$ 800,722.

Total Net Gain (Loss) From Noninventory Sales \$ 800,722.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Dinner Dance	643,565.	415,087.	228,478.	228,478.	0.
Total	<u>\$ 643,565.</u>	<u>\$ 415,087.</u>	<u>\$ 228,478.</u>	<u>\$ 228,478.</u>	<u>\$ 0.</u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized loss on investments..... \$ -206,555.
 Total \$ -206,555.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
Consultants	475,646.	213,485.	15,904.	246,257.
Database and gift processing	148,655.	12,275.	26,717.	109,663.
Dues and subscriptions	43,133.	30,975.	4,443.	7,715.
Information materials	61,699.	61,699.		
Insurance	38,310.		38,310.	
Investment Managers Fee	34,949.		34,949.	
Other	44,142.	27,209.	3,653.	13,280.
Temporary Staff	77,165.	59,927.	11,877.	5,361.
Total	<u>\$ 923,699.</u>	<u>\$ 405,570.</u>	<u>\$ 135,853.</u>	<u>\$ 382,276.</u>

PARKINSON'S DISEASE FOUNDATION, INC.

13-1866796

Statement 5
Form 990, Part III
Organization's Primary Exempt Purpose

Awards grants and fellowships for research in Parkinson's Disease. Provides support for people with Parkinson's Disease, their families and care givers through educational programs and support services.

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 310,731.	\$ 122,315.	\$ 188,416.
Improvements	526,459.	52,967.	473,492.
Total	\$ 837,190.	\$ 175,282.	\$ 661,908.

Statement 7
Form 990, Part IV, Line 58
Other Assets

Investments-deferred compensation plan.....	\$ 408,620.
Life estate gift.....	305,000.
Security deposits.....	56,331.
Total	\$ 769,951.

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

Accrued rent liability.....	\$ 375,511.
Deferred compensation plan.....	408,620.
Liability under split interest policy.....	129,258.
Total	\$ 913,389.

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Robin Elliott C/O PDF 1359 Broadway # 1509 New York, NY 10018	Exec. Director 40	\$ 212,809.	\$ 21,281.	\$ 0.

PARKINSON'S DISEASE FOUNDATION, INC.

13-1866796

Statement 9 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mrs. William Black Bon Repos Premium Point New Rochelle, NY 10801	Chairman 2	\$ 0.	\$ 0.	\$ 0.
Lewis P. Rowland, M.D. NI 710 West 168th Street FL2 New York, NY 10032	President 2	0.	0.	0.
Isobel Robins Konecky C/O PDF 1359 Broadway # 1509 New York, NY 10018	Secretary 2	0.	0.	0.
Stanley Fahn, MD NI 710 West 168th ST New York, NY 10032	Scientific Dir. 2	0.	0.	0.
Stephen Ackerman C/O Bear Stearns 380 Madison New York, NY 10179	Treasurer 2	0.	0.	0.
Karen Elizabeth Burke, M.D., C/O PDF 1359 Broadway # 1509 New York, NY 10018	Director 1	0.	0.	0.
Margo Catsimatidis C/O PDF 1359 Broadway # 1509 New York, NY 10018	Director 1	0.	0.	0.
Barbara Costikyan C/O PDF 1359 Broadway # 1509 New York, NY 10018	Director 1	0.	0.	0.
Stephen Flood, Esq. C/O PDF 1359 Broadway # 1509 Naples, FL 34108	Director 1	0.	0.	0.
Howard DeWitt Morgan C/O PDF 1359 Broadway # 1509 New York, NY 10018	Director 1	0.	0.	0.
Sarah Belk Gambrell 6100 Fairview RD Suite 640 Charlotte, NC 28210	Director 1	0.	0.	0.
Timothy Pedley, MD NI 710 West 168th St. 14th flr New York, NY 10032	Director 1	0.	0.	0.

PARKINSON'S DISEASE FOUNDATION, INC.

13-1866796

Statement 10
Schedule A, Part I
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP & DC</u>	<u>Expense Account</u>
Jeanne Rosner (See Note 1) C/O PDF 1359 Broadway #1509 NY, NY ,	Clinical Spec. 40	339,280.	7,737.	0.
Sharon Stone C/O PDF 1359 Broadway #1509 NY, NY ,	Program Coord 40	83,923.	8,392.	0.
Judy Rosner C/O PDF 1359 Broadway #1509 NY, NY ,	Science Writer 40	81,674.	0.	0.
Christiana Evers C/O PDF 1359 Broadway #1509 NY, NY ,	Dir. of Comm. 40	74,904.	0.	0.
Veronica Todaro C/O PDF 1359 Broadway #1509 New York, NY 10018	Program Coord 40	100,154.	0.	0.
		Total \$ 679,935.	\$ 16,129.	\$ 0.

Statement 11
Schedule A, Part VI-B, Line i
Descriptions of the Lobbying Activities

Along with other not-for-profit organizations the Parkinson Disease Foundation lobbied for legislation affirming the legitimacy of stem cell research including embryonic stem cell research. This activity was done by using staff time, engaging a professional lobbyist, mailings and meetings with legislators.

Note 1:

Schedule A Part 1

Included in Jeanne Rosner's Compensation is salary of \$77,371 and a total distribution from a deferred compensation plan in the amount of \$261,909.

Parkinson's Disease Foundation, Inc.
EIN: 13-1866796
Schedule of Research Grant Awards
Form 990 Part II Line 22
Year ended June 30, 2006

Grants to Institutions

Columbia University New York, NY Center Grant for Research Public	\$2,154,809
Rush Presbyterian St. Lukes Medical Center Chicago, IL Center Grant for Research Public	250,000
Weil Cornell Medical Center New York, NY Center Grant for Research Public	100,000
Total Grants to Institutions	<u>\$2,504,809</u>

Grants to individuals/programs

Fellowships:

Columbia University New York, NY Fellowship Grant Public	\$ 250,000
University of Crete Crete, Greece Fellowship Grant Foreign Organization	35,000
University of Washington Seattle, WA Fellowship Grant Public	35,000
	<u>320,000</u>

Summer Fellowships:	
Bates College	1,333
Lewiston, ME	
Individual Summer Fellow Research Grant	
Public	
Cedars Sinai Medical Center	2,000
Los Angeles, CA	
Individual Summer Fellow Research Grant	
Public	
Colorado State University	1,333
Fort Collins, CO	
Individual Summer Fellow Research Grant	
Public	
Columbia University	667
New York, NY	
Individual Summer Fellow Research Grant	
Public	
Dartmouth College	1,333
Hanover, NH	
Individual Summer Fellow Research Grant	
Public	
John Hopkins Medical Center	667
Baltimore, MD	
Individual Summer Fellow Research Grant	
Public	
Massachusetts General Hospital	667
Charlestown, MA	
Individual Summer Fellow Research Grant	
Public	
Montefiore Medical Center	1,500
Bronx, NY	
Individual Summer Fellow Research Grant	
Public	
Rush Presbyterian St. Luke's	1,033
Chicago, IL	
Individual Summer Fellow Research Grant	
Public	
University of British Columbia	3,533
Vancouver, British Columbia, Canada	
Individual Summer Fellow Research Grant	
Foreign Organization	
University of Cincinnati	500
Cincinnati, OH	
Individual Summer Fellow Research Grant	
Public	

Grants to individuals/programs (continued)	
University of Connecticut Storrs, CT Individual Summer Fellow Research Grant Public	2,833
University of Florida Orlando, FL Individual Summer Fellow Research Grant Public	1,333
University of Illinois Chicago, IL Individual Summer Fellow Research Grant Public	2,000
University of Lethbridge Lethbridge, Canada Individual Summer Fellow Research Grant Foreign Organization	667
University of Manitoba Winnipeg, Canada Individual Summer Fellow Research Grant Foreign Organization	1,334
University of Michigan Ann Arbor, MI Individual Summer Fellow Research Grant Public	1,000
University of Rochester Rochester, NY Individual Summer Fellow Research Grant Public	1,000
University of Toronto Toronto, Canada Individual Summer Fellow Research Grant Foreign Organization	2,500
University of Waterloo Ontario, Canada Individual Summer Fellow Research Grant Foreign Organization	1,000
University of Wisconsin Madison, WI Individual Summer Fellow Research Grant Public	3,200
Washington University Seattle, WA Individual Summer Fellow Research Grant Public	2,500
	33,933

PARKINSON'S DISEASE FOUNDATION
FIXED ASSET SCHEDULE
 June 30, 2006

Date Acq.	Description	Method/ Life	6/30/2005 Balance	Additions	Deletions	6/30/2006 Balance	Accum. Deprec. 6/30/2005	Depreciation Expense	Deletions	Accum. Deprec. 6/30/2006
7/30/1999	Software	SL 5yrs	7,732			7,732	6,184	1,548		7,732
1/14/98	Printer	SL 5YRS	4,398			4,398	4,398			4,398
7/30/1999	Dell computer	SL 5yrs	2,615			2,615	2,571	44		2,615
8/18/1999	computer monitor	SL 5yrs	938			938	907	31		938
8/11/1999	copier	SL 5yrs	558			558	543	15		558
12/11/2001	Xerox copier	SL 5yrs	1,779			1,779	1,246	356		1,602
8/1/2001	Sony Laptop	SL 3yrs	2,880			2,880	2,400	480		2,880
4/5/2002	Dell computer	SL 3yrs	2,429			2,429	2,025	404		2,429
8/27/2002	Laser printer	SL 3yrs	2,899			2,899	1,449	966		2,416
2/11/2003	Filing cabinets	SL 3yrs	1,834			1,834	917	611		1,529
7/21/2003	Office chairs	SL 5yrs	3,749			3,749	750	750		1,500
7/21/2003	2 computers	SL 3yrs	4,369			4,369	1,456	1,456		2,913
7/21/2003	Office equipment	SL 3yrs	1,704			1,704	568	568		1,136
7/22/2003	Office equipment	SL 5yrs	575			575	115	115		230
8/13/2003	Computers	SL 3 yrs	2,403			2,403	801	801		1,602
8/13/2003	Computers	SL 3yrs	1,099			1,099	366	366		733
4/23/2004	Computers	SL 3yrs	8,992			8,992	2,997	2,997		5,995
4/29/2004	Computers	SL 3yrs	4,637			4,637	1,545	1,546		3,091
2/4/2005	Marlboro Build Assoc	SL 10yrs	75,034			75,034	3,752	7,503		11,255
4/6/2005	The Mufson Partners	SL 10yrs	3,500			3,500	175	350		525
4/26/2005	F. Schumacher & Co	SL 10yrs	2,579			2,579	129	258		387
5/25/2005	Interior Building Serv	SL 10yrs	1,840			1,840	92	184		276
6/1/2005	Newmark & Co., Real	SL 10yrs	27,747			27,747	1,387	2,775		4,162
3/11/2005	Facilities Solutions Inc	SL 10yrs	13,365			13,365	668	1,337		2,005
3/11/2005	Innovative Communic	SL 10yrs	44,004			44,004	2,200	4,400		6,601
1/25/2005	Patricia Fisher	SL 10yrs	23,495			23,495	1,175	1,175		2,350
8/30/2005	Innovative Communic	SL 10yrs	340	340		340	-	17		17
6/6/2006	City View Blinds	SL 10yrs	1,690	1,690		1,690	-	85		85
7/1/2005	Leasehold improve	SL 10yrs	332,865	332,865		332,865	-	41,609		41,609
3/11/2005	Furniture Consultants	SL 7 yrs	162,963	162,963		162,963	11,640	23,280		34,921
3/11/2005	ABC Carpet & Home	SL 7 yrs	1,295	1,295		1,295	93	185		278
3/11/2005	Kitchen Equipment	SL 7 yrs	2,212	2,212		2,212	158	316		474
3/11/2005	Linear Technologies	SL 7 yrs	15,050	15,050		15,050	1,075	2,150		3,225
3/15/2006	Furniture Consultants	SL 7 yrs		5,325		5,325	-	761		761
8/30/2005	ABC Carpet & Home	SL 7 yrs		450		450	-	64		64
9/23/2005	Redux Office Furnit	SL 7 yrs		885		885	-	126		126
7/1/2006	Leasehold im									
8/4/2004	Laser Printer	SL 5 yrs	650			650	65	130		195
3/21/2005	Laser Printer	SL 5 yrs	849			849	85	170		255
6/15/2005	Laptops	SL 5 yrs	2,931			2,931	293	586		879
9/7/2004	Computer	SL 5 yrs	2,067			2,067	207	413		620
11/9/2004	Computers	SL 5 yrs	4,084			4,084	408	817		1,225
5/9/2005	Computer	SL 5 yrs	4,581			4,581	458	916		1,374
6/30/2005	Computer	SL 5 yrs	1,651			1,651	165	330		495
3/21/2005	Computer	SL 5 yrs	2,070			2,070	207	414		621
1/25/2006	Computers	SL 5 yrs		14,994		14,994	-	1,499		1,499
7/31/2005	Equipment	SL 5 yrs		33,084		33,084	-	14,704		14,704
	Total		447,558	389,632		837,191	55,671	119,611		175,282

Balance @ 6/30/06
 Accum. Deprec @ 6/30/06
 Net Book Value

837,191
 175,282
 661,909

Parkinson's Disease Foundation, Inc.
Form 990 EIN: 13-1866796

Schedule of Investments

June 30, 2006

Description	Par Value or Number of Shares	Cost	Fair Value
Corporate Bonds			
Federal National Mortgage Association Participation Certificate, 7.5%, due 8/1/25	\$ 2,915	\$ 3,030	\$ 3,025
Total Corporate Bonds		3,030	3,025
Equity Investments			
Fiserv Inc.	1,000	44,635	45,360
Total Equity Investments		44,635	45,360
Mutual Funds			
JP Morgan Short Term Bond Fund II Class	373,360	3,700,000	3,670,127
Constellation Institutional Portfolio Sands	23,276	270,000	248,823
JP Morgan Tax Aware Large Cap Value	11,010	250,000	267,549
JP Morgan Multi-Manager Small Cap Growth Fund	18,606	282,406	286,167
JP Morgan Multi-Manager Small Cap Value Fund	16,684	278,824	303,477
Third Avenue Value Fund	4,634	270,000	267,664
JP Morgan Mid Cap Value Fund	29,205	690,000	733,049
JP Morgan Intrepid America Fund	63,248	1,495,000	1,602,072
JP Morgan Intrepid Growth Fund	17,584	350,000	367,322
JP Morgan Japan Fund Class A	33,806	305,000	331,978
Causeway International Value Fund	60,351	1,050,000	1,105,020
Mathews Pacific Tiger Fund	18,685	350,000	374,628
JP Morgan Select International Equity Fund	28,409	716,155	998,298
Total Mutual Funds		10,007,385	10,556,174
Assets relating to split interest agreements		317,888	317,888
Total Investments		\$10,372,938	\$10,922,447

SCHEDULE OF: PART VI, OTHER INFORMATION
LINE 90
STATES WHERE FORM 990 ARE FILED

ALABAMA	NEBRASKA (EXEMPT)
ALASKA	NEVADA
ARIZONA	NEW HAMPSHIRE
ARKANSAS	NEW JERSEY
CALIFORNIA	NEW MEXICO
COLORADO	NEW YORK
CONNECTICUT	NORTH CAROLINA
DELAWARE (EXEMPT)	NORTH DAKOTA
DISTRICT OF COLUMBIA	OHIO
FLORIDA	OKLAHOMA
GEORGIA	OREGON
HAWAII (EXEMPT)	PENNSYLVANIA
IDAHO	PUERTO RICO
ILLINOIS	RHODE ISLAND
INDIANA	SOUTH CAROLINA
IOWA	SOUTH DAKOTA (EXEMPT)
KANSAS	TENNESSEE
KENTUCKY	TEXAS (EXEMPT)
LOUISIANA	UTAH
MAINE	VERMONT
MARYLAND	VIRGINIA
MASSACHUSETTS	WASHINGTON
MICHIGAN	WEST VIRGINIA
MINNESOTA	WISCONSIN
MISSISSIPPI	WYOMING (EXEMPT)
MISSOURI (EXEMPT)	
MONTANA	

Parkinson's Disease Foundation, Inc
Form 990 EIN: 13-1866796
June 30, 2006

Statement 16
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loan

Grant requests for fellowships are reviewed by a committee and approved by the scientific director.