Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 **and ending** JUN 30, 2012

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: NATIONAL PARKINSON FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1501 N.W 9TH AVENUE — Room/suite

City or town, state or country, and ZIP + 4: MIAMI, FL 33136

D Employer identification number 59-0968031

E Telephone number (800)327-4545

G Gross receipts $ 22,983,210.

F Name and address of principal officer: JOYCE OBERDORF
1501 NW 9TH AVE, MIAMI, FL 33136

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PARKINSON.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1957 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	33
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,916,356.	7,494,136.
	9	Program service revenue (Part VIII, line 2g)	73,723.	313,950.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,384,754.	1,451,589.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,374,833.	9,259,675.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,614,292.	3,255,625.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,755,797.	3,082,178.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	267,467.	262,907.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,954,294.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,790,167.	3,873,884.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,427,723.	10,474,594.
	19	Revenue less expenses. Subtract line 18 from line 12	947,110.	-1,214,919.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	21,656,476.	19,608,254.
	21	Total liabilities (Part X, line 26)	1,968,985.	1,415,110.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,687,491.	18,193,144.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ JOYCE OBERDORF, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00124528

Firm's name ▶ MORRISON, BROWN, ARGIZ & FARRA, LLC — Firm's EIN ▶ 01-0720052

Firm's address ▶ 1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131 — Phone no. (305) 373-5500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,140,172. including grants of $ 2,195,000.) (Revenue $)
NPF'S PATIENT CARE SERVICES CONSIST OF PROGRAM ACTIVITIES THAT ARE DESIGNED TO IMPROVE PATIENT CARE BY FACILITATING ACCESS TO TODAY'S BEST PRACTICES OR SUPPORTING THE DEVELOPMENT OF TOMORROW'S. THESE INCLUDE EDUCATION AND TOOLS FOR HEALTH CARE PROFESSIONALS AND INITIATIVES DELIVERED INDIRECTLY THROUGH NPF'S CENTER OF EXCELLENCE NETWORK OR DIRECTLY THROUGH NPF'S INITIATIVES DESIGNED TO IMPROVE OUTCOMES. NPF REACHES 50,000 PEOPLE WITH PARKINSON'S THROUGH ITS CENTERS OF EXCELLENCE PROGRAM AND HAS TRAINED AN ADDITIONAL 1,200 HEALTHCARE PROVIDERS THROUGH ITS INTENSIVE TEAM TRAINING PROGRAM. NPF'S TARGETED INITIATIVES, SUCH AS ITS PROGRAM TO IMPROVE IN-HOSPITAL CARE FOR PEOPLE WITH PARKINSON'S, DIRECTLY REACHED 10,000 PATIENTS IN FISCAL 2012 AND INDIRECTLY COUNTLESS MORE.

4b (Code:) (Expenses $ 1,513,629. including grants of $ 902,784.) (Revenue $)
RESEARCH PROGRAMS CONSISTS OF GRANTS TO FUND RESEARCH TO ADVANCE THE CARE OF PARKINSON'S PATIENTS THROUGH THE DEVELOPMENT OF NEW EVIDENCE, ANALYSIS OF EXISTING EVIDENCE, CREATION OF NEW GUIDELINES/BEST PRACTICES (E.G., THROUGH FORMING A NEW CONSENSUS ON A TOPIC WHERE PREVIOUSLY THERE HAD BEEN NO OR INCONSISTENT GUIDELINES), AND THE DISSEMINATION OF THIS INFORMATION THROUGH PUBLICATIONS IN SCIENTIFIC LITERATURE OR AT CONFERENCES WITH AN EXPRESSED FOCUS ON RESEARCH.

4c (Code:) (Expenses $ 2,195,600. including grants of $ 150,000.) (Revenue $ 58,488.)
PUBLIC EDUCATION CONSISTS OF PROGRAM ACTIVITIES AND SUPPORT DESIGNED PRIMARILY TO RAISE AWARENESS OF PARKINSON'S DISEASE, EXPLAIN HOW IT AFFECTS PEOPLE, ADVOCATE FOR BETTER CARE, AND EDUCATE PATIENTS AND FAMILIES IN ORDER TO ENGAGE THEM IN IMPROVING AND EXTENDING THEIR LIVES WITH THE DISEASE. THESE PROGRAMS INCLUDE PUBLICATIONS, PROFESSIONAL CONFERENCES, WEBCASTS, AND OUR ON-LINE INITIATIVES INCLUDING OUR WEBSITE (WWW.PARKINSON.ORG). NPF HAS DISTRIBUTED FOR FREE OVER 60,000 EDUCATIONAL MATERIALS, CONNECTED WITH AN ESTIMATED 900,000 PEOPLE IN OUR ON-LINE NETWORK, AND REACHED OVER ONE MILLION PEOPLE ACROSS ALL CHANNELS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,029,428. including grants of $ 7,841.) (Revenue $ 255,462.)

4e **Total program service expenses** ▶ 7,878,829.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	104		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS

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

[X] Own website [X] Another's website [X] Upon request

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JOYCE OBERDORF - 305-243-5813

1501 NW 9TH AVENUE, MIAMI, FL 33136

SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR. BERNARD FOGEL, M.D. CHAIRMAN	0.50	X		X				0.	0.	0.
(2) E. RICHARD ALHADEFF, ESQ. VICE CHAIRMAN	0.50	X		X				0.	0.	0.
(3) DANIEL ARTY, CPA TREASURER	0.50	X		X				0.	0.	0.
(4) JOHN W KOZYAK, ESQ. SECRETARY	0.50	X		X				0.	0.	0.
(5) W. JAMES OROVITZ ASSISTANT SECRETARY	0.50	X		X				0.	0.	0.
(6) MR. HAROLD KRAVITZ PRESIDENT EMERITUS	0.50	X						0.	0.	0.
(7) EDYTHE KAY-MARSA BOARD MEMBER	0.50	X						0.	0.	0.
(8) A. JEFFREY BARASH, ESQ. BOARD MEMBER	0.50	X						0.	0.	0.
(9) MARSHALL R. BURACK, ESQ. BOARD MEMBER	0.50	X						0.	0.	0.
(10) CARMEN CARTAYA, ESQ. BOARD MEMBER	0.50	X						0.	0.	0.
(11) HON. SHELLEY J. KRAVITZ BOARD MEMBER	0.50	X						0.	0.	0.
(12) PAUL F. OREFFICE BOARD MEMBER	0.50	X						0.	0.	0.
(13) ALAN SLEWETT BOARD MEMBER	0.50	X						0.	0.	0.
(14) MARTIN SOLOMON BOARD MEMBER	0.50	X						0.	0.	0.
(15) ENRIQUE J. SOSA BOARD MEMBER	0.50	X						0.	0.	0.
(16) SEN. PAUL B. STEINBERG BOARD MEMBER	0.50	X						0.	0.	0.
(17) JO ANN PEPPER OREFFICE BOARD MEMBER	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ROBERT H. TRAURIG, ESQ BOARD MEMBER	0.50	X						0.	0.	0.
(19) BRUCE WISNICKI BOARD MEMBER	0.50	X						0.	0.	0.
(20) ANDREW B. ALBERT BOARD MEMBER	0.50	X						0.	0.	0.
(21) J. GORDON BECKHAM, JR. BOARD MEMBER	0.50	X						0.	0.	0.
(22) GAIL MILHOUS BOARD MEMBER	0.50	X						0.	0.	0.
(23) JOYCE OBERDORF PRESIDENT AND CEO	40.00			X				290,000.	0.	13,527.
(24) PETER SCHMIDT VP OF PROGRAMS	40.00				X			200,000.	0.	24,160.
(25) PAMELA OLMO VP OF FINANCE & ADMIN	40.00				X			150,001.	0.	10,677.
(26) ROBIN BOETTCHER VP OF CHAPTER SERVICES	40.00				X			160,000.	0.	22,960.
1b Sub-total ▶								800,001.	0.	71,324.
c Total from continuation sheets to Part VII, Section A ▶								160,000.	0.	15,896.
d Total (add lines 1b and 1c) ▶								960,001.	0.	87,220.

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 ▶ 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD, 229 PEACHTREE STREET, NE STE. 1400, ATLANTA, GA 30353	MAIL CAMPAIGN SVC	384,023.
MERKLE RESPONSE SERVICE, INC. 100 JAMISON COURT, HAGERSTOWN, MD 21740	GIFT PROCESSING SVC	143,986.
CHANDLER CHICCO AGENCY, 450 W 15TH STREET, STE. 700, NEW YORK, NY 10011	PUBLIC RELATIONS SERVICE	110,640.

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 ▶ 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) CLAUDIA WELSH VP OF DEVELOPMENT	40.00					X		160,000.	0.	15,896.
Total to Part VII, Section A, line 1c								160,000.		15,896.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a 92,957.				
b Membership dues	1b				
c Fundraising events	1c 243,088.				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f 7158091.				
g Noncash contributions included in lines 1a-1f: $ 31,223.					
h **Total.** Add lines 1a-1f ▶		7494136.			
Program Service Revenue	Business Code				
2 a CHAPTER SERVICES	900099	255,462.	255,462.		
b EDUCATION CONFERENCES	611710	58,488.	58,488.		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		313,950.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		409,251.			409,251.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	14,709,413.				
b Less: cost or other basis and sales expenses	13,667,075.				
c Gain or (loss)	1,042,338.				
d Net gain or (loss) ▶		1042338.			1,042,338.
8 a Gross income from fundraising events (not including $ 243,088. of contributions reported on line 1c). See Part IV, line 18	a 56,460.				
b Less: direct expenses	b 56,460.				
c Net income or (loss) from fundraising events ▶		0.			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d ▶					
12 **Total revenue.** See instructions. ▶		9259675.	313,950.	0.	1,451,589.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

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 governments and organizations in the United States. See Part IV, line 21	2,615,679.	2,615,679.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	639,946.	639,946.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,101,937.	611,765.	119,487.	370,685.
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	1,486,330.	888,514.	186,382.	411,434.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	44,067.	26,739.	4,521.	12,807.
9 Other employee benefits	263,902.	145,187.	34,646.	84,069.
10 Payroll taxes	185,942.	106,872.	22,936.	56,134.
11 Fees for services (non-employees):				
a Management				
b Legal	19,327.	4,043.	15,284.	
c Accounting	56,000.		56,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	262,907.			262,907.
f Investment management fees	42,783.		32,857.	9,926.
g Other	1,225,805.	894,618.	3,828.	327,359.
12 Advertising and promotion	375,525.	366,159.		9,366.
13 Office expenses	883,958.	607,827.	18,850.	257,281.
14 Information technology	257,806.	141,229.	43,146.	73,431.
15 Royalties				
16 Occupancy	29,267.	21,376.	2,494.	5,397.
17 Travel	381,805.	332,789.	9,316.	39,700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	352,542.	336,454.	13,252.	2,836.
20 Interest	62,021.		62,021.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,928.	53,146.	4,195.	12,587.
23 Insurance	107,896.	83,572.	6,515.	17,809.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	9,221.	2,914.	5,741.	566.
25 **Total functional expenses.** Add lines 1 through 24e	10,474,594.	7,878,829.	641,471.	1,954,294.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,608,068.	2	922,689.
	3	Pledges and grants receivable, net		254,507.	3	199,325.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		655,264.	9	194,155.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,013,954.			
	b	Less: accumulated depreciation	10b 1,754,739.	305,696.	10c	259,215.
	11	Investments - publicly traded securities		18,789,565.	11	17,982,345.
	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		43,376.	15	50,525.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,656,476.	16	19,608,254.
Liabilities	17	Accounts payable and accrued expenses		712,671.	17	579,212.
	18	Grants payable		322,875.	18	75,000.
	19	Deferred revenue		290,000.	19	125,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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		643,439.	25	635,898.
	26	**Total liabilities.** Add lines 17 through 25		1,968,985.	26	1,415,110.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,656,763.	27	16,218,329.
	28	Temporarily restricted net assets		950,912.	28	894,999.
	29	Permanently restricted net assets		1,079,816.	29	1,079,816.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,687,491.	33	18,193,144.
	34	Total liabilities and net assets/fund balances		21,656,476.	34	19,608,254.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,259,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,474,594.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,214,919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,687,491.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-279,428.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,193,144.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number 59-0968031

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

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

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

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

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

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

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

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii)	A family member of a person described in (i) above?	**11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

17151203 795691 81412 2011.04030 NATIONAL PARKINSON FOUNDATI 81412__1

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... **15** %

16a **33 1/3% support test - 2011.** 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 ..... ▶ ☐

b **33 1/3% support test - 2010.** 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 ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,070,618.	7,176,041.	8,881,327.	9,695,787.	7,564,998.	42,388,771.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	140,426.	305,238.	319,508.	294,292.	243,088.	1,302,552.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	9,211,044.	7,481,279.	9,200,835.	9,990,079.	7,808,086.	43,691,323.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	131,224.	298,085.	255,020.	185,866.	155,585.	1,025,780.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	131,224.	298,085.	255,020.	185,866.	155,585.	1,025,780.
8 **Public support** (Subtract line 7c from line 6.)						42,665,543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	9,211,044.	7,481,279.	9,200,835.	9,990,079.	7,808,086.	43,691,323.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	780,816.	516,271.	402,632.	428,669.	409,251.	2,537,639.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	780,816.	516,271.	402,632.	428,669.	409,251.	2,537,639.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)	9,991,860.	7,997,550.	9,603,467.	10,418,748.	8,217,337.	46,228,962.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	92.29 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	91.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	5.49 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	6.04 %

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** 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 ▶ ☐

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2011

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
VARIOUS	131,224.	298,085.	255,020.	185,866.	155,585.
Total to Schedule A, Part III, Line 7a	131,224.	298,085.	255,020.	185,866.	155,585.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number 59-0968031

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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 in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		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? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,789,565.	16,469,642.	14,032,363.	19,457,595.	
b Contributions		10,070,453.	9,330,392.		
c Net investment earnings, gains, and losses	1,172,160.	2,356,371.	1,469,015.	-2,286,489.	
d Grants or scholarships	1,979,380.	10,106,901.	8,362,128.	3,138,743.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	17,982,345.	18,789,565.	16,469,642.	14,032,363.	

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

a Board designated or quasi-endowment ▶ 90.00 %
b Permanent endowment ▶ 4.00 %
c Temporarily restricted endowment ▶ 6.00 %

The percentages in 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	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements		721,372.	528,293.	193,079.
d Equipment		1,263,582.	1,197,446.	66,136.
e Other		29,000.	29,000.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				259,215.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	635,898.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	635,898.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,259,675.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,474,594.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,214,919.
4	Net unrealized gains (losses) on investments	4	-279,428.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-279,428.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,494,347.

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

1	Total revenue, gains, and other support per audited financial statements			1	9,244,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-279,429.		
b	Donated services and use of facilities	2b	264,336.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	-15,093.
3	Subtract line **2e** from line **1**			3	9,259,675.
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			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	9,259,675.

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

1	Total expenses and losses per audited financial statements			1	10,738,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	264,336.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	264,336.
3	Subtract line **2e** from line **1**			3	10,474,593.
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			
b	Other (Describe in Part XIV.)	4b	1.		
c	Add lines **4a** and **4b**			4c	1.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	10,474,594.

Part XIV Supplemental Information

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

PART V, LINE 4: TO FUND PATIENT-CENTERED PROGRAMS, RESEARCH AND GENERAL CHARITABLE PURPOSES.

PART X, LINE 2: THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN

Part XIV Supplemental Information *(continued)*

INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☒ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTMAKING		68,650.
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	GRANTMAKING		500,796.
EAST ASIA AND THE PACIFIC -	0	0	GRANTMAKING		70,500.
3 a Sub-total	0	0			639,946.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			639,946.

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

Schedule F (Form 990) 2011

132071
01-23-12

17151203 795691 81412 2011.04030 NATIONAL PARKINSON FOUNDATI 81412__1

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ [X]

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA	RESEARCH - (SEE SCHEDULE O)	7,500.	CHECK	0.		
		NORTH AMERICA	RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH - (SEE SCHEDULE O)	3,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	QII - (SEE SCHEDULE O)	33,900.	CHECK	0.		
		NORTH AMERICA	RESEARCH - (SEE SCHEDULE O)	111135.	CHECK	0.		
		NORTH AMERICA	RESEARCH - (SEE SCHEDULE O)	165261.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	QII - (SEE SCHEDULE O)	8,650.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	QII - (SEE SCHEDULE O)	10,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF THE UTILIZATION OF FUNDS AWARDED TO NPF'S SCIENTIFIC ADVISORY BOARD AND GRANT ADMINISTRATION AT NPF.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
GRIZZARD - 229 PEACHTREE STREET, SUITE 1400, ATLANTA,	DIRECT MAIL LIST MANAGEMENT		X	1,454,064.	445,047.	1,009,017.
DONOR CARE CENTER - 480 WEST TUSCARAWAS AVE, 3RD FLOOR,	TELEMARKETING		X	52,410.	39,347.	13,063.
TRYLON DATA MANAGEMENT, INC. - 30 BUCK RD, HANOVER, NH	DIRECT MAIL LIST MANAGEMENT		X	0.	23,936.	-23,936.
Total ▶				1,506,474.	508,330.	998,144.

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

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

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 OUT-OF-THE-PARK (event type)	(c) Other events 49 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	118,220.	55,891.	125,437.	299,548.
	2 Less: Charitable contributions	61,760.	55,891.	125,437.	243,088.
	3 Gross income (line 1 minus line 2)	56,460.			56,460.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	28,024.			28,024.
	8 Entertainment	6,000.			6,000.
	9 Other direct expenses	22,436.			22,436.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(56,460.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				0.

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

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, 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 operated in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: GRIZZARD

(I) ADDRESS OF FUNDRAISER:

229 PEACHTREE STREET, SUITE 1400, ATLANTA, GA 30303

(I) NAME OF FUNDRAISER: DONOR CARE CENTER

(I) ADDRESS OF FUNDRAISER:
480 WEST TUSCARAWAS AVE, 3RD FLOOR, BARBERTON, OH 44203

Part IV **Supplemental Information** *(continued)*

(I) NAME OF FUNDRAISER: TRYLON DATA MANAGEMENT, INC.

(I) ADDRESS OF FUNDRAISER: 30 BUCK RD, HANOVER, NH 03755

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

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? ..... [X] 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ..... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI P.O. BOX 025405 MIAMI, FL 33102	59-0624458		350,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF MIAMI P.O. BOX 025405 MIAMI, FL 33102	59-0624458		25,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF MIAMI P.O. BOX 025405 MIAMI, FL 33102	59-0624458		20,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
PARKINSON ACTION NETWORK 1025 VERMONT AVENUE, NW SUITE 1120 WASHINGTON, DC 20005	94-3172675		150,000.	0.			ADVOCACY
DUKE HEALTH CENTER 932 MOREENE ROAD DURHAM, NC 27705	56-0532129		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
GEORGETOWN UNIVERSITY HOSPITAL DEPARTMENT OF NEUROLOGY MOVEMENT DISORDERS P - 7PHC 3800 RESEIVOR ROAD, NW - WASHINGTON, DC 20007	52-2339873		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)

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

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

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

Schedule I (Form 990) (2011)

132101 01-27-12

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS MEDICAL INSTITUTE, PARKINSON'S DISEASE AND MOVEMENT DISORDERS - 600 N. WOLFE STREET, MEYER 6-181 BALTIMORE, -	52-0595110		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
MASSACHUSETTS GENERAL HOSPITAL P.O BOX 414876 MGH- RESEARCH FINANC BOSTON, MA 02241	04-3230035		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
MEDICAL COLLEGE OF GEORGIA, SCHOOL OF MEDICINE, MOVEMENT DISORDERS - PROGRAM DIVISION OF SPONSORED PROGRAMS 1120 15TH STREET, CJ-3301	58-6002053		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF MIAMI, MILLER SCHOOL OF MEDICINE - P.O BOX 025405 - MIAMI, FL 33102	59-0624458		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
ST. JOSEPH'S HOSPITAL & MEDICAL CENTER - 240 W. THOMAS ROAD, SUITE 301 - PHOENIX, AZ 85013	86-0096787		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
NORTHWESTERN UNIVERSITY, PARKINSON'S DISEASE & MOVEMENT DISORDERS CENTER - 710 NORTH LAKE SHORE DRIVE, 11TH FLOOR - CHICAGO,	36-2167817		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 545 FIRST AVE, GREENBERG HALL SCI-81 - NEW YORK, NY 10016			60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
OREGON HEALTH & SCIENCE UNIVERSITY, PARKINSON CENTER OF OREGON - 3181 SW SAM JACKSON PARK RD, OP -32 - PORTLAND, OR 97201	23-7083114		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
BETH ISRAEL DEACONESS MEDICAL CENTER, PARKINSON'S DISEASE & MOVEMENT DISORD - 330 BROOKLINE AVE - ROOM BR 259 - BOSTON, MA	04-2103881		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA, PARKINSON'S DISEASE AND OTHER MOVEMENT D - 1520 SAN PABLO STREET., SUITE 3000 - LOS ANGELES,			60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
BAYLOR COLLEGE OF MEDICINE, PARKINSON'S DISEASE CENTER & MOVEMENT DISORDERS - 6550 FANNIN # 1801 - HOUSTON, TX 77030	74-1613878		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PARKINSON'S DISEASE CLINIC AND RESE - 1855 FOLSOM STREET, MCG 425, BOX 0897 - SAN	94-6036493		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
THE PARKINSON'S INSTITUTE AND CLINICAL CENTER - 675 ALMANOR AVE - SUNNYVALE, CA 94085	94-3061594		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
STRUTHERS PARKINSON'S CENTER 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
BETH ISRAEL MEDICAL CENTER DEPARTMENT PHILLIPS AMBULATORY CARE CENTER 10 UNION SQUARE EAST, SUITE 5K -	13-5564934		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF PENNSYLVANIA, PARKINSON'S DISEASE AND MOVEMENT DISORDERS CENT - DEPARTMENT OF NEUROLOGY 330 SOUTH NINTH STREET -	31-1538725		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF FLORIDA, PARKINSON'S DISEASE & MOVEMENT DISORDERS CENTER - DEPARTMENT OF NEUROLOGY P.O BOX 100236 - GAINSVILLE, FL	59-1680273		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF KANSAS MEDICAL CENTER, PARKINSON'S DISEASE AND MOVEMENT DISOR - 3599 RAINBOW BLVD - MS - KANSAS CITY, KS 66160	48-1108830		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE, DIVISION OF MOVEMENT DISORDERS - 501 E. BROADWAY, SUITE 210 - LOUISVILLE, KY 40202	61-1056352		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - SCHOOL OF MEDICINE 170 MANNING DRIVE, CB 7025 - CHAPEL HILL, NC 27599	56-1732213		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF ROCHESTER MEDICAL CENTER - 1351 MT. HOPE AVE, STE 223 - ROCHESTER, NY 14620	16-0743209		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF SOUTH FLORIDA, PARKINSON'S DISEASE & MOVEMENT DISORDERS CENTE - P.O BOX 864568 - ORLANDO, FL 32886	23-7313346		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPARTMENT AT 40303, DEPARTMENT OF FINANCE - ATLANTA, GA 31192	62-0476822		60,000.	0.			PATIENT CARE - (SEE SCHEDULE O)
UNIVERSITY OF LOUISVILLE 220 ABRAHAM FLEXNER WAY, SUITE 606 LOUISVILLE, KY 40202	61-1056352		51,327.	0.			RESEARCH RFA - (SEE SCHEDULE O)
CLINICAL RESEARCH CENTRE FOR MOVEMENT DISORDERS & GAIT			82,500.	0.			RESEARCH RFA - (SEE SCHEDULE O)
UNIVERSITY OF FLORIDA P.O. BOX 100236 MBI 100 S. NEWELL GAINSVILLE, FL 32610	59-6002052		115,809.	0.			RESEARCH RFA - (SEE SCHEDULE O)
NEW YORK UNIVERSITY MEDICAL SCHOOL 545 1ST AVENUE GREENBERG HALL SCI - NEW YORK, NY 10016			114,827.	0.			RESEARCH RFA - (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI P.O. BOX 025405 MIAMI, FL 33102	59-0624458		123,144.	0.			RESEARCH RFA - (SEE SCHEDULE O)
UNIVERSITY OF FLORIDA FOUNDATION DR. OKUN'S FELLOWSHIP - PO BOX 100243 - GAINSVILLE, FL 32610	59-6002052		10,000.	0.			OKUN FELLOWSHIP GRANT
REHABILITATION INSTITUTE OF CHICAGO - 345 E SUPERIOR, ONTERIE - 831 - CHICAGO, IL 60611			0.	0.			RESEARCH - (SEE SCHEDULE O)
STRUTHERS PARKINSON'S CENTER 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		27,625.	0.			QII - (SEE SCHEDULE O)
UNIVERSITY OF FLORIDA PARKINSON'S DISEASE AND MOVEMENT DISORDERS CENTER - 3450 HULL ROAD 4TH FLOOR - GAINSVILLE, FL 32610	59-1680273		21,550.	0.			QII - (SEE SCHEDULE O)
UNIVERSITY OF KANSAS MEDICAL CENTER - 3599 RAINBOW BLVD., MAILSTOP 2012 - KANSAS CITY, KS 66160	48-1108830		27,150.	0.			QII - (SEE SCHEDULE O)
OREGON HEALTH & SCIENCE UNIVERSITY PARKINSON CENTER - 3181 SW SAM JACKSON PARK RD., OP-32 - PORTLAND, OR 97239	23-7083114		26,575.	0.			QII - (SEE SCHEDULE O)
BAYLOR COLLEGE OF MEDICINE DEPT. OF NEUROLOGY - 6550 FANNIN ST., SUITE 1801 - HOUSTON, TX 77030	74-1613878		10,350.	0.			QII - (SEE SCHEDULE O)
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110		17,275.	0.			QII - (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPARTMENT AT 40303, DEPARTMENT OF FINANCE - ATLANTA, GA 31192	62-0476822		14,250.	0.			QII - (SEE SCHEDULE O)
NORTHWESTERN UNIVERSITY PARKINSON'S DISEASE - MOVEMENT DISORDERS CENTER ABBOTT HALL, 11TH FLOOR 710 NORTH LAKE SHORE DRIVE -	36-2167817		51,500.	0.			QII - (SEE SCHEDULE O)
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE, BOX 1137 NEW YORK, NY 10029	13-6171197		9,150.	0.			QII - (SEE SCHEDULE O)
UNIVERSITY OF PENNSYLVANIA DEPARTMENT OF NEUROLOGY 330 SOUTH NINTH STREET - PHILADELPHIA, PA 19107	31-1538725		21,500.	0.			QII - (SEE SCHEDULE O)
BETH ISRAEL DEACONESS MEDICAL CENTER KS - 228 330 BROOKLINE AVE. - BOSTON, MA 02215	04-2103881		31,475.	0.			QII - (SEE SCHEDULE O)
GEORGIA HEALTH SCIENCES UNIVERSITY DEPARTMENT OF NEUROLOGY MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET HF-1121B	35-2310573		31,900.	0.			QII - (SEE SCHEDULE O)
MUHAMMED ALI PARKINSON'S CENTER 240 W THOMAS ROAD, SUITE 301 PHOENIX, AZ 85013	86-0096787		11,925.	0.			QII - (SEE SCHEDULE O)
PARKINSON'S INSTITUTE AND CLINICAL CENTER - 675 ALMANOR AVENUE - SUNNYVALE, CA 94085	94-3061594		13,400.	0.			QII - (SEE SCHEDULE O)
UNIVERSITY OF SOUTH FLORIDA PARKINSON'S DISEASE & MOVEMENT DISORDERS CENTER - 5 TAMPA GENERAL CIRCLE, SUITE 410 HARVARD SIDE	23-7313346		2,950.	0.			QII - (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA "123 GRINTER HALL, P.O BOX 113001 GAINSVILLE, FL 32611	59-1680273		3,000.	0.			KINETICS GRANT
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, STONEMAN 8 - BOSTON, MA 02215	04-2103881		3,000.	0.			KINETICS GRANT
UNIVERSITY OF PENNSYLVANIA 330 SOUTH 9TH STREET PHILADELPHIA, PA 19107	31-1538725		3,000.	0.			KINETICS GRANT
OREGON HEALTH & SCIENCE UNIVERSITY OHSU PARKINSON CENTER 3181 SW SAM JACKSON PARK RD, OP 32 - PORTLAND, OR 9723	23-7083114		3,000.	0.			KINETICS GRANT
UNIVERSITY OF SOUTH FLORIDA PARKINSON'S DISEASE & MOVEMENT DISORDERS CENTER - 5 TAMPA GENERAL CIRCLE, SUITE 410 HARVARD SIDE	23-7313346		7,124.	0.			QII - (SEE SCHEDULE O)
PARKINSON CENTER OF OREGON OHSU PARKINSON CENTER 3181 SW SAM JACKSON PARK RD, OP 32 - PORTLAND, OR 9723	23-7083114		5,000.	0.			QII - (SEE SCHEDULE O)
PARKINSON CENTER OF OREGON OHSU PARKINSON CENTER 3181 SW SAM JACKSON PARK RD, OP 32 - PORTLAND, OR 9723	23-7083114		3,500.	0.			KINETICS GRANT
NORTHWESTERN UNIVERSITY PARKINSON'S DISEASE - MOVEMENT DISORDERS CENTER ABBOTT HALL, 11TH FLOOR 710 NORTH LAKE SHORE DRIVE -	36-2167817		3,000.	0.			KINETICS GRANT
VARIOUS US BASED CHAPTERS			7,841.	0.			CHAPTERS GRANT

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

(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 non-cash assistance

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

SCHEDULE I, PART I, LINE 2: ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF THE UTILIZATION OF FUNDS AWARDED TO NPF'S SCIENTIFIC ADVISORY BOARD AND GRANT ADMINISTRATION AT NPF.

SCHEDULE J (Form 990)

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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

132111
01-23-12

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOYCE OBERDORF	(i)	290,000.	0.	0.	7,350.	6,177.	303,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PETER SCHMIDT	(i)	200,000.	0.	0.	6,000.	18,160.	224,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PAMELA OLMO	(i)	150,001.	0.	0.	4,500.	6,177.	160,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBIN BOETTCHER	(i)	160,000.	0.	0.	4,800.	18,160.	182,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CLAUDIA WELSH	(i)	160,000.	0.	0.	4,800.	11,096.	175,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10	31,223.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2011)**

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01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHAPTER SERVICES CONSISTS OF ACTIVITIES AND PROGRAMS THAT SUPPORT NPF'S CHAPTER NETWORK, WHICH ARE DESIGNED TO OFFER EDUCATION, SUPPORT AND REFERRAL SERVICES. NPF HAS A NETWORK OF 39 CHAPTERS IN THE US PLUS THE BAHAMAS AND PUERTO TO RAISE AWARENESS OF PARKINSON'S DISEASE AT THE GRASSROOTS LEVEL.

EXPENSES $ 1,029,428. INCLUDING GRANTS OF $ 7,841. REVENUE $ 255,462.

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

HAROLD KRAVITZ, SHELLEY KRAVITZ - FAMILY RELATIONSHIP

PAUL OREFFICE, JOANNE PEPPER OREFFICE - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: AS INFORMATION IS COMPILED, VARIOUS COMPONENTS ARE REVIEWED BY SENIOR MANAGEMENT AND THE CHAIRMAN OF THE BOARD. ONCE FINALIZED, THE ENTIRE FORM 990 IS REVIEWED BY THE V.P. OF FINANCE AND PRESIDENT AND CEO. A COPY OF THE FORM 990 IS DISTRIBUTED ELECTRONICALLY TO DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE COMPLETED AND SIGNED BY EACH BOARD MEMBER, EMPLOYEE, AGENT, OR TRUSTEE OF THE FOUNDATION. ANY KNOWN OR REASONABLY FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING AS SOON AS POSSIBLE TO THE VICE PRESIDENT, FINANCE AND ADMINISTRATION, CHIEF EXECUTIVE OFFICER OR A MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE DISCLOSURE STATEMENT MUST BE COMPLETED, EXECUTED AND FILED WITH THE FOUNDATION BY ALL INDIVIDUALS SEEKING TO SERVE THE FOUNDATION AS AN

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

INTERESTED PERSON PRIOR TO SUCH INDIVIDUALS COMMENCING HIS OR HER SERVICE TO THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT AND CEO'S COMPENSATION WAS ESTABLISHED BASED ON ADVICE PROVIDED BY A PROFESSIONAL RECRUITING FIRM RETAINED BY NPF, WHICH ADVICE WAS BASED ON COMPARABLE MARKET DATA. NPF HAD FORMED A COMMITTEE, COMPRISED OF THREE BOARD MEMBERS, TO RECRUIT A NEW CEO, AND THAT COMMITTEE VOTED TO APPROVE THE LEVEL OF COMPENSATION PROPOSED. NO ADJUSTMENTS TO THE CEO'S SALARY HAVE BEEN MADE SINCE THE DATE OF HIRE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY
NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE LATEST FINANCIAL STATEMENTS AND TAX RETURN ARE ALSO AVAILABLE FOR DOWNLOAD FROM THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -279,428.

FORM 990, PART XI, LINE 2C
FINANCIAL STATEMENTS
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE ANNUAL AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

FORM 990, PART III, LINE 1 & PART I, LINE 1

MISSION STATEMENT

THE MISSION OF THE NATIONAL PARKINSON FOUNDATION IS TO IMPROVE THE QUALITY OF CARE FOR PEOPLE WITH PARKINSON'S DISEASE THROUGH RESEARCH, EDUCATION AND OUTREACH.

FOUNDED IN 1957, NPF IS A LEADING NATIONAL ORGANIZATION WITH AN EXTENSIVE GRASSROOTS NETWORK OF CENTERS OF EXCELLENCE, CHAPTERS AND SUPPORT GROUPS IN THE UNITED STATES, CANADA AND INTERNATIONALLY. UNIQUE AMONG THE NATIONAL PARKINSON'S ORGANIZATIONS, NPF IS THE ONLY ORGANIZATION WITH A SINGULAR FOCUS ON IMPROVING THE QUALITY OF CARE IN PARKINSON'S DISEASE. SINCE 1982, NPF HAS FUNDED MORE THAN $164 MILLION IN RESEARCH AND SUPPORT SERVICES.

THE CORE OF OUR EFFORTS IS THE NPF CENTER OF EXCELLENCE NETWORK, 41 LEADING MEDICAL CENTERS AROUND THE GLOBE THAT DELIVER CARE TO MORE THAN 50,000 PARKINSON'S PATIENTS. THROUGH THIS NETWORK, NPF CREATES A COMMUNITY OF HEALTH CARE PROFESSIONALS DEDICATED TO IMPROVING CLINICAL CARE IN PARKINSON'S DISEASE. IN EACH OF OUR RESEARCH, EDUCATION AND OUTREACH PROGRAMS, NPF IS DEDICATED TO PROMOTING OUR PASSIONATE BELIEF THAT THE BEST CARE IS A COMPREHENSIVE APPROACH THAT ADDRESSES THE WHOLE PERSON AND THE FULL RANGE OF SYMPTOMS OF THE DISEASE.

SCHEDULE F, PART II, COLUMN (F) AND SCHEDULE I, PART II, COLUMN (H)

EXPLANATION OF GRANTS

GRANTS WERE AWARDED TO INSTITUTIONS IN THE FOUNDATION'S NETWORK OF 41

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

CENTERS OF EXCELLENCE (COE'S) AND 11 CARE CONSORTIUM MEMBER CENTERS. THROUGH THE COES ALONE, NPF REACHES MORE THAN 50,000 PATIENTS WITH PARKINSON'S DISEASE AND ALMOST 70,000 PATIENTS WITH MOVEMENT DISORDERS.

NPF DEDICATED APPROXIMATELY $903,000 (39%) TO RESEARCH, OF WHICH $156,000 WAS ALLOCATED FOR THE QUALITY IMPROVEMENT INITIATIVE (QII); $150,000 (6%) WENT TO ADVOCACY AND OUTREACH;AND $2.1 MILLION (55%) TO COMPREHENSIVE CARE SERVICES FOR THE 2011-2012 FISCAL YEAR.

RESEARCH FUNDED IS LARGELY THROUGH NPF'S CLINICAL RESEARCH FUND, DESIGNED TO SUPPORT CUTTING-EDGE CLINICAL STUDIES OF NEW THERAPEUTIC OPTIONS FOR PARKINSON'S PATIENTS AS WELL AS RESEARCH COMPARING THE EFFECTIVENESS OF EXISTING TREATMENT OPTIONS. EACH YEAR, NPF, UNDER THE DIRECTION OF OUR CLINICAL AND SCIENTIFIC ADVISORY BOARD (CSAB), SUPPORTS FORWARD-LOOKING RESEARCH CONDUCTED BY THE WORLD'S TOP PARKINSON'S DISEASE (PD) EXPERTS. THE SINGULAR AIM OF NPF'S CLINICAL RESEARCH FUND IS TO DISCOVER THE BEST TREATMENT AND CARE OPTIONS FOR PEOPLE LIVING WITH PARKINSON'S DISEASE

ANNUAL FUNDING PROCESS:

REQUEST FOR APPLICATIONS ("RFAS") ARE ISSUED AS FUNDING BECOMES AVAILABLE, BUT NO LESS THAN ONCE PER YEAR.

APPLICATIONS ARE ACCEPTED FROM ANY PRINCIPAL INVESTIGATOR AFFILIATED WITH A CURRENTLY CERTIFIED COE

INDIVIDUAL INVESTIGATORS AT NON-CERTIFIED INSTITUTIONS ARE INVITED TO APPLY AS COLLABORATORS

ALL RESEARCH IS PEER-REVIEWED BY NPF'S CLINICAL AND SCIENTIFIC ADVISORY BOARD, (CSAB)

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

NPF DOES NOT FUND BASIC LABORATORY RESEARCH.

PROGRAMS FUNDED IN COMPREHENSIVE CARE WERE AWARDED TO OFFER PATIENTS ACCESS TO AN ARRAY OF SERVICES THAT MANY TIMES ARE NOT COVERED BY INSURANCE INCLUDING TELEMEDICINE, EXERCISE AND PHYSICAL AND VOICE THERAPY. COMPREHENSIVE CARE GRANTS ALSO PROMOTED EDUCATION OF PATIENTS, CAREGIVERS AND HEALTHCARE PROVIDERS IN MULTIPLE AREAS; THESE EDUCATION PROGRAMS OFFERED THE TOOLS NECESSARY TO IMPROVE QUALITY OF LIFE AND PROMOTE CONTINUITY OF CARE OF THOSE AFFECTED BY PARKINSON'S DISEASE. THE QUALITY IMPROVEMENT INITIATIVE (QII) IS NPF'S SIGNATURE INITIATIVE; THE CORE IS THE CREATION OF A STANDARDIZED, MULTI-CENTER CLINICAL PRACTICE DATABASE IN REAL-WORLD CLINICAL SETTINGS. IN PARTNERSHIP WITH OUR CENTERS OF EXCELLENCE, IN 2009 NPF LAUNCHED THE FIRST DATA-DRIVEN QUALITY IMPROVEMENT INITIATIVE TO INTRODUCE TO PARKINSON'S DISEASE A FOCUS ON CONTINUOUS IMPROVEMENT. THIS PROJECT SYSTEMATICALLY MEASURES AND TRACKS CARE OVER TIME FOR EVERY PATIENT DIAGNOSED WITH PARKINSON'S DISEASE. THE GOAL IS TO EXPLORE THE VARIATION IN CURRENT CLINICAL PRACTICE IN ORDER TO DETERMINE THE "RECIPES" FOR BEST OUTCOMES IN PARKINSON'S. OUR ULTIMATE AIM IS TO CREATE AND SHARE MODELS OF EXCELLENT CARE, SO THAT EVERY PARKINSON'S PATIENT RECEIVES THE MOST EFFECTIVE TREATMENT OPTIONS AVAILABLE, WHETHER THEY ARE SEEN BY A SPECIALIST AT A NPF CENTER OF EXCELLENCE, A GENERAL NEUROLOGIST OR THEIR PRIMARY CARE PHYSICIAN.

THIS TYPE OF CLINICAL DATABASE, CAPTURING NON-SELECTED PATIENTS WHO ARE PROSPECTIVELY FOLLOWED OVER TIME IN LARGE NUMBERS AND MULTIPLE LOCATIONS, DOES NOT CURRENTLY EXIST IN PARKINSON'S CARE. IN ADDITION TO IMPROVING THE QUALITY OF CARE AND EXPANDING THE RESEARCH CAPACITY

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

ACROSS THE NETWORK OF CENTERS.

NPF'S QII AIMS TO:

DRIVE IDENTIFICATION OF BEST PRACTICES IN PD CARE

DISSEMINATE THESE PRACTICES TO BENEFIT EVERY PATIENT

ESTABLISH PROVEN BASELINES FOR CARE TO INCREASE THE SENSITIVITY OF FUTURE RESEARCH

THE DATA COLLECTED IN QII RELIES NOT ONLY ON PHYSICIANS TO ASSESS BUT ALSO THE EXPERIENCES OF PATIENTS.

THE INTENT IS TO DEVELOP SCIENTIFICALLY VALIDATED QUALITY INDICATORS OF PARKINSON'S CARE WHICH CAN BE USED BY CENTERS TO BENCHMARK THEIR PROGRESS, TARGET CARE PROCESSES IN NEED OF IMPROVEMENT AND THUS, ENHANCE THEIR POSITIVE TREATMENT OUTCOMES.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
NATIONAL PARKINSON FOUNDATION SOUTH FLORIDA, INC. - 45-3266918, 1501 NW 9TH AVENUE, 1ST FLOOR, MIAMI, FL 33136	FUNDRAISING	FLORIDA	501(C)(3)	LINE 7	NATIONAL PARKINSON FOUNDATION, INC.		X

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

Schedule R (Form 990) 2011

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01-23-12 LHA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	**(b)** Transaction type (a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number (EIN) or [X] 59-0968031
	Number, street, and room or suite no. If a P.O. box, see instructions. 1501 N.W 9TH AVENUE	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33136	

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

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

- The books are in the care of ▶ JOYCE OBERDORF 1501 NW 9TH AVENUE - MIAMI, FL 33136
  Telephone No. ▶ 305-243-5813 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2012)

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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 20 12

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2011

Name of exempt organization: NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number: 59-0968031

Name and title of officer
JOYCE OBERDORF
PRESIDENT AND CEO

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

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

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	9259675
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MORRISON, BROWN, ARGIZ & FARRA, LLC (ERO firm name) to enter my PIN 68031 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65061320052 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶

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

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 20 12

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

OMB No. 1545-1878

2011

Name of exempt organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

Name and title of officer

JOYCE OBERDORF
PRESIDENT AND CEO

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

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

1a Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9259675
2a Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MORRISON, BROWN, ARGIZ & FARRA, LLC (ERO firm name) to enter my PIN 68031 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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Officer's signature ▶ Joyce Oberdorf Date ▶ Dec 4, 2012

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65061320052 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ VL Corbett CPA Date ▶ 12/4/12

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

LHA For Paperwork Reduction Act Notice, see instructions.

123051
12-01-11

Form 8879-EO (2011)

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