

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: PARKINSON'S FOUNDATION, INC. D Employer identification number: 13-1866796. E Telephone number: (800) 473-4636. G Gross receipts \$: 70,108,403. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: WWW.PARKINSON.ORG. K Form of organization: X Corporation Trust Association Other. L Year of formation: 1957. M State of legal domicile: NY.

F Name and address of principal officer: JOHN L. LEHR. SAME AS "C" ABOVE. H(c) Group exemption number.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE. 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 27. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 188. 6 Total number of volunteers (estimate if necessary) 6 3,400. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b NONE.

Revenue table with columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses table with columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances table with columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: Mark E. Keavey, Date: 10/29/2024, Type or print name and title: MARK E. KEAVEY CFO.

Paid Preparer Use Only: Print/Type preparer's name: JACOB COOK, Preparer's signature: JACOB COOK, Date: 10/25/2024, Check self-employed: No, PTIN: P01240455, Firm's name: BDO USA, Firm's EIN: 13-5381590, Firm's address: 225 NE MIZNER BLVD, SUITE 685 BOCA RATON, FL 33432, Phone no.: 561-909-2100.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 07/01/2023 and ending 06/30/2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

PARKINSON'S FOUNDATION, INC.

13-1866796

Name and title of officer or person subject to tax

MARK E. KEAVEY, CFO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>55962188.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BDO USA to enter my PIN 26273 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Mark E. Keavey*

Date 10/29/2024

## 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.

60929413538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Just Cole*

Date 10/25/2024

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE FOUNDATION'S MISSION IS TO MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE. IN EVERYTHING WE DO, WE BUILD ON THE ENERGY, EXPERIENCE AND PASSION OF OUR GLOBAL PARKINSON'S COMMUNITY. (CONTINUED ON SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 15,468,884. including grants of \$ 5,965,593. ) (Revenue \$ NONE )

PILLAR 2 - ADVANCING PARKINSON'S DISEASE (PD) RESEARCH: WE CLOSE FUNDING GAPS THAT WILL LEAD US TO A CURE. WE SUPPORT A RANGE OF INITIATIVES GEARED TOWARD ENDING PARKINSON'S. OUR GRANTS AND FELLOWSHIPS SUPPORT CUTTING-EDGE RESEARCH DONE BY SCIENTISTS WHO ARE DEVOTED TO DECIPHERING PARKINSON'S AND FINDING NEW WAYS TO ATTACK IT AND STOP IT FROM PROGRESSING. WE FUND INNOVATIVE DRUG DISCOVERY THROUGH THE PARKINSON'S VIRTUAL BIOTECH, WHICH IS BUILDING A PIPELINE OF NEW DRUGS EXCLUSIVELY FOR PARKINSON'S DISEASE. THE PARKINSON'S VIRTUAL BIOTECH KEEPS NEW DRUGS FUNDED AND MOVING THROUGH THE DEVELOPMENT PROCESS. OUR GROUNDBREAKING (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 10,273,565. including grants of \$ 3,793,594. ) (Revenue \$ NONE )

PILLAR 1 - ENSURING BETTER CARE FOR EVERYONE: WE SET STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH A GLOBAL CARE NETWORK. OUR DESIGNATED CENTERS ARE RENOWNED FOR OUTSTANDING PERFORMANCE IN PARKINSON'S RESEARCH, CARE AND OUTREACH. WE CONTINUE TO GROW THIS NETWORK AND FACILITATE INNOVATIVE SOLUTIONS LIKE TELEMEDICINE CARE TO REACH THE 90% OF PEOPLE WHO ARE NOT RECEIVING CARE FROM TRAINED SPECIALISTS. RESPONDING TO A NATIONWIDE SHORTAGE OF TRAINED SPECIALISTS, WE ARE CLOSING THE GAP IN PD PROFESSIONAL TRAINING BY EDUCATING PHYSICIANS, NURSES, PHYSICAL THERAPISTS, SPEECH LANGUAGE THERAPISTS AND SOCIAL WORKERS. THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS MUST BE EQUIPPED WITH THE (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 17,517,784. including grants of \$ 1,491,103. ) (Revenue \$ NONE )

PILLAR 3 - EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY: WE PROVIDE A VARIETY OF IN-PERSON AND VIRTUAL RESOURCES, HELPING EVERYONE LIVE BETTER WITH PARKINSON'S. THE FOUNDATION IS THE FIRST ORGANIZATION TO FORM A PARKINSON'S ADVISORY COUNCIL AND THE FIRST TO TRAIN PEOPLE WITH PD TO PARTNER WITH SCIENTISTS ON RESEARCH. WE HELP PEOPLE LIVE WELL WITH PD BY PROVIDING FREE RESOURCES, INCLUDING AN INTERACTIVE VIRTUAL SERIES, PD HEALTH @ HOME, WHICH FEATURES EVENTS FOCUSED ON WELLNESS, EXERCISE AND MENTAL HEALTH, A NEWLY DIAGNOSED GUIDE DESIGNED TO HELP PEOPLE WITH PARKINSON'S AND THEIR LOVED ONES GET STARTED ON THEIR PD JOURNEY AND A TOLL-FREE HELPLINE STAFFED BY PARKINSON'S (CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses 43,260,233.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 <span style="float:right">2a 188</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
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)? . . . . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
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 as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> 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 . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

MARK E. KEAVEY 1359 BROADWAY, STE 1509 NEW YORK, NY 10018
305-537-9903

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN L. LEHR PRESIDENT & CEO	40.00 NONE			X				455,559.	NONE	27,184.
(2) MERI MARGARET DEOUDS SVP CHIEF OPERATING OFFICER	40.00 NONE				X			268,572.	NONE	44,286.
(3) KAYLN HENKEL SVP, CHIEF ADVANCEMENT OFFICER	40.00 NONE				X			250,159.	NONE	43,365.
(4) JAMES BECK SVP, CHIEF SCIENTIFIC OFFICER	40.00 NONE				X			254,887.	NONE	16,703.
(5) LEILANI PEARL SVP CHIEF COMM. OFFICER	40.00 NONE			X				235,385.	NONE	22,453.
(6) MARK KEAVEY SVP, CHIEF FINANCIAL OFFICER	40.00 NONE			X				230,344.	NONE	16,645.
(7) CHRISTIANA EVERS VP, CHIEF COMM. ENG. OFFICER	40.00 NONE				X			208,694.	NONE	31,882.
(8) ELIZABETH POLLARD VP CHIEF TRAINING & EDU. OFC.	40.00 NONE				X			182,902.	NONE	39,973.
(9) SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	40.00 NONE					X		181,881.	NONE	37,988.
(10) YASNAHIA CORTORREAL VP, CHIEF HR & ADMIN. OFFICER	40.00 NONE				X			197,232.	NONE	20,528.
(11) NICOLE YARAB VP CLINICAL AFFRS/ INFO RSRCS	40.00 NONE					X		173,214.	NONE	30,271.
(12) ALEJANDRO BLANCO AVP FINANCE	40.00 NONE					X		169,509.	NONE	18,480.
(13) AJAY SHARMA COMPTRROLLER	40.00 NONE					X		163,700.	NONE	12,089.
(14) ADOLFO DIAZ AVP INFORMATION & RESOURCES	40.00 NONE					X		127,926.	NONE	37,096.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) J. GORDON BECKHAM CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
( 16 ) ANDREW B. ALBERT VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
( 17 ) CONSTANCE W. ATWELL, PH.D. SECRETARY	5.00 NONE	X		X				NONE	NONE	NONE
( 18 ) PAUL H. NATHAN TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
( 19 ) HOWARD D. MORGAN IMMEDIATE PAST CHAIR	5.00 NONE	X						NONE	NONE	NONE
( 20 ) SARAH BROWN BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 21 ) MARSHALL BURACK BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 22 ) ALESSANDRO DI ROCCO, M.D. BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 23 ) G. PENNINGTON EGBERT BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 24 ) PAOLO FRESCO BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 25 ) MARY ELLEN GARRETT BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								3,099,964.	NONE	398,943.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,099,964.	NONE	398,943.

**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 **▶** 29

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

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) PETER GOLDMAN BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 27 ) STEPHANIE GOLDMAN ROSEN BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 28 ) PONDER HARRISON BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 29 ) ALISON HERMAN BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 30 ) TRAVIS HOWE BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 31 ) MINDY MCILROY BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 32 ) JANIS MIYASAKI, M.D. BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 33 ) WILLIAM R. MOLER BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 34 ) MARCIA MONDAVI BORGER BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 35 ) JAMES MORGAN BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 36 ) JOSHUA RASKIN BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ▶

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

**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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) JOHN THOMOPOULOS BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 38 ) CHRISTINA WEAVER JACKSON BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 39 ) ADAM WOLFBERG BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 40 ) STEVE NEWTON BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
( 41 ) VEERA RASTOGI BOARD MEMBER	5.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ▶

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 12

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	3,734,632.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	50,111,920.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,113,522.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		53,846,552.				
	<b>Program Service Revenue</b>	<b>2a</b>	_____	Business Code				
<b>b</b>		_____						
<b>c</b>		_____						
<b>d</b>		_____						
<b>e</b>		_____						
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		NONE				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		947,644.			947,644.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .		NONE				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					14,607,395.			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	13,421,979.	17,424.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,185,416.	-17,424.			
	<b>d</b>	Net gain or (loss) . . . . .		1,167,992.			1,167,992.	
<b>8a</b>	Gross income from fundraising events (not including \$ 3,734,632. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		706,812.				
			<b>8b</b>	706,812.				
			<b>c</b>	Net income or (loss) from fundraising events . . . . .				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
			<b>9b</b>	NONE				
			<b>c</b>	Net income or (loss) from gaming activities . . . . .	NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
			<b>10b</b>	NONE				
			<b>c</b>	Net income or (loss) from sales of inventory . . . . .	NONE			
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		55,962,188.			2,115,636.		

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	390,460.	<b>1</b>	70,355.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	6,982,514.	<b>3</b>	3,244,355.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	190,681.	<b>9</b>	697,356.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,901,580.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,776,122.	<b>10c</b>	1,125,458.
	<b>11</b> Investments - publicly traded securities . . . . .	36,967,766.	<b>11</b>	54,969,734.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,015,190.	<b>15</b>	1,937,881.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	47,034,483.	<b>16</b>	62,045,139.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,143,213.	<b>17</b>	3,706,896.
	<b>18</b> Grants payable . . . . .	10,357,143.	<b>18</b>	8,964,974.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	10,398,601.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	1,525,473.	<b>25</b>	919,648.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,025,829.	<b>26</b>	23,990,119.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	22,581,042.	<b>27</b>	28,027,827.
	<b>28</b> Net assets with donor restrictions . . . . .	9,427,612.	<b>28</b>	10,027,193.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	32,008,654.	<b>32</b>	38,055,020.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	47,034,483.	<b>33</b>	62,045,139.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,962,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,977,272.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,984,916.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,008,654.
5	Net unrealized gains (losses) on investments	5	2,114,450.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-53,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,055,020.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

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

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
---	---

**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 12, 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 (Form 990).)
- 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  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 98.33%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 98.05%; 16a 33 1/3% support test - 2023. 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. [X]; 16b 33 1/3% support test - 2022. 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 - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 17b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 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 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018 . . . . .			
b	From 2019 . . . . .			
c	From 2020 . . . . .			
d	From 2021 . . . . .			
e	From 2022 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . . . .			
b	Excess from 2020 . . . . .			
c	Excess from 2021 . . . . .			
d	Excess from 2022 . . . . .			
e	Excess from 2023 . . . . .			

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization <p style="text-align: center;">PARKINSON'S FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">13-1866796</p>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 4,596,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,172,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

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

Name of organization <p style="text-align: center;">PARKINSON'S FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">13-1866796</p>
---	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

**2023**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No														

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912... c If "Yes," enter the amount of any tax incurred by organization managers under section 4912... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

**Part IV Supplemental Information**

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

SEE PAGE 4

Empty lines for supplemental information.

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 11:

THE FOUNDATION MAY CONDUCT LIMITED LOBBYING ACTIVITIES TO SUPPORT LEGISLATION THAT HELPS ADVANCE ITS MISSION. IN ITS FISCAL YEAR 2024, THE FOUNDATION ENCOURAGED PARKINSON'S DISEASE ADVOCATES AND VOLUNTEERS TO CONTACT THEIR SENATORS AND REPRESENTATIVES TO SUPPORT PASSAGE OF THE NATIONAL PLAN TO END PARKINSON'S. ON JULY 2, 2024, PRESIDENT BIDEN SIGNED THIS LEGISLATION INTO LAW. THIS IS THE FIRST-EVER FEDERAL LEGISLATION DEDICATED TO ENDING PARKINSON'S DISEASE.

WAYS THIS LEGISLATION CAN MAKE AN IMPACT INCLUDE THE FOLLOWING:

1. DRAMATICALLY INCREASE FEDERAL RESEARCH FUNDING
2. DEVELOPING MORE EFFECTIVE PATHWAYS FOR TREATMENTS AND CURES
3. IMPROVING EARLY DIAGNOSIS
4. SPARKING NEW AND IMPROVED MODELS FOR PATIENT CARE
5. ADDRESSING HEALTH DISPARITIES IN DIAGNOSIS, TREATMENT, AND CLINICAL TRIAL PARTICIPATION

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	3,851,834.	3,601,834.	3,601,834.	3,601,834.	3,601,834.
b Contributions . . . . .	1,253,033.	250,000.			
c Net investment earnings, gains, and losses . . . . .	531,850.	268,899.	357,771.	615,093.	54,239.
d Grants or scholarships . . . . .		268,899.	357,771.	615,093.	54,239.
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,636,717.	3,851,834.	3,601,834.	3,601,834.	3,601,834.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
  - b Permanent endowment 100.0000 %
  - c Term endowment NONE %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? . . . . .   | X   |    |
| (ii) Related organizations? . . . . .  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		658,743.	549,605.	109,138.
d Equipment . . . . .		2,747,217.	2,171,999.	575,218.
e Other . . . . .		495,620.	54,518.	441,102.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				1,125,458.



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	593,248.
(3) ANNUITIES PAYABLE	326,400.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	
	919,648.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 55,962,188.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 51,977,272.

**Part XIII Supplemental Information**

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V:

THE PARKINSON'S FOUNDATION HAS RECEIVED GIFTS AND BEQUESTS FROM DONORS WHO DESIGNATED THAT THE FUNDS BE HELD AND INVESTED IN PERPETUITY AS ENDOWMENT FUNDS. DEPENDING ON THE DONOR'S INSTRUCTIONS, INCOME FROM ENDOWMENTS MAY BE APPLIED TO RESEARCH, OTHER PROGRAMS OR FOR GENERAL PURPOSES.

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE NEW YORK STATUTES AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE FOUNDATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2024 AND 2023.

THE ORGANIZATION HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE FOUNDATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT

**Part XIII** Supplemental Information (continued)

RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2024 AND 2023. THE FOUNDATION HAS FILED FOR, AND RECEIVED, INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE FOUNDATION HAS FILED IRS FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTIONS WHERE THE FOUNDATION FILES INCOME TAX RETURNS. THE FOUNDATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2021.

SCHEDULE D, PART XII, LINE 2D:

SPECIAL EVENT COSTS OF \$706,812.

SCHEDULE D, PART XII, LINE 4B:

REVERSED OFF GRANTS EXPENSES	705,056
LOSS ON UNCOLLECTIBLE PLEDGES	(758,056)
	(53,000)

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	NONE	NONE	GRANTMAKING		548,059.
(2) EUROPE	NONE	NONE	GRANTMAKING		504,107.
(3) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		180,000.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		125,000.
(5) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		25,000.
(6) SOUTH AMERICA	NONE	NONE	GRANTMAKING		22,500.
(7) SOUTH ASIA	NONE	NONE	GRANTMAKING		5,000.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	NONE	NONE			1,409,666.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	NONE	NONE			1,409,666.

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

Schedule F (Form 990) 2023

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	MEDICAL RESEARCH	192,976.	CHECK			
(2)			NORTH AMERICA	MEDICAL RESEARCH	102,517.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	CLINICAL RESEARCH	100,000.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	CENTERS OF EXCELLENCE	75,000.	CHECK			
(5)			NORTH AMERICA	MEDICAL RESEARCH	63,641.	CHECK			
(6)			NORTH AMERICA	CENTERS OF EXCELLENCE	60,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	CENTERS OF EXCELLENCE	60,000.	CHECK			
(8)			EAST ASIA/PACIFIC	CENTERS OF EXCELLENCE	60,000.	CHECK			
(9)			EAST ASIA/PACIFIC	CENTERS OF EXCELLENCE	60,000.	CHECK			
(10)			EAST ASIA/PACIFIC	CENTERS OF EXCELLENCE	60,000.	CHECK			
(11)			NORTH AMERICA	CENTERS OF EXCELLENCE	60,000.	CHECK			
(12)			NORTH AMERICA	CENTERS OF EXCELLENCE	60,000.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	CENTERS OF EXCELLENCE	60,000.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	CENTERS OF EXCELLENCE	60,000.	CHECK			
(15)			NORTH AMERICA	CENTERS OF EXCELLENCE	60,000.	CHECK			
(16)			EUROPE/ICELAND/GREENLAND	CENTERS OF EXCELLENCE	60,000.	CHECK			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . NONE

3 Enter total number of other organizations or entities . . . . . 26

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	51,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	50,107.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	CLINICAL RESEARCH	50,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	CENTERS OF EXCELLENCE	30,000.	CHECK			
(5)			SOUTH AMERICA	CLINICAL RESEARCH	20,000.	CHECK			
(6)			NORTH AMERICA	COMMUNITY ENGAGEMENT	19,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	COMMUNITY ENGAGEMENT	19,000.	CHECK			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CLINICAL RESEARCH	CENT. AMERICA/CARIBBEAN		25,000.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2:

ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF  
THE UTILIZATION OF FUNDS AWARDED BY PF'S SCIENTIFIC ADVISORY BOARD AND  
GRANT ADMINISTRATION AT PF.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 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?		(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
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				7,262,397.	504,392.	6,758,005.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA NEW YORK (event type)	REVOLUTION EVNT (event type)	48 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	463,139.	503,543.	3,475,342.	4,442,024.
	2	Less: Contributions . . . . .	277,761.	472,341.	2,985,110.	3,735,212.
	3	Gross income (line 1 minus line 2) . . . . .	185,378.	31,202.	490,232.	706,812.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	24,797.	11,999.	8,584.	45,380.
	7	Food and beverages . . . . .	156,422.	3,125.	96,472.	256,019.
	8	Entertainment . . . . .	3,150.		33,962.	37,112.
	9	Other direct expenses . . . . .	1,009.	16,078.	351,214.	368,301.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				706,812.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

LAUTMAN MASKA NEILL & COMPAN

ADDRESS:

1730 RHODE ISLAND AVE NW STE 301  
WASHINGTON, DC 20036

ACTIVITY :

DIRECT RESP STRATEGY

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	7,262,397.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	504,392.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	6,758,005.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> INDIANA UNIVERSITY 509 E. THIRD ST. BLOOMINGTON, FL 47401	35-6001673	170(C)(1)	1,192,726.				CLINICAL RESEARCH
<b>(2)</b> ICAHN SCHOOL OF MEDICINE AT MT SINAI ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	400,000.				MEDICAL RESEARCH
<b>(3)</b> UNIVERSITY OF MIAMI MEDICINE NEUROLOGY 1150 NW 14TH STREET MIAMI, FL 33136	59-2579938	170(C)(1)	294,060.				CLINICAL RESEARCH
<b>(4)</b> UNIV OF KANSAS MEDICAL CTR RESEARCH INST. 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	280,300.				CLINICAL RESEARCH
<b>(5)</b> UNIVERSITY OF FLORIDA P.O. BOX 100236 GAINESVILLE, FL 32610	59-6002052	170(C)(1)	179,026.				MEDICAL RESEARCH
<b>(6)</b> ROCHESTER PARKINSON NETWORK INC. P.O. BOX 18606 ROCHESTER, NY 14618	88-2577157	501(C)(3)	165,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	163,875.				MEDICAL RESEARCH
<b>(8)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR. CHICAGO, IL 60611	36-2167817	501(C)(3)	135,000.				CENTERS OF EXCELLENCE
<b>(9)</b> THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	107,650.				CLINICAL RESEARCH
<b>(10)</b> THE TRUSTEES OF COLUMBIA UNIVERSITY 131ST STREET 3RD FL. NEW YORK, NY 10027	13-5598093	501(C)(3)	103,750.				MEDICAL RESEARCH
<b>(11)</b> JOHNS HOPKINS UNIV. SCHOOL OF MEDICINE 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	100,000.				MEDICAL RESEARCH
<b>(12)</b> AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE. MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	100,000.				MEDICAL RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 172

3 Enter total number of other organizations listed in the line 1 table 52

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD DENVER, CO 80210	84-0404231	501(C)(3)	100,000.				MEDICAL RESEARCH
<b>(2)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1719 6TH AVENUE BIRMINGHAM, AL 35294	63-6005396	170(C)(1)	100,000.				MEDICAL RESEARCH
<b>(3)</b> THE UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	170(C)(1)	100,000.				MEDICAL RESEARCH
<b>(4)</b> GEORGETOWN UNIVERSITY 3115 WISCONSIN AVE. WASHINGTON, DC 20007	53-0196603	501(C)(3)	99,906.				MEDICAL RESEARCH
<b>(5)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	93,989.				MEDICAL RESEARCH
<b>(6)</b> UNIVERSITY OF FLORIDA FOUNDATION INC 1938 W. UNIV. AVE. GAINESVILLE, FL 32603	59-0974739	501(C)(3)	92,309.				MEDICAL RESEARCH
<b>(7)</b> THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6000555	501(C)(3)	88,900.				CLINICAL RESEARCH
<b>(8)</b> REGENTS OF UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	80,000.				MEDICAL RESEARCH
<b>(9)</b> THE MICHAEL J. FOX FOUNDATION 111 WEST 33RD STREET NEW YORK, NY 10001	13-4141945	501(C)(3)	75,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> THE GENERAL HOSPITAL CORP 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	72,500.				CENTERS OF EXCELLENCE
<b>(11)</b> MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE CHARLESTON, SC 29403	57-6000722	170(C)(1)	72,500.				CENTERS OF EXCELLENCE
<b>(12)</b> UNIVERSITY OF UTAH 201 S. PRESI. CIR. SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	72,500.				CENTERS OF EXCELLENCE

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 . . . . .

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF MIAMI MEDICINE NEUROLOGY 1150 NW 14TH STREET MIAMI, FL 33136	59-2579938	170(C)(1)	72,500.				CENTERS OF EXCELLENCE
<b>(2)</b> UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD ROCHESTER, NY 14642	16-0743209	501(C)(3)	72,500.				CENTERS OF EXCELLENCE
<b>(3)</b> DUKE UNIVERSITY P.O. BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	70,289.				CENTERS OF EXCELLENCE
<b>(4)</b> THE REGENTS OF THE UNIV OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	70,000.				CLINICAL RESEARCH
<b>(5)</b> KING COUNTY PUBLIC HOSPITAL DISTRICT 12040 NE 128 STREET KIRKLAND, WA 98034	91-0844563	170(C)(1)	63,800.				CLINICAL RESEARCH
<b>(6)</b> THE TRUSTEES OF COLUMBIA UNIVERSITY 710 W 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	62,000.				MEDICAL RESEARCH
<b>(7)</b> LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	62,000.				MEDICAL RESEARCH
<b>(8)</b> THE REGENTS OF THE UNIV OF CALIFORNIA 675 NELSON RSNG LN SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	62,000.				MEDICAL RESEARCH
<b>(9)</b> THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6000555	501(C)(3)	62,000.				MEDICAL RESEARCH
<b>(10)</b> THE REGENTS OF THE UNIV OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	62,000.				MEDICAL RESEARCH
<b>(11)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(12)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, CLS 704 BOSTON, MA 02215	04-2103881	501(C)(3)	60,000.				CENTERS OF EXCELLENCE

**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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(2)</b> CLEVELAND CLINIC LOU RUCO CTR BRAIN HEALTH 888 W BONNECILLE AVE LAS VEGAS, NV 89106	26-4367036	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(3)</b> THE TRUSTEES OF COLUMBIA UNIVERSITY 131ST STREET 3RD FL. NEW YORK, NY 10027	13-5598093	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(4)</b> MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD WASHINGTON, DC 20007	52-2218584	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(5)</b> THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(6)</b> JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(7)</b> DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(8)</b> MEDICAL COLLEGE OF VIRGINIA FOUNDATION 1228 E BROAD STREET RICHMOND, VA 23298	54-6053660	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(9)</b> UNIVERSITY OF PENNSYLVANIA P.O. BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(10)</b> NY UNIV AKA NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(11)</b> OREGON HEALTH AND SCIENCE UNIVERSITY 0690 SW BANCROFT ST. PORTLAND, OR 97239	93-1176109	170(C)(1)	60,000.				CENTERS OF EXCELLENCE
<b>(12)</b> RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET CHICAGO, IL 60612	36-2174823	501(C)(3)	60,000.				CENTERS OF EXCELLENCE

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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 1640 MARENGO ST LOS ANGELES, CA 90033	95-1642394	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(2)</b> THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6000555	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(3)</b> PARK NICOLLET METHODIST HOSPITAL EXCELSIOR BLVD ST. LOUIS PARK, MN 55426	41-0132080	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(4)</b> THE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	170(C)(1)	60,000.				CENTERS OF EXCELLENCE
<b>(5)</b> THE REGENTS OF THE UNIV OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(6)</b> UNIVERSITY OF FLORIDA BOARD OF TRUSTEES P.O. BOX 113001 GAINESVILLE, FL 32611	59-6002052	170(C)(1)	60,000.				CENTERS OF EXCELLENCE
<b>(7)</b> UNIV OF KANSAS MEDICAL CTR RESEARCH INST. 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(8)</b> REGENTS OF UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(9)</b> UNIVERSITY OF SOUTH FLORIDA FOUNDATION 12901 BRUCE B. DOWNS BLVD. TAMPA, FL 33612	59-0879015	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(10)</b> VANDERBILT UNIVERSITY MEDICAL CENTER DEPT. AT ATLANTA, GA 31192	35-2528741	501(C)(3)	60,000.				CENTERS OF EXCELLENCE
<b>(11)</b> UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 107 MANNING DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	59,986.				CENTERS OF EXCELLENCE
<b>(12)</b> UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD ROCHESTER, NY 14642	16-0743209	501(C)(3)	58,000.				CLINICAL RESEARCH

- 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 . . . . . \_\_\_\_\_

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BETH ISRAEL MEDICAL CENTER 1 GUSTAVE LEVY PL NEW YORK, NY 10029	13-5564934	501(C)(3)	57,500.				CENTERS OF EXCELLENCE
<b>(2)</b> INDIANA UNIVERSITY P.O. BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	54,746.				CENTERS OF EXCELLENCE
<b>(3)</b> AUGUSTA UNIVERSITY 1429 HARPER STREET AUGUSTA, GA 30912	58-6002053	170(C)(1)	51,379.				CENTERS OF EXCELLENCE
<b>(4)</b> TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	51,000.				CLINICAL RESEARCH
<b>(5)</b> OREGON HEALTH AND SCIENCE UNIVERSITY 0690 SW BANCROFT ST. PORTLAND, OR 97239	93-1176109	170(C)(1)	50,400.				CLINICAL RESEARCH
<b>(6)</b> THE TRUSTEES OF COLUMBIA UNIVERSITY 710 W 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	50,000.				CLINICAL RESEARCH
<b>(7)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	50,000.				CLINICAL RESEARCH
<b>(8)</b> INTERMOUNTAIN HEALTHCARE 36 S. STATE ST SALT LAKE CITY, UT 84111	94-2854057	501(C)(3)	49,300.				CLINICAL RESEARCH
<b>(9)</b> UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6046242	170(C)(1)	48,300.				CENTERS OF EXCELLENCE
<b>(10)</b> HEALTH PARTNERS INSTITUTE 8170- 33RD AVE. SOUTH MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	43,600.				CLINICAL RESEARCH
<b>(11)</b> UNIVERSITY OF FLORIDA BOARD OF TRUSTEES P.O. BOX 113001 GAINESVILLE, FL 32611	59-6002052	170(C)(1)	42,100.				HOSPITAL CARE
<b>(12)</b> UNIVERSITY HOSPITALS CLEVELAND MEDICAL CTR 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)	41,200.				CLINICAL RESEARCH

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 . . . . . \_\_\_\_\_

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> VERACITY NEUROSCIENCE LLC 5055 POPLAR AVE SUITE 511 MEMPHIS, TN 38157	83-2063396	NONE	40,500.				CLINICAL RESEARCH
<b>(2)</b> HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06106	06-0646668	501(C)(3)	40,000.				CENTERS OF EXCELLENCE
<b>(3)</b> SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	40,000.				CENTERS OF EXCELLENCE
<b>(4)</b> UNIVERSITY OF TENNESSEE MEDICAL CENTER 2200 SUTHERLAND AVE KNOXVILLE, TN 37920	31-1626179	501(C)(3)	40,000.				CENTERS OF EXCELLENCE
<b>(5)</b> THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	99-0073524	501(C)(3)	40,000.				CENTERS OF EXCELLENCE
<b>(6)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	35,700.				CLINICAL RESEARCH
<b>(7)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	35,000.				HOSPITAL CARE
<b>(8)</b> THE OHIO STATE UNIVERSITY 2400 OLENT. RIVIER RD. COLUMBUS, OH 43210	31-6025986	170(C)(1)	32,700.				CLINICAL RESEARCH
<b>(9)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, CLS 704 BOSTON, MA 02215	04-2103881	501(C)(3)	30,900.				CLINICAL RESEARCH
<b>(10)</b> EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FL. ATLANTA, GA 30322	58-0566256	501(C)(3)	30,758.				CENTERS OF EXCELLENCE
<b>(11)</b> DUKE UNIVERSITY P.O. BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	30,150.				CLINICAL RESEARCH
<b>(12)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	30,000.				CENTERS OF EXCELLENCE

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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THOMAS JEFFERSON UNIVERSITY 170 S. IND. MALL W PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	30,000.				CLINICAL RESEARCH
<b>(2)</b> UNIVERSITY HOSPITALS CLEVELAND MEDICAL CTR 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)	30,000.				HOSPITAL CARE
<b>(3)</b> MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE CHARLESTON, SC 29403	57-6000722	170(C)(1)	29,200.				CLINICAL RESEARCH
<b>(4)</b> UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6046242	170(C)(1)	28,900.				CLINICAL RESEARCH
<b>(5)</b> SUTTER VALLEY HOSPITALS 2801 CAPITOL AVE SACRAMENTO, CA 95816	94-1156621	501(C)(3)	28,800.				CLINICAL RESEARCH
<b>(6)</b> AUGUSTA UNIVERSITY 1429 HARPER STREET AUGUSTA, GA 30912	58-6002053	170(C)(1)	27,500.				CLINICAL RESEARCH
<b>(7)</b> REGENTS OF UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	26,800.				CLINICAL RESEARCH
<b>(8)</b> TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 MITCHELL PWYS COLLEGE STATION, TX 77845	74-2907553	170(C)(1)	26,451.				MEDICAL RESEARCH
<b>(9)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	25,000.				CLINICAL RESEARCH
<b>(10)</b> INTERNATIONAL ASSOC. OF PARKINSON DISORDER 15403 N. MCKINNON ROAD MEAD, WA 99021	83-4434132	501(C)(3)	25,000.				MEDICAL RESEARCH
<b>(11)</b> BETH ISRAEL MEDICAL CTR 1 GUSTAVE LEVY PL NEW YORK, NY 10029	13-5564934	501(C)(3)	25,000.				CLINICAL RESEARCH
<b>(12)</b> UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 107 MANNING DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	25,000.				CLINICAL RESEARCH

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	170(C)(1)	25,000.				MEDICAL RESEARCH
<b>(2)</b> OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HW NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	24,400.				CLINICAL RESEARCH
<b>(3)</b> INLAND NORTHWEST RESEARCH LLC 610 S SHERMAN STREET SPOKANE, WA 99202	82-3460231	NONE	24,300.				CLINICAL RESEARCH
<b>(4)</b> UNIVERSITY OF FLORIDA P.O. BOX 100236 GAINESVILLE, FL 32610	59-6002052	170(C)(1)	23,600.				CLINICAL RESEARCH
<b>(5)</b> MOREHOUSE SCHOOL OF MEDICINE INC 3875 HILSON HAVEN DECATUR, GA 30034	58-1438873	501(C)(3)	21,850.				CLINICAL RESEARCH
<b>(6)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, CLS 704 BOSTON, MA 02215	04-2103881	501(C)(3)	21,500.				COMMUNITY ENGAGEMENT
<b>(7)</b> UNIVERSITY OF UTAH 201 S. PRESI. CIR. SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	21,500.				CLINICAL RESEARCH
<b>(8)</b> STEWARD ST ELIZABETH MEDICAL CTR BOSTON 736 CAMBRIDGE STREET BOSTON, MA 02135	27-2473667	NONE	21,400.				CLINICAL RESEARCH
<b>(9)</b> UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	170(C)(1)	21,000.				CLINICAL RESEARCH
<b>(10)</b> JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	20,000.				CLINICAL RESEARCH
<b>(11)</b> OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HW NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	20,000.				CENTERS OF EXCELLENCE
<b>(12)</b> UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE FARMINGTON, CT 06030	52-1725543	170(C)(1)	19,400.				CLINICAL RESEARCH

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET CHICAGO, IL 60612	36-2174823	501(C)(3)	19,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HW NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	18,740.				COMMUNITY ENGAGEMENT
<b>(3)</b> JOHN HOPKINS UNIVERSITY CENTRAL LOCKBOX 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	52-0595110	501(C)(3)	17,500.				CLINICAL RESEARCH
<b>(4)</b> NEU-LEVEL THERAPY AND WELLNESS, LLC 100 MILLBROOK VILLAGE DR. TYRONE, GA 30290	85-3581615	NONE	17,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)(3)	16,000.				COMMUNITY ENGAGEMENT
<b>(6)</b> SENIOR CENTER, INC. BELVEDERE BLVD CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	16,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> TANGO THERAPY PROJECT 2320 PINE STREET PHILADELPHIA, PA 19103	93-4966289	501(C)(3)	16,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> THE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	170(C)(1)	16,000.				CLINICAL RESEARCH
<b>(9)</b> ADVANCED NEUROTHERAPEUTICS, PLLC 11954 NARCOOSSEE ROAD ORLANDO, FL 32832	83-2038563	NONE	15,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> BACK TO INDEPENDENCE REHAB LLC 4801 CHASTAIN AVE CHARLOTTE, NC 28217	81-4663065	NONE	15,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> CEDAR RAPIDS METRO PARKINSON'S ASSOCIATION 9000 C AVE NE CEDAR RAPIDS, IA 52402	82-2808155	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> CITY OF EDEN PRAIRIE 8080 MITCHELL ROAD EDEN PRAIRIE, MN 55344	41-0855460	170(C)(1)	15,000.				COMMUNITY ENGAGEMENT

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 . . . . .

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CLUB PARKINSON'S OF KANSAS, INC 2315 N PARKRIDGE CT WICHITA, KS 67205	86-2420764	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> LIVRAMENTO DELGADO BOXING FOUNDATION INC 3812 FELTON HILL ROAD SMYRNA, GA 30082	46-4299495	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> DREXEL UNIVERSITY 3201 ARCH STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> FIGHTING TO WIN, INC. DBA DAY ONE FITNESS 257 BEECH ISLAND AVE BEECH ISLAND, SC 29842	47-5315340	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> THE GRIEF CENTER OF SOUTHWEST COLORADO 2243 N MAIN AVE #4F DURANGO, CO 81301	81-0898389	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(6)</b> HAWAII PARKINSON ASSOCIATION, INC 347 N. KUAKINI STREET HONOLULU, HI 96817	99-0327454	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> JTD HOSPITAL FOUNDATION 200 ST CLAIR STREET ST MARYS, OH 45885	34-1623769	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> MISSISSIPPI METHODIST HOSPITAL ETC . 1350 E WOODROW WILSON AVE JACKSON, MS 39216	23-7067206	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> MONTEREY BAY POWER OVER PARKINSONS 2555 GARDEN RD, STE B MONTEREY, CA 93940	83-4429882	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> MRS PHYSICAL THERAPY LP 4538 PEACH STREET ERIE, PA 16509	27-0007846	NONE	15,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> NEURO-WELLNESS ALLIANCE, INC. 4500 PARK GRANADA BLVD CALABASAS, CA 91302	87-4795094	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> ODC 351 SHOTWELL STREET SAN FRANCISCO, CA 94110	34-1191163	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT

- 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 . . . . . \_\_\_\_\_

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PARKINSONS PLACE LAS VEGAS 2480 RAM CROSSING WAY HENDERSON, NV 89074	83-4460347	NONE	15,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> PARKINSON'S EXERCISE PROGRAM FOR YOU 32565 B GOLDEN LANTERN DANA POINT, CA 92629	87-1408850	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> CAPITAL AREA PARKINSON'S SOCIETY P.O. BOX 27565 AUSTIN, TX 78755	74-2376122	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> PUNCHWORX, INC. P.O. BOX 5572 LAKELAND, FL 33807	85-3816023	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> REID HOSPITAL AND HEALTH CARE SERVICES 1100 REID PARKWAY RICHMOND, IN 47374	23-7440530	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(6)</b> ROCK IT OUT INC. 18626 DETROIT AVE LAKEWOOD, OH 44107	84-3905688	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN ST SAN FRANCISCO, CA 94102	94-1415298	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> STONY BROOK SOUTHAMPTON HOSPITAL 240 MEETINGHOUSE LANE SOUTHAMPTON, NY 11968	11-3243405	170(C)(1)	15,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> TROPICAL PARK BOXING FOUNDATION 7740 N KENDALL DR MIAMI, FL 33156	46-4581507	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	15,000.				CLINICAL RESEARCH
<b>(11)</b> UNIV OF NEW MEXICO HEALTH SCIENCES CTR 1 UNV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	170(C)(1)	15,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> YMCA OF COLLIER COUNTY INC. 101 SAND HILL STREET MARCO ISLAND, FL 34145	23-7039993	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT

**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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> YOUNG MEN'S CHRISTIAN ASSOCIATION 1325 W STREET NW STE A WASHINGTON, DC 20009	53-0207403	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> YOUNG MEN'S CHRISTIAN ASSOC GREATER TOLEDO 6465 W SYLVANIA SYLVANIA, OH 43560	34-4428262	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> YMCA OF STEUBEN COUNTY, INC. 500 E HARCOURT RD ANGOLA, IN 46703	35-1999599	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> YMCA OF THE CAPITAL AREA 350 S FOSTER DR BATON ROUGE, LA 70806	72-0408994	501(C)(3)	15,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> YMCA OF CENTRAL MARYLAND INC 303 WEST CHESAPEAKE AVE BALTIMORE, MD 21204	52-0591699	501(C)(3)	14,300.				COMMUNITY ENGAGEMENT
<b>(6)</b> SUMMIT FOR PARKINSONS PO BOX 2235 MISSOULA, MT 59806	27-1796767	501(C)(3)	14,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> SUPREME PHYSICAL THERAPY & WELLNESS REHAB 609 WAVERLY ST. UNIT 453 HOUSTON, TX 77007	83-2998535	NONE	14,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> TUCSON JEWISH COMMUNITY CENTER 3800 E RIVER RD TUCSON, AZ 85718	86-0183578	501(C)(3)	13,943.				COMMUNITY ENGAGEMENT
<b>(9)</b> THE REGENTS OF THE UNIV OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	94-3067788	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> EAST CAROLINA UNIVERSITY 1000 E 5 ST GREENVILLE, NC 27858	56-6000403	170(C)(1)	13,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> HARTFORD HOSPITAL 80 SEYMOUR ST HARTFORD, CT 06106	06-0646668	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> HOFSTRA UNIVERSITY 128 HOFSTRA UNIVERSITY HEMPSTEAD, NY 11549	11-1630906	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT

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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE RD CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> MINOT FAMILY YMCA 3515 16TH ST SW MINOT, ND 58701	45-0237612	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> NORTHWESTERN MEMORIAL FOUNDATION 251 E HURON CHICAGO, IL 60611	36-3155315	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> OVERTIME DANCE FOUNDATION, INC. 524 E 14 ST APT 721 NEW YORK, NY 10009	13-2999102	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> PARKINSONLIFE CORPORATION 5023 WEST DANTE AVE TAMPA, FL 33629	86-1311117	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(6)</b> SAVANNAH PARKINSON'S SUPPORT GROUP 5 KUCK LANE SAVANNAH, GA 31406	74-3102690	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> TRUE BEGINNING WELLNESS INC 371 NOAH DRIVE, STE 101 JASPER, GA 30143	84-4469972	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> THE UNIVERSITY OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	170(C)(1)	13,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> YMCA OF FOREST CITY IOWA 916 WEST I ST FOREST CITY, IA 50436	42-1257332	501(C)(3)	13,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> THE REGENTS OF THE UNIV OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	12,500.				COMMUNITY ENGAGEMENT
<b>(11)</b> VIRGINIA COMMONWEALTH UNIVERSITY 1101 E MARSHALL ST RICHMOND, VA 23298	54-6001758	170(C)(1)	12,300.				CLINICAL RESEARCH
<b>(12)</b> FASTBACK PHYSICAL THERAPY 3333 S SUNNYSLOPE ROAD NW BERLIN, WI 53151	83-1159068	NONE	12,000.				COMMUNITY ENGAGEMENT

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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FIREBUSH NORTHLAKE BLVD NORTH PALM BEACH, FL 33408	82-3259417	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> HMM HOSPITALS CORPORATION 343 THORNALL ST EDISON, NJ 08837	22-1487576	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> HUNTSVILLE HOSPITAL FOUNDATION, INC. 801 CLINTON AVE. E. HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> NATIONAL PARKINSONS INSTITUTE 635 BARRET AVE LOUISVILLE, KY 40204	85-3516816	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD. BINGHAM FARMS, MI 48025	38-2494280	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(6)</b> UP ENDING PARKINSON'S 10119 CONDE RD MARSHALL, VA 20119	88-2167648	501(C)(3)	12,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> THE MEMORY CARE ALLIANCE 1541 S ST FRANCIS DR SANTA FE, NM 87505	88-3566227	501(C)(3)	11,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> SCORE POWER TRAINING FOR PARKINSONS FITNESS 46 BRITTANIA CIRCLE SALEM, MA 01970	46-1159035	501(C)(3)	11,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> HUNTER HOLMES MCGUIRE VA MEDICAL CENTER 1201 BROAD ROCK BLVD RICHMOND, VA 23249	54-1522206	501(C)(3)	11,000.				COMMUNITY ENGAGEMENT
<b>(10)</b> YALE UNIVERSITY 295 CONGRESS AVE NEW HAVEN, CT 06519	06-0646973	501(C)(3)	11,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> VISIONARY INVESTIGATORS NETWORK, LLC. 9569 NW 9TH COURT PLANTATION, FL 33324	81-3828136	NONE	10,700.				CLINICAL RESEARCH
<b>(12)</b> ARKANSAS COLLEGES OF HEALTH EDUCATION 7000 CHAD COLLEY BLVD FORT SMITH, AR 72916	46-5138928	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT

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 . . . . .

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AUM HOME SHALA 2655 LEJEUNE RD CORAL GABLES, FL 33134	27-0334306	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> BURCHFIELD PENNEY ART CENTER 1300 ELMWOOD AVENUE BUFFALO, NY 14222	16-1596245	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT 834 SHERIDAN ST PORT TOWNSEND, WA 98368	91-0928081	170(C)(1)	10,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> DISCALCED INC. 3 LAFAYETTE AVENUE BROOKLYN, NY 11217	13-3577394	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(5)</b> NEW YORK UNIVERSITY 1 WASHINGTON SQUARE N NEW YORK, NY 10003	13-5562308	501(C)(3)	10,000.				CLINICAL RESEARCH
<b>(6)</b> NORTON HEALTHCARE FOUNDATION INC. 224 W BROADWAY STREET LOUISVILLE, KY 40202	31-0914919	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(7)</b> OPTIMUM HOPE 205 N MT JULIET RD MT JULIET, TN 37122	87-4483010	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(8)</b> ROCK STEADY BOXING INDIANAPOLIS 7440 N SHADELAND AVE INDIANAPOLIS, IN 46250	20-5113083	501(C)(3)	10,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> UC REGENTS/UCSD MOVEMENT DISORDER CENTER 9500 GILMAN DR. MC 0886 LA JOLLA, CA 92093	95-6006144	501(C)(3)	10,000.				CENTERS OF EXCELLENCE
<b>(10)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1719 6TH AVE BIRMINGHAM, AL 35294	63-6005396	170(C)(1)	10,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> VANDERBILT UNIVERSITY MEDICAL CENTER DEPT AT ATLANTA, GA 31192	35-2528741	501(C)(3)	10,000.				CLINICAL RESEARCH
<b>(12)</b> NEUROLAB 360 2146 ENCINITAS BLVD ENCINITAS, CA 92024	86-2809250	501(C)(3)	9,988.				COMMUNITY ENGAGEMENT

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE GENERAL HOSPITAL CORP BLDG CNY-114 16TH ST. CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	9,600.				CLINICAL RESEARCH
<b>(2)</b> PARKINSONS DISEASE MVMT DIS CTR BOCA RATON 951 NW 13TH ST 5E BOCA RATON, FL 33486	22-3659456	NONE	9,200.				CLINICAL RESEARCH
<b>(3)</b> THE JEWISH COMMUNITY CTR GREATER BUFFALO 2640 NORTH FOREST RD GETZVILLE, NY 14068	16-0760887	501(C)(3)	9,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> PARKINSONS GROUP OF THE OZARKS PO BOX 50595 SPRINGFIELD, MO 65805	43-1828981	501(C)(3)	8,835.				COMMUNITY ENGAGEMENT
<b>(5)</b> KETTERING MEDICAL CENTER 3535 SOUTHERN BLVD KETTERING, OH 45429	31-0621866	501(C)(3)	8,800.				COMMUNITY ENGAGEMENT
<b>(6)</b> THE GENERAL HOSPITAL CORP 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	8,100.				CLINICAL RESEARCH
<b>(7)</b> THE UNIVERSITY OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	170(C)(1)	8,100.				CLINICAL RESEARCH
<b>(8)</b> ALLINA HEALTH FOUNDATION 2925 CHICAGO AVE MINNEAPOLIS, MN 55407	27-4116873	501(C)(3)	8,000.				COMMUNITY ENGAGEMENT
<b>(9)</b> CHICAGO ASSOCIATION FOR RESEARCH AND EDU 5000 SOUTH 5TH AVE HINES, IL 60141	36-3334177	501(C)(3)	8,000.				CLINICAL RESEARCH
<b>(10)</b> JEWISH COMMUNITY CTR OF GREATER KANSAS CITY 5801 W. 115TH ST OVERLAND PARK, KS 66211	44-0545992	501(C)(3)	8,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> MAINE STRONG PHYSICAL THERAPY PA 24 HIGHVIEW RD CAPE ELIZABETH, ME 04107	47-5013074	NONE	8,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST. DAYTON, OH 45409	31-1040231	501(C)(3)	8,000.				COMMUNITY ENGAGEMENT

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PROSALUD, INC. 6500 ROOKIN ST, BLDG B HOUSTON, TX 77074	20-1989658	501(C)(3)	8,000.				COMMUNITY ENGAGEMENT
<b>(2)</b> REHAB HEALTH 360 LLC. 289 GREAT ROAD, SUITE 102 ACTON, MA 01720	87-1276822	NONE	8,000.				COMMUNITY ENGAGEMENT
<b>(3)</b> TREASURE VALLEY FAMILY YMCA 1177 W STATE ST BOISE, ID 83702	82-0200908	501(C)(3)	8,000.				COMMUNITY ENGAGEMENT
<b>(4)</b> BRUNSWICK COUNTY WELLNESS CENTER 2655 E BOILING SP. RD SOUTHPORT, NC 28461	85-3615832	501(C)(3)	7,700.				COMMUNITY ENGAGEMENT
<b>(5)</b> DIXON GALLERY AND GARDENS 4339 PARK AVENUE MEMPHIS, TN 38117	62-0943809	501(C)(3)	7,500.				COMMUNITY ENGAGEMENT
<b>(6)</b> LEXINGTON AREA PARKINSON DISEASE SUPP GRP P.O. BOX 4424 LEXINGTON, KY 40544	61-1308517	501(C)(3)	7,500.				COMMUNITY ENGAGEMENT
<b>(7)</b> 901 PARKINSON'S FIGHTERS 1693 OVERTON PARK AVE MEMPHIS, TN 38112	84-2560595	501(C)(3)	7,500.				COMMUNITY ENGAGEMENT
<b>(8)</b> JAX HOPE INC. P.O. BOX 2521 PONTE VEDRA BEACH, FL 32004	81-5416511	501(C)(3)	7,497.				COMMUNITY ENGAGEMENT
<b>(9)</b> UNIVERSITY OF FLORIDA P.O. BOX 100236 GAINESVILLE, FL 32610	59-6002052	170(C)(1)	7,100.				COMMUNITY ENGAGEMENT
<b>(10)</b> THE GEORGE CENTER FOUNDATION 1001 MACY DRIVE ROSWELL, GA 30076	82-3571211	501(C)(3)	7,000.				COMMUNITY ENGAGEMENT
<b>(11)</b> WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	7,000.				COMMUNITY ENGAGEMENT
<b>(12)</b> OKLAHOMA STATE UNIVERSITY 401 WHITEHURST HALL STILLWATER, OK 74078	73-1383996	170(C)(1)	6,700.				COMMUNITY ENGAGEMENT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE MEDICAL COLLEGE OF WISCONSIN INC. P.O. BOX 26509 MILWAUKEE, WI 53130	39-6006492	NONE	6,600.				CLINICAL RESEARCH
<b>(2)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	6,444.				MEDICAL RESEARCH
<b>(3)</b> CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	5,700.				CLINICAL RESEARCH
<b>(4)</b> UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORALS GABLES, FL 33146	59-0624458	501(C)(3)	5,700.				CLINICAL RESEARCH
<b>(5)</b> LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	5,600.				CLINICAL RESEARCH
<b>(6)</b> SOUTHEASTERN PRINTING CO INC. 3601 SE DIXIE HIGHWAY STUART, FL 34997	65-0717119	NONE	5,317.				CENTERS OF EXCELLENCE
<b>(7)</b> ST. MARY'S MEDICAL CENTER 901 W 45 ST WEST PALM BEACH, FL 33407	84-0425720	501(C)(3)	5,300.				CLINICAL RESEARCH
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLINICAL RESEARCH		25,300.			
2 CLINICAL RESEARCH		24,000.			
3 CLINICAL RESEARCH		21,950.			
4 CLINICAL RESEARCH		13,200.			
5 CLINICAL RESEARCH		12,100.			
6 CLINICAL RESEARCH		11,000.			
7 CLINICAL RESEARCH		10,450.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLINICAL RESEARCH		9,350.			
2 CLINICAL RESEARCH		8,000.			
3 MEDICAL RESEARCH		7,500.			
4 MEDICAL RESEARCH		2,500.			
5 MEDICAL RESEARCH		2,500.			
6 MEDICAL RESEARCH		2,500.			
7 MEDICAL RESEARCH		2,500.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MEDICAL RESEARCH		2,500.			
2 MEDICAL RESEARCH		2,500.			
3 MEDICAL RESEARCH		2,500.			
4 MEDICAL RESEARCH		2,500.			
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); 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 BY PF.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

13-1866796

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? **5a**  **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  **8**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  **9**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input type="checkbox"/>

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN L. LEHR PRESIDENT & CEO	(i)	397,809.	57,750.	NONE	16,500.	10,684.	482,743.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MERI MARGARET DEOUDES SVP CHIEF OPERATING OFFICER	(i)	245,822.	22,750.	NONE	13,429.	30,857.	312,858.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KAYLN HENKEL SVP, CHIEF ADVANCEMENT OFFICER	(i)	232,311.	17,848.	NONE	12,508.	30,857.	293,524.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 JAMES BECK SVP, CHIEF SCIENTIFIC OFFICER	(i)	237,045.	17,842.	NONE	12,744.	3,959.	271,590.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 LEILANI PEARL SVP CHIEF COMM. OFFICER	(i)	218,809.	16,576.	NONE	11,769.	10,684.	257,838.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MARK KEAVEY SVP, CHIEF FINANCIAL OFFICER	(i)	220,500.	9,844.	NONE	11,517.	5,128.	246,989.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 CHRISTIANA EVERS VP, CHIEF COMM. ENG. OFFICER	(i)	193,630.	15,064.	NONE	10,435.	21,447.	240,576.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 ELIZABETH POLLARD VP CHIEF TRAINING & EDU. OFC.	(i)	169,402.	13,500.	NONE	9,145.	30,828.	222,875.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	(i)	181,881.	NONE	NONE	9,094.	28,894.	219,869.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 YASNAHIA CORTORREAL VP, CHIEF HR & ADMIN. OFFICER	(i)	183,172.	14,060.	NONE	9,862.	10,666.	217,760.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 NICOLE YARAB VP CLINICAL AFFRS/ INFO RSRCS	(i)	173,214.	NONE	NONE	8,661.	21,610.	203,485.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 ALEJANDRO BLANCO AVP FINANCE	(i)	169,509.	NONE	NONE	8,475.	10,005.	187,989.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 AJAY SHARMA COMPTROLLER	(i)	163,700.	NONE	NONE	8,185.	3,904.	175,789.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 ADOLFO DIAZ AVP INFORMATION & RESOURCES	(i)	127,926.	NONE	NONE	6,396.	30,700.	165,022.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

**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	35	1,113,522.	FMV
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 V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		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 nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

13-1866796

**FORM 990, PART III, LINE 1 (CONTINUED):**

AS A NATIONAL ORGANIZATION WITH A LOCAL PRESENCE AND IMPACT, THE  
FOUNDATION BRINGS HELP AND HOPE TO AN ESTIMATED ONE MILLION INDIVIDUALS  
IN THE UNITED STATES AND TEN MILLION INDIVIDUALS WORLDWIDE WHO ARE LIVING  
WITH PARKINSON'S.

THE THREE PILLARS OF OUR MISSION ARE RESEARCH, CARE AND EDUCATION:

OUR VISION: RESEARCH

NEW DISCOVERIES PREVENT, CONTROL AND WILL ULTIMATELY CURE THE DISEASE FOR  
ALL PEOPLE WITH PARKINSON'S.

- PRIORITY 1: IDENTIFY AND FUND THE MOST PROMISING PATHWAYS TO NEW AND  
BETTER THERAPIES AND ULTIMATELY A CURE.
- PRIORITY 2: GENERATE AND DISTRIBUTE MORE DATA AND PUT THESE FINDINGS  
RIGHT TO WORK TO IMPROVE PARKINSON'S HEALTH OUTCOMES AND QUALITY OF LIFE.
- PRIORITY 3: BUILD INCREASED CAPACITY FOR RESEARCH DEVELOPMENT BY  
LEVERAGING EXISTING PARTNERSHIPS AND NURTURING A PIPELINE OF NEUROSCIENCE  
INVESTIGATORS.

OUR VISION: IMPROVED CARE

ALL PEOPLE WITH PARKINSON'S HAVE ACCESS TO EQUITABLE AND QUALITY CARE.

- PRIORITY 1: IDENTIFY BEST PRACTICES OF QUALITY, PATIENT-CENTERED  
PARKINSON'S DISEASE CARE.
- PRIORITY 2: DRIVE ADOPTION OF BEST-PRACTICE CARE ACROSS DISCIPLINES.
- PRIORITY 3: REDUCE BARRIERS THAT LIMIT ACCESS TO QUALITY CARE.



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

13-1866796

OUR VISION: EDUCATION AND EMPOWERMENT

ALL PEOPLE AFFECTED BY PARKINSON'S HAVE THE INFORMATION AND RESOURCES  
THEY NEED.

- PRIORITY 1: DEVELOP NEW TOOLS AND RESOURCES IN RESPONSE TO NEEDS OF  
PEOPLE AFFECTED BY PARKINSON'S.

- PRIORITY 2: UNDERSTAND THE NEEDS OF DIVERSE AND UNDERSERVED  
COMMUNITIES.

- PRIORITY 3: ENSURE EVERY PERSON AFFECTED BY PARKINSON'S IS AWARE OF THE  
RESOURCES AVAILABLE TO THEM.

**FORM 990, PART III, LINE 4A (CONTINUED):**

GLOBAL GENETICS STUDY, PD GENERATION: MAPPING THE FUTURE OF PARKINSON'S  
DISEASE, OFFERS GENETIC TESTING AND COUNSELING TO PEOPLE WITH PD AT NO  
COST. THE MORE PEOPLE WHO LEARN IF THEY HAVE A GENETIC FORM OF PD, THE  
FASTER CLINICAL TRIALS CAN RECRUIT PARTICIPANTS AND THE CLOSER WE COME TO  
A BREAKTHROUGH IN PD TREATMENTS. FOCUSING ON THESE PROMISING RESEARCH  
PATHWAYS IS HOW WE CAN CHANGE THE COURSE OF THIS DISEASE IN YEARS, NOT  
DECADES.

**FORM 990, PART III, LINE 4B (CONTINUED):**

KNOWLEDGE AND SKILLS NECESSARY TO PROVIDE COMPREHENSIVE CARE WITH A FOCUS  
ON THE SPECIFIC NEEDS OF INDIVIDUALS LIVING WITH PD. WE ALSO PROVIDE A  
LIFE-SAVING HOSPITAL SAFETY GUIDE THAT CONTAINS TOOLS AND INFORMATION IN  
ENGLISH AND SPANISH TO PROTECT, PREPARE AND EMPOWER PEOPLE WITH  
PARKINSON'S DURING HOSPITAL STAYS.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

**PARKINSON'S FOUNDATION, INC.**

**13-1866796**

**FORM 990, PART III, LINE 4C (CONTINUED):**

SPECIALISTS WHO ANSWER QUESTIONS IN ENGLISH AND SPANISH ON NEARLY 25,000 CALLS ANNUALLY. WE ALSO FUND COMMUNITY GRANTS ANNUALLY TO SUPPORT PROGRAMS THAT FURTHER THE HEALTH, WELLNESS AND EDUCATION OF PEOPLE WITH PARKINSON'S DISEASE IN LOCAL COMMUNITIES ACROSS THE U.S. WE BRING LOCAL COMMUNITIES TOGETHER THROUGH MOVING DAY, A WALK FOR PARKINSON'S. THIS NATIONAL GRASSROOTS EVENT HAS RAISED \$45 MILLION SINCE INCEPTION TO SUPPORT PARKINSON'S RESEARCH AND LOCAL WELLNESS PROGRAMS ACROSS THE COUNTRY.

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

THE FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTANTS AND IS REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE AND MANAGEMENT PRIOR TO FILING.

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

A CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE COMPLETED AND SIGNED BY EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE OF THE FOUNDATION ANNUALLY. ANY KNOWN OR REASONABLY FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING AS SOON AS POSSIBLE TO THE CFO, CEO, 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 A BOARD MEMBER, OFFICER OR KEY EMPLOYEE PRIOR TO SUCH INDIVIDUALS COMMENCING HIS OR HER SERVICE TO THE FOUNDATION.



Name of the organization

Employer identification number

**PARKINSON'S FOUNDATION, INC.**

**13-1866796**

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AZ, AR, CA, CO, CT, DE,  
DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR,  
RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY

Name of the organization

Employer identification number

**PARKINSON'S FOUNDATION, INC.**

**13-1866796**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FULGENT THERAPEUTICS LLC 4978 SANTA ANITA AVE, SUITE 205 TEMPLE CITY, CA 91780	GENETICS INITIATIVE	2,771,850.
PRINT MAIL COMMUNICATIONS 4333 DAVENPORT RD. FREDERICKS, VA 22408	MAILSHOP	1,639,134.
MEDIA CAUSE INC PO BOX 190432 SAN FRANCISCO, CA 94119	MARKETING CAMPAIGNS	1,206,362.
NAVITAS CLINICAL RESEARCH INC 11300 ROCKVILLE PIKE, SUITE 500 ROCKVILLE, MD 20852	GENETICS INITIATIVE	679,194.
SOUTHEASTERN PRINTING CO INC 3601 SE DIXIE HIGHWAY STUART, FL 34997	STORAGE/ FUFILLMENT	635,287.