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CLIENT'S COPY



MAY 15, 2017

NATIONAL PARKINSON FOUNDATION, INC.
200 SE 1ST STREET NO. 800
MIAMI, FL 33131
ATTENTION: CURT DEGREFF

DEAR CURT,

ENCLOSED IS THE ORGANIZATION'S 2015 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU
HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY,
PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE
WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO
FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY
15, 2017.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

RICK COVERT, CPA

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL PARKINSON FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 SE 1ST STREET 800 City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33131 F Name and address of principal officer: PAUL BLOM SAME AS C ABOVE	D Employer identification number 59-0968031 E Telephone number (800) 327-4545 G Gross receipts \$ 28,407,413. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PARKINSON.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1957		M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>													
Activities & Governance	2 Check this box <input type="checkbox"/> 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 23												
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23												
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 57												
	6 Total number of volunteers (estimate if necessary)	6 2000												
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.												
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.												
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> <tr> <td align="right">11,048,950.</td> <td align="right">13,380,894.</td> </tr> <tr> <td align="right">250.</td> <td align="right">0.</td> </tr> <tr> <td align="right">425,189.</td> <td align="right">-315,014.</td> </tr> <tr> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">11,474,389.</td> <td align="right">13,065,880.</td> </tr> </table>	Prior Year	Current Year	11,048,950.	13,380,894.	250.	0.	425,189.	-315,014.	0.	0.	11,474,389.	13,065,880.
	Prior Year	Current Year												
	11,048,950.	13,380,894.												
	250.	0.												
	425,189.	-315,014.												
	0.	0.												
11,474,389.	13,065,880.													
9 Program service revenue (Part VIII, line 2g)														
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)														
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)														
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)														
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,459,892.												
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.												
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,131,402.												
	16a Professional fundraising fees (Part IX, column (A), line 11e)	344,787.												
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,324,967.													
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,438,861.												
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,374,942.												
19 Revenue less expenses. Subtract line 18 from line 12	-900,553.													
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center">Beginning of Current Year</th> <th align="center">End of Year</th> </tr> <tr> <td align="right">18,011,886.</td> <td align="right">17,983,867.</td> </tr> <tr> <td align="right">2,136,334.</td> <td align="right">2,689,611.</td> </tr> <tr> <td align="right">15,875,552.</td> <td align="right">15,294,256.</td> </tr> </table>	Beginning of Current Year	End of Year	18,011,886.	17,983,867.	2,136,334.	2,689,611.	15,875,552.	15,294,256.				
	Beginning of Current Year	End of Year												
	18,011,886.	17,983,867.												
2,136,334.	2,689,611.													
15,875,552.	15,294,256.													
21 Total liabilities (Part X, line 26)														
22 Net assets or fund balances. Subtract line 21 from line 20														

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 CURT DEGREFF, CFO AND VP, FINANCE & ADMIN. Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name RICK COVERT	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00124528
	Firm's name ▶ MORRISON, BROWN, ARGIZ & FARRA, LLC	Firm's EIN ▶ 01-0720052	Firm's address ▶ 1450 BRICKELL AVENUE, 18TH FLOOR MIAMI, FL 33131		
					Phone no. (305) 373-5500

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 2,383,744. including grants of \$ 1,417,390.) (Revenue \$) PATIENT CARE SERVICES CONSISTS OF PROGRAMS DESIGNED TO IMPROVE PATIENTS' LIVES BY FACILITATING ACCESS TO TODAY'S BEST CARE PRACTICES. THESE INCLUDE EDUCATION AND DIAGNOSTIC TOOLS FOR HEALTH CARE PROFESSIONALS DESIGNED TO IMPROVE PATIENT OUTCOMES. NPF REACHES 100,000 PEOPLE WITH PARKINSON'S THROUGH ITS CENTERS OF EXCELLENCE PROGRAM AND HAS TRAINED MORE THAN 2,000 HEALTHCARE PROVIDERS THROUGH ITS ALLIED TEAM TRAINING PROGRAM (ATTP). THE ORGANIZATION OF THE MODERN PARKINSON'S CARE CLINIC WAS DEVELOPED BY NPF AND DISSEMINATED THROUGH ATTP AND THE CENTERS OF EXCELLENCE PROGRAMS.

4b (Code:) (Expenses \$ 2,348,209. including grants of \$ 1,616,638.) (Revenue \$) RESEARCH PROGRAMS CONSISTS OF NPF-MANAGED PROJECTS AND GRANTS TO FUND RESEARCH TO ADVANCE CARE FOR PARKINSON'S PATIENTS THROUGH INTERVENTIONAL AND OBSERVATIONAL CLINICAL TRIALS AND PRECLINICAL RESEARCH WITH THE POTENTIAL TO MAKE A DIFFERENCE FOR PEOPLE WITH PARKINSON'S TODAY. THE CENTERPIECE OF NPF'S RESEARCH EFFORT IS THE PARKINSON'S OUTCOMES PROJECT. THIS NPF-LED EFFORT IS THE LARGEST CLINICAL STUDY IN PARKINSON'S WITH MORE THAN 8,000 PEOPLE, AND 150 NEUROLOGISTS PARTICIPATING IN 20 CENTERS IN FOUR COUNTRIES. THE STUDY WILL IDENTIFY THE MOST IMPORTANT ASPECTS OF CARE SO THAT THEY CAN BE REPLICATED FOR EVERYONE AND SERVE AS A FOUNDATION FOR THE DEVELOPMENT AND TESTING OF NEW THERAPIES.

4c (Code:) (Expenses \$ 2,358,507. including grants of \$ 399,127.) (Revenue \$) PUBLIC EDUCATION CONSISTS OF RESOURCES, AND SUPPORT DESIGNED PRIMARILY TO RAISE AWARENESS OF PARKINSON'S DISEASE, EXPLAIN HOW IT AFFECTS PEOPLE, ADVOCATE FOR BETTER CARE, AND EDUCATE PATIENTS AND FAMILIES IN ORDER TO ENGAGE THEM IN IMPROVING AND EXTENDING THEIR LIVES WITH THE DISEASE. LEVERAGING NPF'S CHAPTERS, CENTERS OF EXCELLENCE, AND 1-800-4PD-INFO HELPLINE, THESE PROGRAMS INCLUDE PUBLICATIONS, PATIENT CONFERENCES, WEBCASTS, AND OUR ON-LINE INITIATIVES INCLUDING OUR WEBSITE (WWW.PARKINSON.ORG), AND SMARTPHONE APPS. NPF ANNUALLY PROVIDES FREE EDUCATION TO OVER 100,000 PEOPLE WITH PARKINSON'S, INCLUDING WITH ITS AWARD-WINNING AWARE IN CARE HOSPITAL KIT, AND CONNECTED WITH OVER 1 MILLION PEOPLE THROUGH OUR ON-LINE NETWORKS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,918,758. including grants of \$ 736,831.) (Revenue \$)

4e Total program service expenses 10,009,218.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 Section 501(c)(3) organizations. 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 in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Check if Schedule O contains a response 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 Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CURT DEGREFF, CFO AND VP, FINANCE & ADMINISTRATION - 305-537-9903 200 SE 1ST STREET SUITE 800, MIAMI, FL 33131

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) JOHN W. KOZYAK, ESQ. CHAIRMAN	0.50	X						0.	0.	0.
(2) E. RICHARD ALHADEFF, ESQ. VICE CHAIRMAN	0.50	X						0.	0.	0.
(3) ANDREW B. ALBERT VICE CHAIRMAN	0.50	X						0.	0.	0.
(4) MARSHALL R. BURACK, ESQ. SECRETARY	0.50	X						0.	0.	0.
(5) BERNARD J. FOGEL, MD PAST CHAIRMAN	0.50	X						0.	0.	0.
(6) PAUL F. OREFFICE CHAIRMAN EMERITUS	0.50	X						0.	0.	0.
(7) HAROLD P. KRAVITZ PRESIDENT EMERITUS	0.50	X						0.	0.	0.
(8) ERIN R. BORGER BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(9) RICARDO CAPORAL BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(10) PATRICIA DE STACY HARRISON BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(11) ALESSANDRO DI ROCCO BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(12) ALBERTO DOSAL BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(13) GREGORY E. KATZ BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(14) J. GORDON BECKHAM, JR. BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(15) HON. SHELLEY J. KRAVITZ BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(16) JONATHAN LEVIN BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(17) MINDY MCILROY BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ROBERT M. MELZER BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(19) GAIL MILHOUS BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(20) JAMES F. T. MONHART BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(21) ROBERTO L. PALENZUELA BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(22) ENRIQUE J. SOSA, PH.D BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(23) GUIDO GOLDMAN BOARD MEMBER AT LARGE	0.50	X						0.	0.	0.
(24) PAUL R. BLOM PRESIDENT AND CEO	40.00			X				48,000.	0.	0.
(25) OKSANA CARDINI VP OF FINANCE & ADMINISTRATION	40.00			X				135,873.	0.	25,049.
(26) PETER SCHMIDT SR. VP, CHIEF MISSION OFFI	40.00				X			216,300.	0.	29,336.
1b Sub-total								400,173.	0.	54,385.
c Total from continuation sheets to Part VII, Section A								976,780.	0.	85,987.
d Total (add lines 1b and 1c)								1,376,953.	0.	140,372.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
ZEIDMAN & ASSOCIATES, LLC 3870 N 161 AVE, GOODYEAR, AZ 85395	MAIL CAMPAIGN AND PRINTING	455,915.
BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193-0256	SOTWARE AND WEBSITE SERVICE FEES	246,325.
PHILADELPHIA INSURANCE, ONE BALA PLAZA SUITE 100, BALA CYNWYD, PA 19004	GENERAL LIABILITY INSURANCE	170,519.
FRANKLIN-DODD COMMUNICATIONS P.O. BOX 83053, CHICAGO, IL 60691-3010	PRINTING	124,292.
MERKLE RESPONSE SERVICE INC. 100 JAMISON COURT, HAGERSTOWN, MD 21740	GIFT PROCESSING SERVICES	103,349.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 51,731.				
	b Membership dues	1b				
	c Fundraising events	1c 465,839.				
	d Related organizations	1d 217,706.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,645,618.				
	g Noncash contributions included in lines 1a-1f: \$	60,275.				
	h Total. Add lines 1a-1f	▶ 13,380,894.				
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 290,696.			290,696.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	15,321,767.			
		c Gain or (loss)	-605,710.			
	d Net gain or (loss)	▶ -605,710.			-605,710.	
	8 a Gross income from fundraising events (not including \$ 465,839. of contributions reported on line 1c). See Part IV, line 18	a	19,766.			
		b Less: direct expenses	b 19,766.			
c Net income or (loss) from fundraising events		▶ 0.				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	13,065,880.	0.	0.	-315,014.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,526,511.	3,526,511.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	643,475.	643,475.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	774,944.	456,049.	176,142.	142,753.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,677,251.	1,803,589.	166,975.	706,687.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,505.	39,370.	4,655.	15,480.
9 Other employee benefits	474,153.	339,302.	12,469.	122,382.
10 Payroll taxes	232,554.	153,974.	22,000.	56,580.
11 Fees for services (non-employees):				
a Management				
b Legal	48,005.	39,119.	8,886.	
c Accounting	96,869.	12,261.	82,565.	2,043.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	177,991.			177,991.
f Investment management fees	62,549.		56,983.	5,566.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,236,176.	931,360.	101,865.	202,951.
12 Advertising and promotion	106,822.	106,822.		
13 Office expenses	1,459,868.	856,144.	68,148.	535,576.
14 Information technology	264,277.	142,984.	14,436.	106,857.
15 Royalties				
16 Occupancy	381,146.	305,541.	20,559.	55,046.
17 Travel	326,853.	239,950.	16,358.	70,545.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	219,802.	172,554.	5,727.	41,521.
20 Interest	50,985.		50,985.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	151,421.	113,472.	9,128.	28,821.
23 Insurance	113,607.	84,135.	7,341.	22,131.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	76,611.	42,606.	1,968.	32,037.
25 Total functional expenses. Add lines 1 through 24e	13,161,375.	10,009,218.	827,190.	2,324,967.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,512,748.	1	1,294,375.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	669,055.	3	1,357,552.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	70,122.	8	
	9 Prepaid expenses and deferred charges	152,769.	9	507,689.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,063,506.		
	b Less: accumulated depreciation	10b 1,627,134.	508,884.	10c 436,372.
	11 Investments - publicly traded securities	14,964,926.	11	14,285,543.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	133,382.	15	102,336.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,011,886.	16	17,983,867.	
Liabilities	17 Accounts payable and accrued expenses	824,561.	17	1,344,591.
	18 Grants payable	289,129.	18	519,882.
	19 Deferred revenue	503,900.	19	363,933.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	518,744.	25	461,205.
	26 Total liabilities. Add lines 17 through 25	2,136,334.	26	2,689,611.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,568,430.	27	14,005,144.
	28 Temporarily restricted net assets	71,750.	28	53,740.
	29 Permanently restricted net assets	1,235,372.	29	1,235,372.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,875,552.	33	15,294,256.
	34 Total liabilities and net assets/fund balances	18,011,886.	34	17,983,867.

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	13,065,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,161,375.
3	Revenue less expenses. Subtract line 2 from line 1	3	-95,495.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,875,552.
5	Net unrealized gains (losses) on investments	5	178,102.
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 in Schedule O)	9	-663,903.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,294,256.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,564,998.	9,182,180.	9,477,342.	10,780,514.	12,995,095.	50,000,129.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	243,088.	103,520.	173,205.	268,686.	465,839.	1,254,338.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,808,086.	9,285,700.	9,650,547.	11,049,200.	13,460,934.	51,254,467.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	155,585.	134,040.	90,961.	383,230.	745,905.	1,509,721.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	155,585.	134,040.	90,961.	383,230.	745,905.	1,509,721.
8 Public support. (Subtract line 7c from line 6.)						49,744,746.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	7,808,086.	9,285,700.	9,650,547.	11,049,200.	13,460,934.	51,254,467.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	409,251.	349,117.	320,427.	461,611.	290,696.	1,831,102.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	409,251.	349,117.	320,427.	461,611.	290,696.	1,831,102.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,217,337.	9,634,817.	9,970,974.	11,510,811.	13,751,630.	53,085,569.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	93.71 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	94.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	3.45 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	3.96 %

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number 59-0968031
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>451,641.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>360,097.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>358,067.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number 59-0968031
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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 NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number 59-0968031
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL PARKINSON FOUNDATION, INC. **Employer identification number** 59-0968031

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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 2(d) 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.

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

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

(i) 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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

532051
11-02-15

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	14,556,924.	15,596,711.	15,069,004.	17,982,345.	18,789,565.
b Contributions	59,316.	155,556.			
c Net investment earnings, gains, and losses	-14,628.	107,394.	2,035,905.	319,310.	1,172,160.
d Grants or scholarships	813,082.	1,302,737.	1,508,198.	3,232,651.	1,979,380.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,788,530.	14,556,924.	15,596,711.	15,069,004.	17,982,345.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		225,471.	119,349.	106,122.
d Equipment		1,656,303.	1,453,788.	202,515.
e Other		181,732.	53,997.	127,735.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				436,372.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) ANNUITIES PAYABLE	461,205.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	461,205.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,243,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	178,102.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	178,102.	
3	Subtract line 2e from line 1		3	13,065,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,065,880.

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

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

1	Total expenses and losses per audited financial statements		1	13,161,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	13,161,375.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,161,375.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO FUND PATIENT-CENTERED PROGRAMS, RESEARCH AND GENERAL CHARITABLE PURPOSES.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	32,425.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	MEDICAL RESEARCH - (SEE SCHEDULE O)	62,500.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	25,950.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH - (SEE SCHEDULE O)	55,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	25,000.	CHECK	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT	PATIENT CARE - (SEE SCHEDULE O)	25,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **12**

3 Enter total number of other organizations or entities **12**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	MEDICAL RESEARCH - (SEE SCHEDULE O)	125,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PATIENT CARE - (SEE SCHEDULE O)	77,175.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) -	PATIENT CARE - (SEE SCHEDULE O)	85,425.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) -	PATIENT CARE - (SEE SCHEDULE O)	10,000.	CHECK	0.		

Part IV Foreign Forms

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

PART I, LINE 2:

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

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	
		WINES ON THE BAY (event type)	300 JUMPS (PARACHUTE) (event type)	122 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	97,906.	92,613.	295,086.	485,605.
	2	Less: Contributions	97,906.	92,613.	275,320.	465,839.
	3	Gross income (line 1 minus line 2)			19,766.	19,766.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			402.	402.
	6	Rent/facility costs			60.	60.
	7	Food and beverages			3,000.	3,000.
	8	Entertainment			9,261.	9,261.
	9	Other direct expenses			7,043.	7,043.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				19,766.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: ZEIDMAN ASSOCIATES, LLC

(I) ADDRESS OF FUNDRAISER: 3870 N. 161 AVENUE, GOODYEAR, AZ 85395

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **NATIONAL PARKINSON FOUNDATION, INC.** Employer identification number **59-0968031**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MIAMI MILLER SCHOOL OF MEDICINE - OFFICE OF RESEARCH ADMINISTRATION, PO BOX 405803 - ATLANTA, GA 30384-5803	59-0624458		160,250.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S ACTION NETWORK 1025 VERMONT AVE, NW SUITE#1120 WASHINGTON, DC 20005	94-3172675		144,127.	0.			ADVOCACY
BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVE, RESEARCH FINANCE, E/BR259 - BOSTON, MA 02215	04-2103881		137,190.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF SOUTH FLORIDA 4001 E. FLETCHER AVENUE, 6TH FL. TAMPA, FL 33613	23-7313346		125,791.	0.			PATIENT CARE-(SEE SCHEDULE O)
NORTHWESTERN UNI PARKINSON MOV & DIS CTR - 710 NORTH LAKE SHORE DR - CHICAGO, IL 60611-3078	36-2167817		117,710.	0.			PATIENT CARE-(SEE SCHEDULE O)
KUMC RESEARCH INSTITUTE 3599 RAINBOW BLVD, MS-2012 KANSAS CITY, KS 66160	48-1108830		96,075.	0.			PATIENT CARE-(SEE SCHEDULE O)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**

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

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIV. PARKINSON CTR - 3181 SW SAM JACKSON PARK RD., OP-32 - PORTLAND, OR 97239-3098	23-7083114		94,450.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGIA REGENTS UNIV 1429 HARPER ST, HF-1154 AUGUSTA, GA 30912-1450	35-2310573		91,375.	0.			PATIENT CARE-(SEE SCHEDULE O)
STRUTHERS PARKINSON'S CTR 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		91,025.	0.			PATIENT CARE-(SEE SCHEDULE O)
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE STREET, SUITE 9A HOUSTON, TX 77030	74-1613878		88,900.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF NORTH CAROLINA MOV/DIS CTR 107 MANNING DRIVE, CB 7025 CHAPEL HILL, NC 27599			80,497.	0.			PATIENT CARE-(SEE SCHEDULE O)
NORTHWESTERN UNIV PARKINSON MOV DIS - 710 NORTH LAKE SHORE DR - CHICAGO, IL 60611-3078	36-2167817		78,775.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF PENNSYLVANIA PARKINSON'S DISEASE AND MMT. DIS. - 330 SOUTH 9TH ST, 2ND FLOOR - PHILADELPHIA, PA 19107	31-1538725		76,575.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGETOWN UNIV HOSPITAL DEPT OF NEUROLOGY MOV DIS PRGM, 3800 RESEIVOR ROAD, NW 7PHC - WASHINGTON, DC	53-0196603		72,829.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF FLORIDA, PARKINSON'S CTR DPT OF NEUROLOGY PO BOX 100236 GAINESVILLE, FL 32610	59-1680273		70,275.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF SOUTHERN CALIFORNIA, P'S DIS & OTHR MOV DIS CT - SPONSORED PROJECTS ACCTG, 3500 S. FIGUEROA ST. SUITE 102 - LOS ANGELES, CA	95-1642394		69,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF CALIFORNIA SAN FRANCISCO PD CLINIC & R. CTR - PARKINSON'S CLINIC & RESEARCH CTR, 1855 FOLOM ST - SAN FRANCISCO, CA 94143	94-6036493		65,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NYU LANGONE PARKINSON'S & MOVEMENT DISORDERS CTR - 240 EAST 38TH ST. 20TH FL - NEW YORK, NY 10016	13-5562308		65,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
COLUMBIA UNIV SPONSORED PROJECTS FINANCE, PO BOX NEW YORK, NY 10087-9789	13-3948652		62,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
TRUSTEES OF UNIV OF PENNSYLVANIA PO BOX 785541, THE OFFICE OF RESEARCH SERVICES - PHILADELPHIA, PA 19178-5541	31-1538725		62,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF SOUTHERN CALIFORNIA, P'S DIS & OTHR MOV DIS CT - SPONSORED PROJECTS ACCTG, 3500 S. FIGUEROA ST. SUITE 102 - LOS ANGELES, CA	95-1642394		62,459.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
THE PARKINSON'S INSTITUTE AND CLINICAL CTR - 675 ALMANOR AVE - SUNNYVALE, CA 94085	94-3061594		60,650.	0.			PATIENT CARE-(SEE SCHEDULE O)
BETH ISRAEL MEDICAL CTR, PD & MOVEMENT - NEUROLOGY/ PHILLIPS AMBULATORY, 10 UNION SQUARE EAST SUITE 5H - NEW YORK, NY 10003	13-5564934		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF CALIFORNIA, SAN DIEGO 8950 VILLA LA JOLLA DRIVE, SUITE C1 LA JOLLA, CA 92037	95-6006144		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE HEALTH CTR AT MORREENE ROAD 932 MOREENE RD DURHAM, NC 27705	56-0532129		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
EMORY UNIV SCHOOL OF MEDICINE WOODRUFF HEALTH SCIENCES CTR, 1440 CLIFTON ROAD, SUITE 170 - ATLANTA, GA 303	58-2030692		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
EMORY UNIV WOODRUFF HEALTH SCIENCE CENTER, 1440 CLIFTON RD, STE 170 - ATLANTA, GA 3032	58-0566256		60,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
MASSACHUSETTS GENERAL HOSPITAL MGH- RESEARCH FINANCE, PO BOX 41487 BOSTON, MA 02241	04-3230035		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
ST. JOSEPH'S HOSPITAL & MEDICAL CTR - 240 W. THOMAS ROAD, STE 301 - PHEONIX, AZ 85013	86-0096787		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NEW YORK UNIV SCHOOL OF MEDICINE 545 FIRST AVENUE, GREENBERG HALL SC NEW YORK, NY 10016	13-3971298		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF ROCHESTER MEDICAL CTR 601 ELMWOOD AVE., BOX 673 ROCHESTER, NY 14642-8673	16-0743209		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
VANDERBILT UNIV MEDICAL CTR DEPT OF FINANCE, P.O. BOX 121236 ATLANTA, GA 31192-0303	35-2528741		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
JHU CENTRAL LOCKBOX 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110		56,850.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF FLORIDA BOARD OF TRUSTEES CFO-CONTRACTS & GRANTS, PO BOX 1130 GAINESVILLE, FL 32611	59-0974739		50,010.	0.			PATIENT CARE-(SEE SCHEDULE O)
JEWISH COMMUNITY CTR OF GREATER BOSTON - 333 NAHANTON ST. - NEWTON, MA 02459	04-2317972		33,999.	0.			PATIENT CARE-(SEE SCHEDULE O)
VANDERBILT UNIV MEDICAL CTR DEPT OF FINANCE, P.O. BOX 121236 DALLAS, TX 75312-1236	35-2528741		32,400.	0.			PATIENT CARE-(SEE SCHEDULE O)
JOHNS HOPKINS PARKINSON'S DISEASE & MOVEMENT DISORDER CTR - 601 N. CAROLINE ST. - BALTIMORE, MA 21287-0875	52-0595110		30,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MASSACHUSETTS GENERAL HOSPITAL BLDG CNY-114 SUTIE 2000, 16TH ST. CHARLESTOWN, MA 02129	04-1564655		25,149.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVE, RESEARCH FINANCE, E/BR259 - BOSTON, MA 02215	04-2103881		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
CLARKSON UNIV DIVISION OF RESEARCH, PO BOX 5630 POTSDAM, NY 13699			25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MEDSTAR GEORGETOWN UNIV HOSPITAL DEPT OF NEUROLOGY MOV DISORDERS, 3800 RESERVOIR RD. NW - WASHINGTON, DC 2000	52-2339873		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
JEWISH COMMUNITY CTRS OF CHICAGO 300 REVERE DRIVE NORTHBROOK, IL 60062			25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CTR OF GREATER WASHINGTON - 6125 MONTROSE ROAD - ROCKVILLE, MD 20852	53-0205921		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
TAMPA JEWISH COMMUNITY CTR & FEDERATION - 13009 COMMUNITY CAMPUS DRIVE - TAMPA, FL 33625			25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF SOUTH FLORIDA FOUNDATION, INC - 4202 E FOWLER AVE, ALC100 - TAMPA, FL 33620			25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NEUROSCIENCE CTRS OF FLORIDA FOUNDATION INC. - 2150 CORAL WAY, 8TH FLOOR - MIAMI, FL 33145			24,552.	0.			PATIENT CARE-(SEE SCHEDULE O)
DUKE UNIV MEDICAL CTR MOVEMENT DISORDER CTR, 932 MOREENE DURHAM, NC 27705	56-0532129		20,497.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE REGENTS OF THE UNIV OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST, MCB 425 - SAN FRANCISCO, CA 94143-0897	95-6006144		19,250.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S INSTITUTE & CLINICAL CTR - 675 ALMANOR AVENUE - SUNNYVALE, CA 94085	94-3061594		18,375.	0.			PATIENT CARE-(SEE SCHEDULE O)
EMORY UNIV WOODRUFF HEALTH SCIENCE CENTER, 1440 CLIFTION RD, STE 170 - ATLANTA, GA 3032	58-0566256		17,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF PENNSYLVANIA PARKINSON DISEASE& MOV.DIS CTR, 330 SOUTH NINTH ST, 3RD FLOOR - PHILADELPHIA	31-1538725		16,475.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 15 PARKMAN ST BOSTON, MA 02114	04-3230035		15,100.	0.			PATIENT CARE-(SEE SCHEDULE O)
AUM HOME SHALA 3104 FLORIDA AVE. MIAMI, FL 33133			15,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MEMORIAL FOUNDATION 32711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218		15,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE MOVEMENT DISORDER SOCIETY MDS INT' L SECRETARIAT - 555 EAST WELLS STREET STE 1100 - MILWAUKEE, WI 53202			15,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
BARROW NEUROLOGICAL INSTITUTE 240 W. THOMAS RD., SUITE 302 PHOENIX, AZ 85013	86-0174371		14,775.	0.			PATIENT CARE-(SEE SCHEDULE O)
REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD,, SUITE 325 RALEIGH, NC 27607	56-6052117		14,754.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNC MOVEMENT DISORDER CTR DEPT OF NEUROLOGY, 3195F PHYSICIANS OFFICE BLDG - CHAPEL HILL, NC 27701	56-6057494		14,730.	0.			PATIENT CARE-(SEE SCHEDULE O)
GOOD VIBES CONSULTANTS 13101 SW 11TH COURT, B403 PEMBROKE PINES, FL 33027	65-0784647		14,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
ART THERAPY CONSULTING & SERVICES, LLC. - 3339 VIRGINIA STREET. #127 - MIAMI, FL 33133	46-1682971		13,670.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIV/MEDICAL INSTITUTE - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110		12,829.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S ACTION NETWORK 1025 VERMONT AVE, NW SUITE#1120 WASHINGTON, DC 20005	94-3172675		12,829.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF FLORIDA C/O DANIEL SMITH CONTRACS & ACG, 123 GRINTER HALL, BOX 113001 - GAINESVILLE,	59-0974739		12,825.	0.			PATIENT CARE-(SEE SCHEDULE O)
DAVID POSNACK JEWISH COMMUNITY CTR 5850 SOUTH PINE ISLAND ROAD DAVIE, FL 33328			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
FLORIDA INTERNATIONAL UNIV 3000 NE 151 STREET NORTH MIAMI, FL 33181			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
HUBBARD STREET DANCE CHICAGO HSDC PARKINSON'S PROJECT, 1147 W JA CHICAGO, IL 60607			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
MIAMI BEACH JCC 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
RUSH UNIV MEDICAL CTR OFFICE OF PHILANTROPHY, 1700 W. VAN BUREN SUITE250 - CHICAGO, IL 60612	36-2174823		12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
STANFORD UNIV LOCKBOX ATTN: HELEN BRONTE-STEWART, PO BOX 44253 - SAN FRANCISCO, CA 94144-4253			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK STEADY BOXING WINDY CITY, LTD 1106 W BRYN MAWR AVE, CHICAGO, IL 60660			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
FLORIDA HEALTH NETWORKS 13899 BISCAYNE BLVD, SUITE 205 NORTH MIAMI BEACH, FL 33181			11,679.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGETOWN UNIV CLINICAL TRIALS OFFICE, 3115 WISCONSIN AVE, SUITE 603 - WASHINGTON, DC 20007	53-0196603		11,625.	0.			PATIENT CARE-(SEE SCHEDULE O)
BODYSSEY PERFORMANCE + RECOVERY 14280 WALSINGHAM ROAD LARGO, FL 33774			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON ASSOCIATION OF NORTHERN CALIFORNIA - 7840 MADISON AVENUE, SUITE 107 - SACRAMENTO, CA 95628			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE JEWISH COMMUNITY CTR IN MANHATTAN - 334 AMSTERDAM AVENUE, 8TH FL - NEW YORK, NY 10023	13-3490745		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE PALM BEACH MUSIC THERAPY INSTITUTE - 11701 LAKE VICTORIA GARDENS AVE. SUITE# 2202 - PALM BEACH GARDENS, FL 33410			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
SIBLEY MEMORIAL HOSPITAL FOUNDATION - 5255 LOUGHBORO ROAD NW - WASHINGTON, DC 20016			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
SOUTH SHORE COALITION FOR MENTAL HEALTH & AGING - 131 S. PEBBLE BEACH BLVD - SUN CITY CENTER, FL 33573			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOPD, INC DEPT: LOS ANGELES LOCATION, 455 MAIN STREET, APT 6R - NEW YORK, NY 10044			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
YMCA OF METRO ATLANTA 100 EDGEWOOD AVE, SUITE 1100 ATLANTA, GA 30303			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MICHAEL-ANN RUSSELL JEWISH COMMUNITY CTR - HEALTH & WELLNESS DEPT, 18900 NE 25TH AVENUE - NORTH MIAMI BEACH, FL 33180			9,940.	0.			PATIENT CARE-(SEE SCHEDULE O)
CONE HEALTH NEUROREHABILITATION CTR - 912 THIRD STREET, SUITE 102 - GREENSBORO, NC 27405			9,290.	0.			PATIENT CARE-(SEE SCHEDULE O)
NORTHWESTERN UNIV. PD MOV DISORDERS - 750 N. LAKE SHORE DRIVE,, RUBLOFF 7TH FLOOR - CHICAGO, IL 60611	32-2167817		8,925.	0.			PATIENT CARE-(SEE SCHEDULE O)
INSPIRFIT LLC 8516 HEATHER DR BURR RIDGE, IL 60527	81-2321915		8,010.	0.			PATIENT CARE-(SEE SCHEDULE O)
LIVRAMENTO DELGADO BOXING FOUNDATION - 4920 ROSWELL ROAD, SUITE 45B-#507 - ATLANTA, GA 30342			7,240.	0.			PATIENT CARE-(SEE SCHEDULE O)
CITY OF UNION CITY LEISURE SERVICES DEPT, 34009 ALVARADO NILES ROAD - UNION CITY, CA 94587			6,900.	0.			PATIENT CARE-(SEE SCHEDULE O)
MGH INSTITUTE OF HEALTH PROFESSION 36 1ST AVE, CHARLESTOWN, MA 02129			6,793.	0.			PATIENT CARE-(SEE SCHEDULE O)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK OPTIMISTS MIAMI INC. 9110 SW 100TH ST MIAMI, FL 33176			6,600.	0.			PATIENT CARE-(SEE SCHEDULE O)
SUSAN SAENGER 6 SCOTLAND PLACE DURHAM, NC 27705			6,245.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S PATIENT SUPPORT GROUPS P.O BOX 60188 SUNNYVALE, CA 94088-0188			6,080.	0.			PATIENT CARE-(SEE SCHEDULE O)
XCELERATE TRAINING 12565 ORANGE DRIVE, SUITE 402 DAVIE, FL 33330			6,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
RE+ACTIVE PHYSICAL THERAPY & WELLNESS - 8830 S SEPULVEDA BLVD - LOS ANGELES, CA 90045	95-1642394		5,500.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

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

PART I, LINE 2:

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

PART II, LINE 1(B):

THE ORGANIZATION HAS MADE AN EFFORT TO OBTAIN A TAX ID FOR EACH ENTITY THAT IT AWARDS GRANTS TO. THE ORGANIZATION IS STILL IN THE PROCESS OF OBTAINING TAX IDS FOR A FEW OF THE ENTITIES THAT RECEIVED A GRANT

Part IV Supplemental Information

DURING THE CURRENT REPORTING PERIOD. THE ORGANIZATION HAS COMPLETED THIS SCHEDULE USING THE INFORMATION THAT WAS AVAILABLE AT THE TIME OF FILING.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

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 (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 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 in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If "Yes" to 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?
- b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 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
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) OKSANA CARDINI VP OF FINANCE & ADMINISTRATION	(i)	135,873.	0.	0.	4,076.	20,973.	160,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETER SCHMIDT SR. VP, CHIEF MISSION OFFI	(i)	216,300.	0.	0.	6,489.	22,847.	245,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY GRAY SR VP OF CONSTITUENT/CORPORATE RELAT	(i)	210,223.	0.	0.	6,307.	15,050.	231,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT SHAW VP OF CONSTITUENT/CORPORATE RELATION	(i)	188,365.	0.	0.	5,651.	8,178.	202,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOYCE OBERDORF FORMER PRESIDENT AND CEO	(i)	231,346.	0.	0.	6,940.	4,688.	242,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NATIONAL PARKINSON FOUNDATION, INC.** Employer identification number **59-0968031**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	19	60,275.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

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

CHAPTER SERVICES CONSISTS OF ACTIVITIES AND PROGRAMS THAT SUPPORT NPF'S
CHAPTER NETWORK, WHICH ARE DESIGNED TO OFFER EDUCATION, SUPPORT AND
REFERRAL SERVICES.

EXPENSES \$ 2,918,758. INCLUDING GRANTS OF \$ 736,831. REVENUE \$ 0.

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

BOARD MEMBERS: HAROLD KRAVITZ, SHELLEY KRAVITZ - FAMILY RELATIONSHIP

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

FORM 990 IS REVIEWED BY THE CFO, CEO, AND THE AUDIT COMMITTEE. BEFORE FORM
990 IS FILED, IT IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

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.

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

THE PRESIDENT AND CEO'S COMPENSATION WAS ESTABLISHED USING COMPARABLE

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

MARKET DATA, BASED ON ADVICE PROVIDED BY A PROFESSIONAL RECRUITING FIRM
RETAINED BY NPF.

NPF FORMED A COMMITTEE, COMPRISED OF THREE BOARD MEMBERS, TO RECRUIT A NEW
CEO, AND THAT COMMITTEE VOTED TO APPROVE THE LEVEL OF COMPENSATION
PROPOSED. NO ADJUSTMENTS TO THE CEO'S SALARY HAVE BEEN MADE SINCE THE DATE
OF HIRE.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE LATEST
FINANCIAL STATEMENTS AND TAX RETURN ARE ALSO AVAILABLE FOR DOWNLOAD FROM
THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LEGAL FEES RELATED TO MERGER	-300,000.
RETENTION BONUSES PAID - MERGER RELATED	-363,903.
TOTAL TO FORM 990, PART XI, LINE 9	-663,903.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF
THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE ANNUAL AUDIT.

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

Name of the organization NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number 59-0968031
---	--

THE MISSION OF THE NATIONAL PARKINSON FOUNDATION (NPF) IS TO MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S THROUGH EXPERT CARE AND RESEARCH. EVERYTHING WE DO HELPS PEOPLE ACTIVELY ENJOY LIFE WITH THEIR FRIENDS, FAMILIES, CHILDREN AND GRANDCHILDREN UNTIL THERE IS A TOMORROW WITHOUT PARKINSON'S.

FOUNDED IN 1957, NPF HAS FUNDED NEARLY \$208 MILLION IN RESEARCH AND SUPPORT SERVICES TO IMPROVE THE LIVES OF PEOPLE LIVING WITH PARKINSON'S.

THE CORE OF OUR EFFORTS IS THE NPF CENTER OF EXCELLENCE NETWORK, 40 LEADING MEDICAL CENTERS AROUND THE GLOBE THAT DELIVER CARE TO MORE THAN 100,000 PARKINSON'S PATIENTS. THROUGH THIS NETWORK, NPF CREATES A COMMUNITY OF HEALTH CARE PROFESSIONALS DEDICATED TO IMPROVING CLINICAL CARE IN PARKINSON'S DISEASE.

SCHEDULE F, PART II, COLUMN D AND SCHEDULE I, PART II, COLUMN H
EXPLANATION OF GRANTS:

GRANTS WERE AWARDED TO INSTITUTIONS IN THE FOUNDATION'S NETWORK OF 40 CENTERS OF EXCELLENCE (COE). THROUGH THE COE'S ALONE, NPF REACHES MORE THAN 100,000 PATIENTS WITH PARKINSON'S DISEASE.

RESEARCH GRANT FUNDING IS LARGELY THROUGH NPF'S CLINICAL RESEARCH FUND, DESIGNED TO SUPPORT CUTTING-EDGE CLINICAL STUDIES OF NEW THERAPEUTIC OPTIONS FOR PARKINSON'S PATIENTS AS WELL AS RESEARCH COMPARING THE EFFECTIVENESS OF EXISTING TREATMENT OPTIONS. EACH YEAR, NPF, UNDER THE DIRECTION OF OUR CLINICAL AND SCIENTIFIC ADVISORY BOARD (CSAB), SUPPORTS FORWARD-LOOKING RESEARCH CONDUCTED BY THE WORLD'S TOP

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

PARKINSON'S DISEASE (PD) EXPERTS. THE CLINICAL RESEARCH FUND ALLOWS NPF TO PARTNER WITH SCIENTISTS PURSUING INNOVATIVE APPROACHES TO IMPROVE THE LIVES OF PEOPLE LIVING WITH PARKINSON'S DISEASE.

ANNUAL FUNDING PROCESS:

- APPLICATIONS ARE ACCEPTED FROM ANY ACADEMIC RESEARCHER FOCUSED ON PARKINSON'S DISEASE.
- APPLICATIONS ARE REVIEWED BY RECOGNIZED EXPERTS IN SPECIFIC FIELD OF STUDY WHO PROVIDE AN EVALUATION OF THE PROPOSED RESEARCH, INCLUDING BUT NOT LIMITED TO MEMBERS OF NPF'S CSAB.
- GRANTS ARE AWARDED BASED STRICTLY ON THE SCIENTIFIC MERIT OF THE PROPOSAL AND ITS POTENTIAL IMPACT ON PATIENTS WITH PARKINSON'S DISEASE.

THE PARKINSON'S OUTCOME PROJECT (POP) IS NPF'S SIGNATURE RESEARCH INITIATIVE. POP IS THE LARGEST CLINICAL STUDY OF PARKINSON'S DISEASE EVER CONDUCTED. NPF LAUNCHED POP IN 2009 IN PARTNERSHIP WITH OUR CENTERS OF EXCELLENCE. ITS PRIMARY AIM IS TO USE CONTINUOUS DATA COLLECTION TO INFORM A QUALITY IMPROVEMENT INITIATIVE BY IDENTIFYING PRACTICES ASSOCIATED WITH THE BEST PATIENT OUTCOMES AND TO REPLICATE THOSE PRACTICES ACROSS PARKINSON'S CARE. THE ULTIMATE AIM IS TO CREATE AND SHARE MODELS OF EXCELLENT CARE, SO THAT EVERY PARKINSON'S PATIENT RECEIVES THE MOST EFFECTIVE TREATMENT OPTIONS AVAILABLE, WHETHER THEY ARE SEEN BY A SPECIALIST AT AN NPF CENTER OF EXCELLENCE, A GENERAL NEUROLOGIST, OR THEIR PRIMARY CARE PHYSICIAN.

A SECONDARY GOAL OF POP IS TO INFORM THE DEVELOPMENT OF STANDARDIZED CARE PROTOCOLS THAT COULD BE UTILIZED TO REDUCE OUTCOME VARIATION IN CLINICAL TRIALS AND THEREBY ACCELERATE CLINICAL TRIALS, ENABLING

Name of the organization

NATIONAL PARKINSON FOUNDATION, INC.

Employer identification number

59-0968031

CLINICAL RESEARCH TO BE CONDUCTED FASTER AND AT LOWER COST. POP IS
UNIQUE IN PARKINSON'S DISEASE.

Multiple horizontal lines for additional text entry.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL PARKINSON FOUNDATION, INC.	Employer identification number (EIN) or 59-0968031
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 SE 1ST STREET, NO. 800	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33131	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CURT DEGREFF, CFO AND VP, FINANCE & ADMINISTRATION

• The books are in the care of **200 SE 1ST STREET SUITE 800 - MIAMI, FL 33131**
Telephone No. **305-537-9903** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO AND VP, FINANCE & ADMINISTRATION** Date