

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization PARKINSON'S FOUNDATION, INC.
D Employer identification number 13-1866796
E Telephone number (800) 473-4636
G Gross receipts \$ 171,933,851
H(a) Is this a group return for subordinates? [ ] Yes [x] No
H(b) Are all subordinates included? [ ] Yes [ ] No
F Name and address of principal officer: JOHN L. LEHR
SAME AS C ABOVE

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.PARKINSON.ORG H(c) Group exemption number

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other L Year of formation: 1957 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance and revenue metrics; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (Mark E. Keavey), Date (10/23/2025), Type or print name and title (MARK E KEAVEY, CFO)

Paid Preparer Use Only: Print/Type preparer's name (JAKE COOK), Preparer's signature (JAKE COOK), Date (11/3/2025), Check [ ] if self-employed, PTIN (P01240455), Firm's name (BDO USA), Firm's EIN (13-5381590), Firm's address (1601 FORUM PL FL 9, WEST PALM BEACH, FL 33401-8101), Phone no. ((561) 688-1600)

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [ ] No

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

For calendar year 2024, or fiscal year beginning 07/01, 2024, and ending 06/30, 20 25

# 2024

Department of the Treasury  
Internal Revenue Service

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

Name of filer: PARKINSON'S FOUNDATION, INC. EIN or SSN: 13-1866796

Name and title of officer or person subject to tax: MARK E KEAVEY, CFO

#### Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>84,182,191</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize BDO USA to enter my PIN 

6	6	7	9	6
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: Mark E. Keavey Date: 10/23/2025

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	5	8	9	8	9	8	1	5	9	0
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: JAKE COOK Date: 10/22/2025

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 30,056,129 including grants of \$ 12,643,011 ) (Revenue \$ 0 )

PILLAR 2 - ADVANCING PARKINSON'S DISEASE (PD) RESEARCH: WE CLOSE FUNDING GAPS THAT WILL LEAD US TO A CURE. WE SUPPORT A RANGE OF INITIATIVES GEARED TOWARD ENDING PARKINSON'S. OUR GRANTS AND FELLOWSHIPS SUPPORT CUTTING-EDGE RESEARCH DONE BY SCIENTISTS WHO ARE DEVOTED TO DECIPHERING PARKINSON'S AND FINDING NEW WAYS TO ATTACK IT AND STOP IT FROM PROGRESSING. WE FUND INNOVATIVE DRUG DISCOVERY THROUGH THE PARKINSON'S VIRTUAL BIOTECH, WHICH IS BUILDING A PIPELINE OF NEW DRUGS EXCLUSIVELY FOR PARKINSON'S DISEASE. THE PARKINSON'S VIRTUAL BIOTECH KEEPS NEW DRUGS FUNDED AND MOVING THROUGH THE DEVELOPMENT PROCESS. OUR GROUNDBREAKING GLOBAL GENETICS STUDY, PD GENERATION: MAPPING THE FUTURE OF PARKINSON'S DISEASE, OFFERS GENETIC TESTING AND COUNSELING TO PEOPLE WITH PD AT NO COST. THE MORE PEOPLE WHO LEARN IF THEY HAVE A GENETIC FORM OF PD, THE FASTER CLINICAL TRIALS CAN RECRUIT PARTICIPANTS AND THE CLOSER WE COME TO A BREAKTHROUGH IN PD TREATMENTS. FOCUSING ON THESE PROMISING RESEARCH PATHWAYS IS HOW WE CAN CHANGE THE COURSE OF THIS DISEASE IN YEARS, NOT DECADES.

**4b** (Code: ) (Expenses \$ 18,791,561 including grants of \$ 1,288,955 ) (Revenue \$ 0 )

(SEE ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 10,195,144 including grants of \$ 4,093,246 ) (Revenue \$ 0 )

PILLAR 1 - ENSURING BETTER CARE FOR EVERYONE: WE SET STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH A GLOBAL CARE NETWORK. OUR DESIGNATED CENTERS ARE RENOWNED FOR OUTSTANDING PERFORMANCE IN PARKINSON'S RESEARCH, CARE AND OUTREACH. WE CONTINUE TO GROW THIS NETWORK AND FACILITATE INNOVATIVE SOLUTIONS LIKE TELEMEDICINE CARE TO REACH THE 90% OF PEOPLE WHO ARE NOT RECEIVING CARE FROM TRAINED SPECIALISTS. RESPONDING TO A NATIONWIDE SHORTAGE OF TRAINED SPECIALISTS, WE ARE CLOSING THE GAP IN PD PROFESSIONAL TRAINING BY EDUCATING PHYSICIANS, NURSES, PHYSICAL THERAPISTS, SPEECH LANGUAGE THERAPISTS AND SOCIAL WORKERS. THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS MUST BE EQUIPPED WITH THE KNOWLEDGE AND SKILLS NECESSARY TO PROVIDE COMPREHENSIVE CARE WITH A FOCUS ON THE SPECIFIC NEEDS OF INDIVIDUALS LIVING WITH PD. WE ALSO PROVIDE A LIFE-SAVING HOSPITAL SAFETY GUIDE THAT CONTAINS TOOLS AND INFORMATION IN ENGLISH AND SPANISH TO PROTECT, PREPARE AND EMPOWER PEOPLE WITH PARKINSON'S DURING HOSPITAL STAYS.

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

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

**4e** Total program service expenses 59,042,834

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> 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> . . . . .	✓	
<b>23</b> 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> . . . . .	✓	
<b>24a</b> 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> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</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> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> 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> . . . . .		✓
<b>33</b> 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> . . . . .		✓
<b>34</b> 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> . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> 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> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	202		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 26		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 26		
<b>2</b>	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? . . . . .		✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	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 on Schedule O . . . . .		✓

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
MARK E. KEAVEY, 1359 BROADWAY, STE 1509, NEW YORK, NY 10018, (305) 537-9903

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN L. LEHR PRESIDENT & CEO	40.0			✓				609,815	0	28,635
(2) MERI MARGARET DEOUDES SVP, CHIEF OPERATING OFFICER (THRU 09/2024)	40.0				✓			283,505	0	45,736
(3) KAYLN HENKEL EVP, CHIEF ADVANCEMENT OFFICER	40.0				✓			279,204	0	46,277
(4) JAMES BECK EVP, CHIEF SCIENTIFIC OFFICER	40.0				✓			278,240	0	17,885
(5) MARK KEAVEY SVP, CHIEF FINANCIAL OFFICER	40.0			✓				265,188	0	18,436
(6) LEILANI PEARL SVP, CHIEF COMMUNICATIONS OFFICER	40.0			✓				255,654	0	23,942
(7) CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGEMENT OFFICER	40.0				✓			226,471	0	33,761
(8) SHEERA ROSENFELD VP, CHIEF STRATEGIC INITIATIVES OFFICER	40.0					✓		217,286	0	41,132
(9) YASNAHIA CORTORREAL SVP, CHIEF HR ADMIN OFFICER	40.0				✓			221,092	0	22,211
(10) ELIZABETH POLLARD VP, CHIEF TRAINING AND EDUCATION OFFICER	40.0				✓			199,237	0	42,255
(11) SARA O'HARE VP, OPERATIONS	40.0					✓		164,305	0	40,489
(12) NICOLE LESSARD VP, CHIEF CLINICAL AFFAIRS OFFICER	40.0					✓		181,856	0	20,231
(13) ALEJANDRO BLANCO AVP, FINANCE	40.0					✓		174,985	0	19,204
(14) AJAY SHARMA AVP, CONTROLLER	40.0					✓		171,720	0	12,514

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(15)</b> J. GORDON BECKHAM CHAIR	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(16)</b> ANDREW B. ALBERT VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(17)</b> CONSTANCE W. ATWELL, PH.D. SECRETARY	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(18)</b> PAUL H. NATHAN TREASURER/VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(19)</b> ADAM WOLFBERG BOARD MEMBER	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(20)</b> ALESSANDRO DI ROCCO, M.D. BOARD MEMBER	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(21)</b> CHRISTINA WEAVER JACKSON BOARD MEMBER	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(22)</b> DAN CAMPBELL BOARD MEMBER	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(23)</b> G. PENNINGTON EGBERT BOARD MEMBER	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(24)</b> HOWARD D. MORGAN IMMEDIATE PAST CHAIR	5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
<b>(25)</b> (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								3,528,558	0	412,708
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,528,558	0	412,708

**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 14

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

**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
FULGENT THERAPEUTICS LLC, 4978 SANTA ANITA AVE, SUITE 205, TEMPLE CITY, CA 91780	GENETICS INITIATIVE	4,165,930
NAVITAS CLINICAL RESEARCH, INC., 11300 ROCKVILLE PIKE, SUITE 500, ROCKVILLE, MD 20852	GENETICS INITIATIVE	2,065,722
PRINT MAIL COMMUNICATIONS, 4333 DAVENPORT RD., FREDERICKS, VA 22408	MAILSHOP	1,521,473
MEDIA CAUSE, INC., P.O. BOX 190432, SAN FRANCISCO, CA 94119	MARKETING CAMPAIGNS	1,247,824
COMMUNICATIONS CORPORATION OF AMERICA, 13129 AIRPORT DR, SUITE 120, ELKWOOD, VA 22718	PRINTING AND MAIL SERVICES	767,761

**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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	3,484,612			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	69,906,564			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,363,974			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		73,391,176			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,634,141		1,634,141	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities		96,423,049		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	87,266,175			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	9,156,874	0		
	<b>d</b>	Net gain or (loss) . . . . .		9,156,874		9,156,874	
	<b>8a</b>	Gross income from fundraising events (not including \$ 3,484,612 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	485,485			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	485,485			
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		84,182,191	0	0	10,791,015	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	14,616,463	14,616,463		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	139,794	139,794		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,268,955	3,268,955		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,897,493	2,275,274	218,234	403,985
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	14,014,006	11,001,944	1,058,584	1,953,478
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	873,240	686,875	64,270	122,095
<b>9</b>	Other employee benefits . . . . .	2,320,418	1,825,199	170,781	324,438
<b>10</b>	Payroll taxes . . . . .	1,179,728	927,953	86,827	164,948
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	151,277	102,711	30,644	17,922
<b>c</b>	Accounting . . . . .	135,275		135,275	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	732,368			732,368
<b>f</b>	Investment management fees . . . . .	175,142		175,142	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	3,854,857	2,862,331	234,665	757,861
<b>12</b>	Advertising and promotion . . . . .	1,882,702	1,796,150		86,552
<b>13</b>	Office expenses . . . . .	2,536,112	1,073,690	55,910	1,406,512
<b>14</b>	Information technology . . . . .	1,216,207	945,761	43,662	226,784
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,401,912	1,299,277	24,520	78,115
<b>17</b>	Travel . . . . .	1,288,068	1,058,233	52,698	177,137
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	315,382	270,831	27,348	17,203
<b>20</b>	Interest . . . . .	20,688		20,688	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	492,875	402,895	18,543	71,437
<b>23</b>	Insurance . . . . .	200,167	164,885	6,873	28,409
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>CONTRACTED RESEARCH</u> . . . . .	12,059,154	12,059,154		
<b>b</b>	<u>PRINTING &amp; PUBLICATIONS</u> . . . . .	1,456,107	843,974	26,513	585,620
<b>c</b>	<u>CATERING AND MEETINGS</u> . . . . .	955,076	926,659	9,883	18,534
<b>d</b>	<u>BANK AND CREDIT CARD EXPENSE</u> . . . . .	523,592	230,083		293,509
<b>e</b>	All other expenses . . . . .	335,542	263,743	17,802	53,997
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	69,042,600	59,042,834	2,478,862	7,520,904
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	3,900,008	1,334,192	0	2,565,816

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	70,355	<b>1</b>	29,571
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	3,244,355	<b>3</b>	5,235,836
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	697,356	<b>9</b>	1,388,759
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	3,894,820		
	<b>b</b> Less: accumulated depreciation . . . . .	3,083,061		
	<b>11</b> Investments—publicly traded securities . . . . .	54,969,734	<b>11c</b>	811,759
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	43,101,110
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	9,769,709
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,937,881	<b>15</b>	2,318,602
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	62,045,139	<b>16</b>	62,655,346	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,706,896	<b>17</b>	5,078,469
	<b>18</b> Grants payable . . . . .	8,964,974	<b>18</b>	8,456,884
	<b>19</b> Deferred revenue . . . . .	10,398,601	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	919,648	<b>25</b>	835,935
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	23,990,119	<b>26</b>	14,371,288
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	28,027,827	<b>27</b>	32,545,747
	<b>28</b> Net assets with donor restrictions . . . . .	10,027,193	<b>28</b>	15,738,311
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	38,055,020	<b>32</b>	48,284,058	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	62,045,139	<b>33</b>	62,655,346	

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	84,182,191
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	69,042,600
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	15,139,591
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	38,055,020
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	(5,706,422)
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	795,869
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	48,284,058

**Part XII Financial Statements and Reporting**

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

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

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) JANIS MIYASAKI, M.D. ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(26) JOHN THOMOPOULOS ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(27) JOSHUA RASKIN ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(28) MARCIA MONDAVI BORGER ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(29) MARY ELLEN GARRETT ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(30) MINDY MCILROY ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(31) PAOLO FRESCO ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(32) PETER GOLDMAN ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(33) PONDER HARRISON ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(34) SARAH BROWN ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(35) SCOTT CAPUTO ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(36) STEPHANIE GOLDMAN ROSEN ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(37) STEVE NEWTON ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(38) TRAVIS HOWE ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(39) VEERA RASTOGI ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(40) WILLIAM R. MOLER ----- BOARD MEMBER	5.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	42,337,915	46,995,175	47,794,248	53,846,552	73,391,176	264,365,066
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	42,337,915	46,995,175	47,794,248	53,846,552	73,391,176	264,365,066
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						264,365,066

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	42,337,915	46,995,175	47,794,248	53,846,552	73,391,176	264,365,066
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	612,513	732,761	889,150	947,644	1,634,141	4,816,209
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						269,181,275
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	98.21 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.33 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

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

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2024.** 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—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		





**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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**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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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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	----- ----- -----	\$ 17,396,742	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.)
-----	----- ----- -----	\$ -----	Person <input 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.)
-----	----- ----- -----	\$ -----	Person <input 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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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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 information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: PARKINSON'S FOUNDATION, INC. Employer identification number: 13-1866796

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements

Form for conservation easements with questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for art collections with questions 1a-2 and sub-questions (i) and (ii) for revenue and assets.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	5,636,717	3,851,834	3,601,834	3,601,834	3,601,834
<b>b</b> Contributions		1,253,033	250,000		
<b>c</b> Net investment earnings, gains, and losses	685,896	531,850	268,899	357,771	615,093
<b>d</b> Grants or scholarships	200,000		268,899	357,771	615,093
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	6,122,613	5,636,717	3,851,834	3,601,834	3,601,834

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 100.00 %
- c** Term endowment 0.00 %

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
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		672,216	619,841	52,375
<b>d</b> Equipment		2,710,244	2,408,702	301,542
<b>e</b> Other		512,360	54,518	457,842
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				811,759

**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) REAL ESTATE/REITS	1,792,713	END OF YEAR MARKET VALUE
(B) INFRASTRUCTURE FUNDS	1,808,903	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY - EVERGREEN FUNDS	3,719,949	END OF YEAR MARKET VALUE
(D) PRIVATE EQUITY - LIMITED PARTNERSHIPS	654,923	END OF YEAR MARKET VALUE
(E) PRIVATE CREDIT	1,793,221	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	<b>9,769,709</b>	

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	426,236
(3) ANNUITIES PAYABLE	409,699
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	<b>835,935</b>

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



**Part XIII**

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	CANCELLED GRANTS	795,869
	<b>TOTAL</b>	<b>795,869</b>

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.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE PARKINSON'S FOUNDATION HAS RECEIVED GIFTS AND BEQUESTS FROM DONORS WHO DESIGNATED THAT THE FUNDS BE HELD AND INVESTED IN PERPETUITY AS ENDOWMENT FUNDS. DEPENDING ON THE DONOR'S INSTRUCTIONS, INCOME FROM ENDOWMENTS MAY BE APPLIED TO RESEARCH, OTHER PROGRAMS OR FOR GENERAL PURPOSES.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE NEW YORK STATUTES AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE FOUNDATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2025 AND 2024.</p> <p>THE ORGANIZATION HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE FOUNDATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2025 AND 2024. THE FOUNDATION HAS FILED FOR, AND RECEIVED, INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE FOUNDATION HAS FILED IRS FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED.</p> <p>THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTIONS WHERE THE FOUNDATION FILES INCOME TAX RETURNS. THE FOUNDATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2022.</p>

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		1,933,216
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		641,097
(3) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		425,900
(4) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		101,500
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		97,748
(6) SOUTH ASIA	0	0	GRANTMAKING		51,500
(7) SOUTH AMERICA	0	0	GRANTMAKING		17,994
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			3,268,955
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			3,268,955

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	750,000	WIRE TRANSFER			
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	217,000	WIRE TRANSFER			
(3)			MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	180,000	WIRE TRANSFER			
(4)			MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	165,900	WIRE TRANSFER			
(5)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	150,000	WIRE TRANSFER			
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	150,000	WIRE TRANSFER			
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	150,000	WIRE TRANSFER			
(8)			NORTH AMERICA (CANADA & MEXICO ONLY)	CLINICAL RESEARCH	108,843	WIRE TRANSFER			
(9)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	100,000	WIRE TRANSFER			
(10)			NORTH AMERICA (CANADA & MEXICO ONLY)	MEDICAL RESEARCH	95,554	WIRE TRANSFER			
(11)			EUROPE (INCLUDING ICELAND AND GREENLAND)	MEDICAL RESEARCH	75,000	WIRE TRANSFER			
(12)			NORTH AMERICA (CANADA & MEXICO ONLY)	MEDICAL RESEARCH	67,000	WIRE TRANSFER			
(13)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(14)			EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(15)			NORTH AMERICA (CANADA & MEXICO ONLY)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **0**

**3** Enter total number of other organizations or entities . . . . . **37**

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<b>(1)</b> CLINICAL RESEARCH	CENTRAL AMERICA AND THE CARIBBEAN	1	25,000	WIRE TRANSFER			
<b>(2)</b> MEDICAL RESEARCH	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	11,216	WIRE TRANSFER			
<b>(3)</b> MEDICAL RESEARCH	NORTH AMERICA (CANADA & MEXICO ONLY)	5	14,500	WIRE TRANSFER			
<b>(4)</b> MEDICAL RESEARCH	SOUTH ASIA	1	1,500	WIRE TRANSFER			
<b>(5)</b> MEDICAL RESEARCH	SOUTH AMERICA	1	1,500	WIRE TRANSFER			
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							
<b>(13)</b>							
<b>(14)</b>							
<b>(15)</b>							
<b>(16)</b>							
<b>(17)</b>							
<b>(18)</b>							

**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; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF THE UTILIZATION OF FUNDS AWARDED BY PF'S SCIENTIFIC ADVISORY BOARD AND GRANT ADMINISTRATION AT PF.

## Part II

## Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(16)		NORTH AMERICA (CANADA & MEXICO ONLY)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(18)		MIDDLE EAST AND NORTH AFRICA	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	CENTER OF EXCELLENCE GRANTS	60,000	WIRE TRANSFER			
(21)		EAST ASIA AND THE PACIFIC	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(23)		EAST ASIA AND THE PACIFIC	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(24)		SOUTH ASIA	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(25)		NORTH AMERICA (CANADA & MEXICO ONLY)	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CENTER OF EXCELLENCE GRANTS	50,000	WIRE TRANSFER			
(28)		CENTRAL AMERICA AND THE CARIBBEAN	CLINICAL RESEARCH	42,000	WIRE TRANSFER			
(29)		NORTH AMERICA (CANADA & MEXICO ONLY)	CLINICAL RESEARCH	25,000	WIRE TRANSFER			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	CLINICAL RESEARCH	15,671	WIRE TRANSFER			
(31)		CENTRAL AMERICA AND THE CARIBBEAN	CLINICAL RESEARCH	15,077	WIRE TRANSFER			
(32)		NORTH AMERICA (CANADA & MEXICO ONLY)	COMMUNITY ENGAGEMENT & ADVOCACY	15,000	WIRE TRANSFER			
(33)		NORTH AMERICA (CANADA & MEXICO ONLY)	CLINICAL RESEARCH	12,700	WIRE TRANSFER			
(34)		MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	10,000	WIRE TRANSFER			
(35)		MIDDLE EAST AND NORTH AFRICA	CLINICAL RESEARCH	10,000	WIRE TRANSFER			
(36)		SOUTH AMERICA	CLINICAL RESEARCH	8,494	WIRE TRANSFER			
(37)		SOUTH AMERICA	CLINICAL RESEARCH	8,000	WIRE TRANSFER			

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	LAUTMAN MASKA NEILL & COMPAN, 1730 RHODE ISLAND AVE NW STE 301, WASHINGTON, DC 20036	DIRECT RESPONSE STRATEGY		✓	7,253,135	732,368	6,520,767
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					7,253,135	732,368	6,520,767

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

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

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

		(a) Event #1 <u>GALA NEW YORK</u> (event type)	(b) Event #2 <u>REVOLUTION EVNT</u> (event type)	(c) Other events <u>48</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	354,077	548,430	3,067,590	3,970,097
	<b>2</b> Less: Contributions . . . . .	168,542	518,403	2,797,667	3,484,612
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	185,535	30,027	269,923	485,485
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	16,965	13,108	6,890	36,963
	<b>7</b> Food and beverages . . . . .	164,438	3,039	70,213	237,690
	<b>8</b> Entertainment . . . . .	3,150	650	552	4,352
	<b>9</b> Other direct expenses . . . . .	983	13,880	191,617	206,480
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				485,485
<b>11</b> 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

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

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANA UNIVERSITY 400 E 7TH STREET, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	1,863,693				CLINICAL RESEARCH
(2) THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44196	34-0714585	501(C)(3)	668,474				PROFESSIONAL TRAINING
(3) ICAHN SCHOOL OF MEDICINE AT MT SINAI ONE GUSTAVE L. LEVY PL., NEW YORK, NY 10029	13-6171197	501(C)(3)	400,000				MEDICAL RESEARCH
(4) PARKINSON STUDY GROUP INC 114 16TH STREET RM 3002, BOSTON, MA 02129	46-5749468	501(C)(3)	310,000				MEDICAL RESEARCH
(5) UNIVERSITY OF ALABAMA AT BIRMINGHAM 801 5TH AVE, BIRMINGHAM, AL 35233	63-6005396	501(C)(3)	300,000				MEDICAL RESEARCH
(6) (SEE STATEMENT)	94-6036493	501(C)(3)	248,668				MEDICAL RESEARCH
(7) UNIVERSITY OF FLORIDA PO BOX 113201, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	231,226				MEDICAL RESEARCH
(8) RUNE LABS INC 1314 8TH AVE, SAN FRANCISCO, CA 94122	83-2090943		225,000				CLINICAL RESEARCH
(9) (SEE STATEMENT)	04-2103580	501(C)(3)	217,000				MEDICAL RESEARCH
(10) ADVARRA, INC. 6100 MERRIWEATHER DR., COLUMBIA, MD 21044	31-1358981		202,100				CLINICAL RESEARCH
(11) AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE, MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	200,000				MEDICAL RESEARCH
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 228
- 3** Enter total number of other organizations listed in the line 1 table 19



**Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) UNIV. OF TEXAS SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD., DALLAS, TX 75235-8876	75-6002868	501(C)(3)	200,000				MEDICAL RESEARCH
(13) GEORGETOWN UNIVERSITY 37TH & O STREETS NW BOX 571173, WASHINGTON, DC 20057	53-0196603	501(C)(3)	175,000				MEDICAL RESEARCH
(14) SUTTER BAY HOSPITALS THE JORDAN RESEARCH AND EDUCATION I, BERKELEY, CA 94705-2002	94-0562680	501(C)(3)	150,000				MEDICAL RESEARCH
(15) THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL 15 PARKMAN STREET WACC 835, BOSTON, MA 02114	04-2697983	501(C)(3)	150,000				MEDICAL RESEARCH
(16) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	150,000				MEDICAL RESEARCH
(17) UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE RM 406, SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	150,000				MEDICAL RESEARCH
(18) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE KS 228, BOSTON, MA 02215	04-2103881	501(C)(3)	149,480				MEDICAL RESEARCH
(19) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501(C)(3)	141,950				CLINICAL RESEARCH
(20) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NEW YORK, NY 10065	13-1623978	501(C)(3)	140,000				MEDICAL RESEARCH
(21) THE MICHAEL J. FOX FOUNDATION 498 SEVENTH AVE 18TH FL, NEW YORK, NY 10018	13-4141945	501(C)(3)	135,000				COMMUNITY ENGAGEMENT & ADVOCACY
(22) UNIVERSITY OF ROCHESTER 518 HILAN BUILDING, ROCHESTER, NY 14627	16-0743209	501(C)(3)	134,231				CENTER OF EXCELLENCE GRANTS
(23) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229	74-1586031	GOVERNMENT	134,000				CLINICAL RESEARCH
(24) ADMINISTRATORS FROM THE TULANE EDUCATIONAL FUND 6823 ST. CHARLES AVENUE, NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	132,000				MEDICAL RESEARCH
(25) RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON STE 300, CHICAGO, IL 60607	36-2174823	501(C)(3)	104,583				CENTER OF EXCELLENCE GRANTS

(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
(26) BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA UNIVERSITY OF NEBRASKA BOARD OF REGENTS OF THE UNIVERSITY, LINCOLN, NE 68583	47-0049123	501(C)(3)	100,000				MEDICAL RESEARCH
(27) JOHNS HOPKINS UNIV. SCHOOL OF MEDICINE 3910 KESWICK ROAD, N4327-B, BALTIMORE, MD 21211	52-0595110	501(C)(3)	100,000				MEDICAL RESEARCH
(28) REGENTS OF THE UNIVERSITY OF MINNESOTA UNIVERSITY TAX MANAGEMENT OFFICE, 2, MINNEAPOLIS, MN 55414	41-6007513	GOVERNMENT	100,000				MEDICAL RESEARCH
(29) THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N. PARK STREET SUITE 6301, MADISON, WI 53715-1218	39-6006492	GOVERNMENT	100,000				MEDICAL RESEARCH
(30) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 ST 3RD FL, NEW YORK, NY 10027	13-5598093	501(C)(3)	100,000				MEDICAL RESEARCH
(31) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 330 SOUTH NINTH STREET, 3RD FLOOR, PHILADELPHIA, PA 19107-6153	23-1352685	501(C)(3)	100,000				MEDICAL RESEARCH
(32) THE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	501(C)(3)	100,000				MEDICAL RESEARCH
(33) UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD, DENVER, CO 80210	84-0404231	501(C)(3)	100,000				MEDICAL RESEARCH
(34) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 ST 3RD FL, NEW YORK, NY 10027	13-5598093	501(C)(3)	96,900				CLINICAL RESEARCH
(35) THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0073524	501(C)(3)	96,800				CLINICAL RESEARCH
(36) REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0953	95-6006144	501(C)(3)	80,000				MEDICAL RESEARCH
(37) THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44196	34-0714585	501(C)(3)	75,000				MEDICAL RESEARCH
(38) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	74,000				CENTER OF EXCELLENCE GRANTS
(39) THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE 2020 BLANKENS, COLUMBUS, OH 43210	31-6025986	501(C)(3)	73,800				CLINICAL RESEARCH
(40) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE KS 228, BOSTON, MA 02215	04-2103881	501(C)(3)	73,500				CLINICAL RESEARCH

(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
(41) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 107 MANNING DRIVE CB 7025, CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	71,700				CLINICAL RESEARCH
(42) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	70,832				CLINICAL RESEARCH
(43) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	70,000				MEDICAL RESEARCH
(44) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 EAST CALIFORNIA BLVD. MC 234-6, PASADENA, CA 91125	95-1643307	501(C)(3)	70,000				MEDICAL RESEARCH
(45) DUKE UNIVERSITY PO BOX 104132, DURHAM, NC 27708	56-0532129	501(C)(3)	70,000				CENTER OF EXCELLENCE GRANTS
(46) THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL 15 PARKMAN STREET WACC 835, BOSTON, MA 02114	04-2697983	501(C)(3)	70,000				CENTER OF EXCELLENCE GRANTS
(47) UNIVERSITY OF CALIFORNIA 2195 HEARST AVE #121, BERKELEY, CA 94720-1104	94-6002123	501(C)(3)	70,000				MEDICAL RESEARCH
(48) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 107 MANNING DRIVE CB 7025, CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	70,000				CENTER OF EXCELLENCE GRANTS
(49) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS SUITE 205, LOS ANGELES, CA 90089-8006	95-1642394	501(C)(3)	70,000				CENTER OF EXCELLENCE GRANTS
(50) RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON STE 300, CHICAGO, IL 60607	36-2174823	501(C)(3)	69,167				MEDICAL RESEARCH
(51) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING, ROCHESTER, NY 14627	16-0743209	501(C)(3)	68,461				MEDICAL RESEARCH
(52) MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE BUILDING #1 STE, CHARLESTON, SC 29407	57-6000722	GOVERNMENT	68,400				CLINICAL RESEARCH
(53) EMORY UNIVERSITY 1599 CLIFTON ROAD 4TH FLOOR MAILSTO, ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	68,283				MEDICAL RESEARCH
(54) DUKE UNIVERSITY PO BOX 104132, DURHAM, NC 27708	56-0532129	501(C)(3)	67,000				MEDICAL RESEARCH
(55) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838, SAN FRANCISCO, CA 94063	94-1156365	501(C)(3)	67,000				MEDICAL RESEARCH
(56) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	64,300				CLINICAL RESEARCH

(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
(57) THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE, CHICAGO, IL 60637	36-2177139	501(C)(3)	63,750				MEDICAL RESEARCH
(58) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	62,700				CENTER OF EXCELLENCE GRANTS
(59) JOHN HOPKINS UNIVERSITY CENTRAL LOCKBOX 3910 KESWICK ROAD N-4327-B, BALTIMORE, MD 21211	52-0595110	501(C)(3)	62,000				MEDICAL RESEARCH
(60) LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE, CHICAGO, IL 60611	36-1408475	501(C)(3)	62,000				MEDICAL RESEARCH
(61) THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE #600, DENVER, CO 80203	84-6000555	501(C)(3)	62,000				MEDICAL RESEARCH
(62) OPENCLINICA LLC 163 HIGHLAND AVE. #1173, NEEDHAM, MA 02494	20-4402510		60,276				CLINICAL RESEARCH
(63) AUGUSTA UNIVERSITY 1120 15TH STREET HSB-217, AUGUSTA, GA 30912	58-6002053	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(64) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE KS 228, BOSTON, MA 02215	04-2103881	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(65) BETH ISRAEL MEDICAL CTR DBA MT SINAI BETH ISRAEL FIRST AVENUE @16TH STREET, NEW YORK, NY 10003	13-5564934	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(66) CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH 888 W BONNEVILLE AVE, LAS VEGAS, NV 89106	26-4367036	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(67) DARTMOUTH HITCHCOCK MEDICAL CENTER MARY HITCHCOCK MEMORIAL ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	02-0222140	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(68) EMORY UNIVERSITY 954 GATEWOOD RD, ATLANTA, GA 30329	58-0566256	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(69) INDIANA UNIVERSITY 400 E 7TH STREET POPLARS 501, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(70) JOHN HOPKINS UNIVERSITY CENTRAL LOCKBOX 3910 KESWICK ROAD N-4327-B, BALTIMORE, MD 21211	52-0595110	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(71) MEDICAL COLLEGE OF VIRGINIA FOUNDATION (MCVF) 1228 E BROAD STREET BOX 080234, RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(72) MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE BUILDING #1 STE, CHARLESTON, SC 29407	57-6000722	GOVERNMENT	60,000				CENTER OF EXCELLENCE GRANTS

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(73) MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW 7PHC, WASHINGTON, DC 20007-2292	52-2218584	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(74) NEW YORK UNIVERSITY 550 FIRST AVENUE, NEW YORK, NY 10016	13-5562308	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(75) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(76) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 607, NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(77) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD, PORTLAND, OR 97239-3098	93-1176109	GOVERNMENT	60,000				CENTER OF EXCELLENCE GRANTS
(78) PARK NICOLLET METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE, GOLDEN VALLEY, MN 55427	41-0132080	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(79) REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE, DAVIS, CA 95616	94-6036494	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(80) REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0953	95-6006144	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(81) REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOVERINE TOWER 3003 SOUTH STAT, ANN ARBOR, MI 48109-1287	38-6006309	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(82) ROY ALCALAY MD 372 CENTRAL PARK WEST 8D, NEW YORK, NY 10025	37-4862263		60,000				CLINICAL RESEARCH
(83) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838, SAN FRANCISCO, CA 94063	94-1156365	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(84) THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44196	34-0714585	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(85) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 425, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(86) THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE #600, DENVER, CO 80203	84-6000555	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(87) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 ST 3RD FL, NEW YORK, NY 10027	13-5598093	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(88) THE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS

(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
(89) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR, PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(90) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	34-1567805	501(C)(3)	60,000				PROFESSIONAL TRAINING
(91) UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG., GAINESVILLE, FL 32611	59-6002052	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(92) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3599 RAINBOW BLVD MAILSTOP 3042, KANSAS CITY, KS 66160-7702	48-1108830	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(93) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(94) UNIVERSITY OF SOUTH FLORIDA FOUNDATION 4202 E FOWLER AVE ALC 100, TAMPA, FL 33620	59-0879015	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(95) UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE RM 406, SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	60,000				CENTER OF EXCELLENCE GRANTS
(96) THE REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 10899 WILSHIRE BLVD SUITE 500, LOS ANGELES, CA 90024	95-6006143	501(C)(3)	54,600				CLINICAL RESEARCH
(97) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER TAMU 600, COLLEGE STATION, TX 77845	74-2907553	GOVERNMENT	52,901				MEDICAL RESEARCH
(98) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING, ROCHESTER, NY 14627	16-0743209	501(C)(3)	50,400				CLINICAL RESEARCH
(99) BARROW NEUROLOGICAL FOUNDATION 2910 N 3RD AVENUE SUITE 450, PHOENIX, AZ 85013	86-0174371	501(C)(3)	50,000				CENTER OF EXCELLENCE GRANTS
(100) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT. 1236 - PO BOX 121236, DALLAS, TX 75312	35-2528741	501(C)(3)	50,000				CENTER OF EXCELLENCE GRANTS
(101) KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 12040 NE 128 STREET #11, KIRKLAND, WA 98034	91-0844563	GOVERNMENT	45,300				CLINICAL RESEARCH
(102) BMC COMMUNITY HOSPITAL CORPORATION II ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118	99-4793550	501(C)(3)	41,300				CLINICAL RESEARCH

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(103) UNIVERSITY OF ALABAMA AT BIRMINGHAM 801 5TH AVE SOUTH ROOM 251, BIRMINGHAM, AL 35233	63-6005396	501(C)(3)	41,200				CLINICAL RESEARCH
(104) CLEVELAND CLINIC FLORIDA A NONPROFIT CORPORATION 2950 CLEVELAND CLINIC BOULEVARD, WESTON, FL 33331	65-0003177	501(C)(3)	40,000				CLINICAL RESEARCH
(105) DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CENTER 350 WEST THOMAS ROAD, PHOENIX, AZ 85013	94-1196203	501(C)(3)	40,000				MEDICAL RESEARCH
(106) HARTFORD HOSPITAL 80 SEYMOUR ST, HARTFORD, CT 06106	06-0646668	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(107) OHIO STATE UNIVERSITY - WEXNER MEDICAL CENTER P. O. BOX 183010, COLUMBUS, OH 43218-3010	31-6025986	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(108) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC 004, GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(109) THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53130	39-0806261	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(110) THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0073524	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(111) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR, SAN ANTONIO, TX 78229	74-1586031	GOVERNMENT	40,000				CENTER OF EXCELLENCE GRANTS
(112) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM ST, LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	40,000				CENTER OF EXCELLENCE GRANTS
(113) PARKINSONS DISEASE & MOVEMENT DISORDERS CENTER OF BOCA RATON 951 NW 13TH STREET BLDG 5E, BOCA RATON, FL 33486	22-3659456		37,800				CLINICAL RESEARCH
(114) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD, PORTLAND, OR 97239-3098	93-1176109	GOVERNMENT	36,300				CLINICAL RESEARCH
(115) EMORY UNIVERSITY 1599 CLIFTON ROAD 4TH FLOOR MAILSTO, ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	34,141				CENTER OF EXCELLENCE GRANTS
(116) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N-4327-B, BALTIMORE, MD 21287	52-0595110	501(C)(3)	34,050				CLINICAL RESEARCH
(117) UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE, SUITE 530, CINCINNATI, OH 45221-0641	31-6000989	GOVERNMENT	32,700				CLINICAL RESEARCH

(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
(118) DUKE UNIVERSITY PO BOX 104132, DURHAM, NC 27708	56-0532129	501(C)(3)	31,450				CLINICAL RESEARCH
(119) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR, PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	30,400				CLINICAL RESEARCH
(120) THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44196	34-0714585	501(C)(3)	30,000				CLINICAL RESEARCH
(121) VERACITY NEUROSCIENCE LLC 5050 POPLAR AVE SUITE 511, MEMPHIS, TN 38157	83-2063396		30,000				CLINICAL RESEARCH
(122) INTERMOUNTAIN HEALTHCARE PO BOX 57828, SALT LAKE CITY, UT 84157	94-2854057	501(C)(3)	29,800				CLINICAL RESEARCH
(123) RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON STE 300, CHICAGO, IL 60607	36-2174823	501(C)(3)	29,300				CLINICAL RESEARCH
(124) THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE #600, DENVER, CO 80203	84-6000555	501(C)(3)	26,700				CLINICAL RESEARCH
(125) VIRGINIA COMMONWEALTH UNIVERSITY BOX 843035, RICHMOND, VA 23284	54-6001758	501(C)(3)	26,700				CLINICAL RESEARCH
(126) RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD ROOM C281, PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	26,300				CLINICAL RESEARCH
(127) INTERNATIONAL ASSOCIATION OF PARKINSONISM & RELATED DISORDER 15403 N MCKINNON ROAD, MEAD, WA 99021	83-4434132	501(C)(3)	25,000				MEDICAL RESEARCH
(128) HEALTH PARTNERS INSTITUTE 8170- 33RD AVENUE SOUTH P. O. BOX 1, MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	24,700				CLINICAL RESEARCH
(129) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	23,500				CLINICAL RESEARCH
(130) CHICAGO ASSOC FOR RESEARCH AND EDU DBA CARES 5000 SOUTH 5TH AVE BLDG ONE RM C303, COOK COUNTY, IL 60141	36-3334177	501(C)(3)	22,700				CLINICAL RESEARCH
(131) MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	22,400				CLINICAL RESEARCH
(132) UNIVERSITY OF FLORIDA PO BOX 113001 33 TIGERT HALL, GAINESVILLE, FL 32611-3001	59-6002052	501(C)(3)	22,000				HOSPITAL CARE
(133) REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0953	95-6006144	501(C)(3)	21,900				CLINICAL RESEARCH
(134) SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY, SEATTLE, WA 98122	91-0983214	501(C)(3)	20,000				CENTER OF EXCELLENCE GRANTS

(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
<sup>(135)</sup> UNIVERSITY OF TENNESSEE MEDICAL CENTER 1924 ALCOA HIGHWAY SUITE C-150, KNOXVILLE, TN 37920	31-1626179	501(C)(3)	20,000				CENTER OF EXCELLENCE GRANTS
<sup>(136)</sup> THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL 15 PARKMAN STREET WACC 835, BOSTON, MA 02114	04-2697983	501(C)(3)	18,200				CLINICAL RESEARCH
<sup>(137)</sup> ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY 300 E UNIVERSITY DR. 6TH FLOOR, TEMPE, AZ 85281-2061	86-6051042	501(C)(3)	17,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(138)</sup> EDWARD CHARLES FOUNDATION 269 S BEVERLY DRIVE SUITE 338, BEVERLY HILLS, CA 90212	26-4245043	501(C)(3)	17,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(139)</sup> MESSIAH UNIVERSITY ONE UNIVERSITY AVENUE, MECHANICSBURG, PA 17055	23-1352661	501(C)(3)	17,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(140)</sup> ROCK STEADY BOXING-GREEN VALLEY 178 N PECOS RD #100, HENDERSON, NV 89074	92-2163970	501(C)(3)	17,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(141)</sup> SIOUX CENTER HEALTH 1101 9TH ST SE, SIOUX CENTER, IA 51250	42-0796764	501(C)(3)	17,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(142)</sup> LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE, CHICAGO, IL 60611	36-1408475	501(C)(3)	16,800				CLINICAL RESEARCH
<sup>(143)</sup> AMERICAN DIVERSITY GROUP 12850 MIDDLEBROOK RD, SUITE 400, GERMANTOWN, MD 20874	47-3510206	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(144)</sup> BODYWORX PHYSICAL THERAPY, PLLC 9201 S SOONER RD, OKLAHOMA CITY, OK 73165	46-2170307		16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(145)</sup> CHICAGO HISPANIC HEALTH COALITION 1819 W POLK ST #246, CHICAGO, IL 60612	36-4193053	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(146)</sup> CLUB PARKINSON'S OF KANSAS, INC 2315 N PARKRIDGE CT, WICHITA, KS 67205	86-2420764	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(147)</sup> FASTBACK PHYSICAL THERAPY 3333 S SUNNYSLOPE RD STE 103B, NEW BERLIN, WI 53151	83-1159068		16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(148)</sup> HAWAII PARKINSON ASSOCIATION, INC 2228 LILLIHA ST STE 206, HONOLULU, HI 96817	99-0327454	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(149)</sup> IGNITE NEURO FITNESS 1121 LOS MOLINOS WAY, SACRAMENTO, CA 95864	99-2494971		16,000				COMMUNITY ENGAGEMENT & ADVOCACY
<sup>(150)</sup> MEMORY CARE ALLIANCE OF NEW MEXICO 1541 S ST FRANCIS DRIVE, SANTA FE, NM 87505	88-3566227	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY

(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
(151) NEUROLAB 360 REHABILITATION AND WELLNESS 2146 ENCINITAS BLVD #110, ENCINITAS, CA 92024	86-2809250	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(152) PARKINSONS COMMUNITY CENTER 2222 S FRASER ST., UNIT 2, AURORA, CO 80014	83-1901251	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(153) PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVE. SUITE 200, CLEVELAND, OH 44115	23-7304942	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(154) RENEWAL PHYSICAL THERAPY & NEURO REHABILITATION 7780 SANTOLINA DRIVE, INDIANAPOLIS, IN 46237	86-2076194		16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(155) ST JUDE HOSPITAL 101 E VALENCIA MESA DR, FULLERTON, CA 92835	95-1643325	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(156) ST. JOSEPH HEALTH NORTHERN CALIFORNIA LLC DBA ST. JOSEPH HOSPITAL EUREKA 350 WEST THOMAS RD, PHOENIX, AZ 85013	81-4791043	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(157) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 107 MANNING DRIVE CB 7025, CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(158) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY, SUITE 3A, DETROIT, MI 48226	38-1358055	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(159) YMCA OF SANDUSKY COUNTY 1000 NORTH STREET, FREMONT, OH 43420	34-4444246	501(C)(3)	16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(160) YOGA NORTH LLC 310 EAST SUPERIOR ST., DULUTH, MN 55802	26-0637730		16,000				COMMUNITY ENGAGEMENT & ADVOCACY
(161) ADVANCED NEUROTHERAPEUTICS, PLLC DBA NEUROLOGY ONE 11954 NARCOOSSEE RD, SUITE 2-150, ORLANDO, FL 32832	83-2038563		15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(162) ANYONE CAN DANCE 904 S FRONT ST., PHILADELPHIA, PA 19147	81-1936329		15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(163) BRUNSWICK COUNTY WELLNESS CENTER 2655 E BOILING SPRING RD, SOUTHPORT, NC 28461	85-3615832	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(164) DC BLACK CHURCH INITIATIVE P.O. BOX 65177, WASHINGTON, DC 20025	52-2169774	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(165) DESTINATION REHAB 64745 MELINDA CT, BEND, OR 97701	81-1349238	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(166) EAST CAROLINA UNIVERSITY 1000 E 5 ST., GREENVILLE, NC 27858-4353	56-6000403	GOVERNMENT	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(167) FIGHTING TO WIN, INC. DBA DAY ONE FITNESS 257 BEECH ISLAND AVE, BEECH ISLAND, SC 29842	47-5315340	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY

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(168) GIVE FOR A SMILE 10861 ACACIA PARKWAY, GARDEN GROVE, CA 92840	25-2454983	501(C)(3)	15,000				CLINICAL RESEARCH
(169) HUNTSVILLE HOSPITAL FOUNDATION, INC. 801 CLINTON AVENUE EAST, HUNTSVILLE, AL 35801	63-0752604		15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(170) IN THIS CORNER, INC. P.O. BOX 1627, NEW SMYRNA BEACH, FL 31270	36-4903542	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(171) KAISERMAN JEWISH COMMUNITY CENTER 45 HAVERFORD RD., WYNEWOOD, PA 19096	27-0841715	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(172) MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST., DAYTON, OH 45409	31-1040231	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(173) NEW MEXICO ARIZONA PICKLEBALL ASSOCIATION 714 PARKLAND CIRCLE SE, ALBUQUERQUE, NM 87108	92-1217604	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(174) PD-CONNECT PO BOX 398, SAN RAFAEL, CA 94903	20-0979422		15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(175) PDWELL 2546 RIVER ROAD DRIVE BUILDING C, WATERLOO, NE 68069	99-1381052	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(176) POWER FOR PARKINSONS 5555 N LAMAR BLVD STE L121, AUSTIN, TX 78751	47-4394675	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(177) SAN FRANCISCO BALLETT ASSOCIATION 455 FRANKLIN STREET, SAN FRANCISCO, CA 94102-4438	94-1415298	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(178) SAVANNAH PARKINSON'S SUPPORT GROUP 5 KUCK LANE, SAVANNAH, GA 31406	74-3102690	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(179) SEPHARDIC COMMUNITY YOUTH CENTER INC 1901 OCEAN PARKWAY, BROOKLYN, NY 11223	11-2567809	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(180) UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE, JACKSONVILLE, FL 32224	59-2976169	GOVERNMENT	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(181) UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING, ROCHESTER, NY 14627	16-0743209	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(182) UP ENDING PARKINSON'S 10119 CONDE RD, MARSHALL, VA 20115	88-2167648	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(183) YMCA OF SOUTH PALM BEACH COUNTY, INC. 6631 PALMETTO CIRCLE SOUTH, BOCA RATON, FL 33433	59-1416281	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY

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(184) YMCA OF THE CHESAPEAKE 202 PEACHBLOSSOM RD, EASTON, MD 21601	52-0646895	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(185) YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN CHATTANOOGA 301 WEST SIXTH ST, CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(186) YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON 1325 W STREET NW STE A, WASHINGTON, WA 20009	53-0207403	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(187) YOUNG MENS CHRISTIAN ASSOCIATION OF MONTCLAIR 25 PARK STREET, MONTCLAIR, NJ 07042	22-1487617	501(C)(3)	15,000				COMMUNITY ENGAGEMENT & ADVOCACY
(188) BEYONDREHAB, PLLC 2720 3RD AVE 405, SEATTLE, WA 98121	88-3853705		14,000				COMMUNITY ENGAGEMENT & ADVOCACY
(189) BURCHFIELD PENNEY ART CENTER 1300 ELMWOOD AVENUE, BUFFALO, NY 14222	16-1596245	501(C)(3)	14,000				COMMUNITY ENGAGEMENT & ADVOCACY
(190) CINCINNATI MUSIC & WELLNESS COALITION ARLENE DE SILVA 5029 SOUTH RIDGE D, CINCINNATI, OH 45224	27-3181549	501(C)(3)	14,000				COMMUNITY ENGAGEMENT & ADVOCACY
(191) BARROW NEUROLOGICAL FOUNDATION 2910 N 3RD AVENUE SUITE 450, PHOENIX, AZ 85013	86-0174371	501(C)(3)	13,900				CLINICAL RESEARCH
(192) ATTLEBORO YOUNG MEN'S CHRISTIAN ASSOCIATION 63 NORTH MAIN STREET, ATTLEBORO, MA 02703	04-2255819	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(193) FIREBUSH 378 NORTHLAKE BLVD STE 242, NORTH PALM BEACH, FL 33408	82-3259417	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(194) INVERTIGO DANCE THEATRE 12405 VENICE BEACH BLVD #316, LOS ANGELES, CA 90066	26-2085983	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(195) JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD, CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(196) PHILADELPHIA POST-ACUTE PARTNERS, LLC 850 S 5TH ST, ALLENTOWN, PA 18103	20-8283421	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(197) RE+ACTIVE PHYSICAL THERAPY AND WELLNESS 3848 W. CARSON ST SUITE 110, TORRANCE, CA 90503	46-0884527		13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(198) REHAB HEALTH 360 LLC 289 GREAT ROAD, SUITE 102, ACTON, MA 01720	87-1276822		13,000				COMMUNITY ENGAGEMENT & ADVOCACY

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(199) REHABILITATION INSTITUTE OF CHICAGO/SHIRLEY RYAN ABILITYLAB 355 EAST ERIE STREET, CHICAGO, IL 60611	36-2256036	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(200) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER TAMU 600, COLLEGE STATION, TX 77845	74-2907553	GOVERNMENT	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(201) THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL STREET, HONOLULU, HI 96813	99-0073524	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(202) THIRD LAW DANCE/THEATER 2026 19TH STREET, BOULDER, CA 80302-5503	84-1572264	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(203) YMCA OF CENTRAL MARYLAND, INC. 303 WEST CHESAPEAKE AVE, BALTIMORE, MD 21204	52-0591699	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(204) YMCA OF METRO ATLANTA, INC. 99 EDGEWOOD AVE, SUITE 1100, ATLANTA, GA 30302	58-0566253	501(C)(3)	13,000				COMMUNITY ENGAGEMENT & ADVOCACY
(205) HARTFORD HOSPITAL 80 SEYMOUR ST, HARTFORD, CT 06106	06-0646668	501(C)(3)	12,500				CLINICAL RESEARCH
(206) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501(C)(3)	12,000				COMMUNITY ENGAGEMENT & ADVOCACY
(207) PARKINSON'S BODY AND MIND PO BOX 5032, GREENWICH, CT 06831	87-2045866	501(C)(3)	12,000				COMMUNITY ENGAGEMENT & ADVOCACY
(208) UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM ST, LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	12,000				CLINICAL RESEARCH
(209) BAYLOR UNIVERSITY ONE BEAR PLACE #97041, WACO, TX 76798-7041	74-1159753	501(C)(3)	11,000				COMMUNITY ENGAGEMENT & ADVOCACY
(210) UNIVERSITY HEALTH SYSTEM INC DBA UNIVERSITY OF TENNESSEE MED 924 ALCOA HIGHWAY PHILANTHROPY OFFI, KNOXVILLE, TN 37920	31-1626179	501(C)(3)	10,683				CENTER OF EXCELLENCE GRANTS
(211) UNIVERSITY OF MIAMI UM/MIAMI MEDICINE NEUROLOGY PO BOX 281046, ATLANTA, GA 30384-1046	59-2579938	501(C)(3)	10,100				CLINICAL RESEARCH
(212) ADIRONDACK MEDICAL CENTER FOUNDATION P. O. BOX 120, 2233 STATE ROUTE 86, SARANAC LAKE, NY 12983	16-1528554	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(213) BRAIN CENTER OF GREEN BAY INC. 2801 SOUTH WEBSTER AVE, GREEN BAY, WI 54301	82-3766844	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(214) CAPITAL AREA PARKINSON'S SOCIETY PO BOX 27565, AUSTIN, TX 78755	74-2376122	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(215) DARTMOUTH HITCHCOCK HEALTH ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	26-4812335	501(C)(3)	10,000				CENTER OF EXCELLENCE GRANTS

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(216) GORDON COLLEGE 255 GRAPEVINE ROAD, WENHAM, MA 01984	04-2104258	501(C)(3)	10,000				CLINICAL RESEARCH
(217) LOUISIANA TECH UNIVERSITY P. O. BOX 7924, RUSTON, LA 71272	72-6000792	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(218) MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE BUILDING #1 STE, CHARLESTON, SC 29407	57-6000722	GOVERNMENT	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(219) NEUROSCIENCE CENTERS OF FLORIDA FOUNDATION, INC. D/B/A BRAIN CENTER 3661 SOUTH MIAMI AVE SUITE 208, MIAMI, FL 33133	27-2199258	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(220) STROUM JEWISH COMMUNITY CENTER 3801 E MERCER WAY, MERCER ISLAND, WA 98040	90-0953408	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(221) TEACHERS COLLEGE, COLUMBIA UNIVERSITY 525 W 120TH STREET MAILBOX 30, NEW YORK, NY 10027	13-1624202	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(222) THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY ATRIUM HEALTH P. O. BOX 32861, CHARLOTTE, NC 28232-2861	56-0529945	GOVERNMENT	10,000				CLINICAL RESEARCH
(223) THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53130	39-0806261	501(C)(3)	10,000				CLINICAL RESEARCH
(224) THE MISSION FOR MOVEMENT 15922 GREENSBORO DRIVE, GREENWELL SPRINGS, LA 70739	99-2064738	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(225) THE PARKINSONS EXERCISE AND WELLNESS CENTER 3660 W 95TH ST, LEAWOOD, KS 66206	83-2228108	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(226) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE, DAVIS, CA 95616	94-3067788	501(C)(3)	10,000				CENTER OF EXCELLENCE GRANTS
(227) THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 159, SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	10,000				COMMUNITY ENGAGEMENT & ADVOCACY
(228) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE, CLEVELAND, OH 44106	34-1567805	501(C)(3)	10,000				CLINICAL RESEARCH
(229) RUTH DAVIDSON HAHN & COMPANY 501 PIER 2, LINCOLN, NE 68528	75-3023349	501(C)(3)	8,500				COMMUNITY ENGAGEMENT & ADVOCACY
(230) THE UNIVERSITY OF IOWA 105 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	501(C)(3)	8,200				CLINICAL RESEARCH
(231) GALLATIN VALLEY YMCA, INC. 3673 LOVE LANE, BOZEMAN, MT 59718	81-0542574	501(C)(3)	8,000				COMMUNITY ENGAGEMENT & ADVOCACY

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(232) OPTIMUM HOPE I PARKINSON RECOVERY 205 N MT JULIET RD, MT JULIET, TN 37122	87-4483010	501(C)(3)	8,000				COMMUNITY ENGAGEMENT & ADVOCACY
(233) PARKINSONS GROUP OF THE OZARKS 1136 E ST LOUIS ST, SPRINGFIELD, MO 65806	43-1828981	501(C)(3)	8,000				COMMUNITY ENGAGEMENT & ADVOCACY
(234) REEVES DEMENTIA CARE AND CONSULTING, LLC 105 W. NICHOLS AVE., MONTEVIDEO, MN 56265	99-0751231		8,000				COMMUNITY ENGAGEMENT & ADVOCACY
(235) YOUNG MENS CHRISTIAN ASSOCIATION OF RIDGEWOOD NJ 112 OAK STREET, RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)	8,000				COMMUNITY ENGAGEMENT & ADVOCACY
(236) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3599 RAINBOW BLVD MAILSTOP 3042, KANSAS CITY, KS 66160-7702	48-1108830	501(C)(3)	7,700				CLINICAL RESEARCH
(237) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 360, EAST LANSING, MI 48824	38-6005984	501(C)(3)	7,500				PROFESSIONAL TRAINING
(238) MOVING BRAINS FOUNDATION 205 EAST 111 STREET, NEW YORK, NY 10029	88-4077349	501(C)(3)	7,500				COMMUNITY ENGAGEMENT & ADVOCACY
(239) ARKANSAS FESTIVAL BALLET 901 N UNIVERSITY, LITTLE ROCK, AR 72207	71-0842951	501(C)(3)	7,000				COMMUNITY ENGAGEMENT & ADVOCACY
(240) WARRIORS OF STRENGTH 7910 BRADENTON DRIVE, CHARLOTTE, NC 28210	87-3084899	501(C)(3)	6,500				COMMUNITY ENGAGEMENT & ADVOCACY
(241) UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG., GAINESVILLE, FL 32611	59-6002052	501(C)(3)	6,400				CLINICAL RESEARCH
(242) HEALTH RESEARCH ALLIANCE, INC. 6409 FAYETTEVILLE RD STE 120-246, DURHAM, NC 27713	68-0617198	501(C)(3)	6,250				MEDICAL RESEARCH
(243) LOMA LINDA UNIVERSITY 11219 ANDERSON ST, LOMA LINDA, CA 92354	95-1816009	501(C)(3)	6,200				CLINICAL RESEARCH
(244) BETH ISRAEL MEDICAL CTR DBA MT SINAI BETH ISRAEL FIRST AVENUE @16TH STREET, NEW YORK, NY 10003	13-5564934	501(C)(3)	6,100				CLINICAL RESEARCH
(245) CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH 888 W BONNEVILLE AVE, LAS VEGAS, NV 89106	26-4367036	501(C)(3)	5,000				CLINICAL RESEARCH
(246) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N-4327-B, BALTIMORE, MD 02121	52-1725543	501(C)(3)	5,000				CLINICAL RESEARCH
(247) UNIVERSITY OF FLORIDA PO BOX 113001 33 TIGERT HALL, GAINESVILLE, FL 32611-3001	59-6002052	501(C)(3)	2,000				CLINICAL RESEARCH

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF THE UTILIZATION OF FUNDS AWARDED BY PF.
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET, SAN FRANCISCO, CA 94143
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PRES. & FELLOWS OF HARVARD COLL. 1033 MASSACHUSETTS AVE, CAMBRIDGE, MA 02138

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

**Part I Questions Regarding Compensation**

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

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JOHN L. LEHR PRESIDENT & CEO	(i)	407,636	202,179	0	17,250	11,385	638,450	0
		(ii)	0	0	0	0	0	0	0
2	MERI MARGARET DEOUDÉS SVP, CHIEF OPERATING OFFICER (THRU 09/2024)	(i)	186,409	38,250	58,846	14,175	31,561	329,241	0
		(ii)	0	0	0	0	0	0	0
3	KAYLÉN HENKEL EVP, CHIEF ADVANCEMENT OFFICER	(i)	233,625	45,579	0	13,960	32,317	325,481	0
		(ii)	0	0	0	0	0	0	0
4	JAMES BECK EVP, CHIEF SCIENTIFIC OFFICER	(i)	242,556	35,684	0	13,912	3,973	296,125	0
		(ii)	0	0	0	0	0	0	0
5	MARK KEAVEY SVP, CHIEF FINANCIAL OFFICER	(i)	231,438	33,750	0	13,259	5,177	283,624	0
		(ii)	0	0	0	0	0	0	0
6	LEILANI PEARL SVP, CHIEF COMMUNICATIONS OFFICER	(i)	222,504	33,150	0	12,783	11,159	279,596	0
		(ii)	0	0	0	0	0	0	0
7	CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGEMENT OFFICER	(i)	196,343	30,128	0	11,324	22,437	260,232	0
		(ii)	0	0	0	0	0	0	0
8	SHEERA ROSENFELD VP, CHIEF STRATEGIC INITIATIVES OFFICER	(i)	201,823	15,463	0	10,864	30,268	258,418	0
		(ii)	0	0	0	0	0	0	0
9	YASNAHIA CORTORREAL SVP, CHIEF HR ADMIN OFFICER	(i)	192,973	28,119	0	11,055	11,156	243,303	0
		(ii)	0	0	0	0	0	0	0
10	ELIZABETH POLLARD VP, CHIEF TRAINING AND EDUCATION OFFICER	(i)	172,237	27,000	0	9,962	32,293	241,492	0
		(ii)	0	0	0	0	0	0	0
11	SARA O'HARE VP, OPERATIONS	(i)	154,305	10,000	0	8,215	32,274	204,794	0
		(ii)	0	0	0	0	0	0	0
12	NICOLE LESSARD VP, CHIEF CLINICAL AFFAIRS OFFICER	(i)	181,856	0	0	9,093	11,138	202,087	0
		(ii)	0	0	0	0	0	0	0
13	ALEJANDRO BLANCO AVP, FINANCE	(i)	174,985	0	0	8,749	10,455	194,189	0
		(ii)	0	0	0	0	0	0	0
14	AJAY SHARMA AVP, CONTROLLER	(i)	171,420	300	0	8,586	3,928	184,234	0
		(ii)	0	0	0	0	0	0	0
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MERI MARGARET DEOUDES RECIEVED A SEVERANCE PAYMENT TOTALING \$58,846.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	46	1,363,974	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 -	<p>THE FOUNDATION'S MISSION IS TO MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE. IN EVERYTHING WE DO, WE BUILD ON THE ENERGY, EXPERIENCE AND PASSION OF OUR GLOBAL PARKINSON'S COMMUNITY. AS A NATIONAL ORGANIZATION WITH A LOCAL PRESENCE AND IMPACT, THE FOUNDATION BRINGS HELP AND HOPE TO AN ESTIMATED ONE MILLION INDIVIDUALS IN THE UNITED STATES AND TEN MILLION INDIVIDUALS WORLDWIDE WHO ARE LIVING WITH PARKINSON'S.</p> <p>THE THREE PILLARS OF OUR MISSION ARE RESEARCH, CARE AND EDUCATION:</p> <p><b>RESEARCH</b> ACCELERATE THE DEVELOPMENT OF NEW AND BETTER THERAPIES FOR PEOPLE LIVING WITH PARKINSON'S DISEASE. - PRIORITY 1 - ADVANCE PARKINSON DISEASE GENERATION AS A PLATFORM FOR GENETIC RESEARCH INSIGHTS, CLINICAL TRIAL RECRUITMENT, AND REAL-WORLD DATA COLLECTION AND ANALYSIS. - PRIORITY 2 - FUND SCIENTISTS PURSUING NOVEL IDEAS THAT LEAD TO BREAKTHROUGHS OR NEW THERAPIES. - PRIORITY 3 - BUILD A COHORT OF PARKINSON DISEASE PATIENTS WITH GENETIC, CLINICAL AND DEMOGRAPHIC DATA TO ADVANCE RESEARCH, CLINICAL CARE, AND POLICY. - PRIORITY 4 - ADVOCATE FOR POLICY CHANGES THAT ACCELERATE RESEARCH.</p> <p><b>IMPROVED CARE</b> RAISE THE STANDARD OF CARE TO IMPROVE HEALTH AND QUALITY OF LIFE FOR PEOPLE LIVING WITH PARKINSON'S DISEASE. - PRIORITY 1 - EXPAND AND ENHANCE PF'S GLOBAL CARE NETWORK TO PROMOTE EXCELLENCE IN PARKINSON'S CARE. - PRIORITY 2 - PILOT AND SCALE INNOVATIVE MODELS OF CARE TO EXPAND ACCESS, PROMOTE EFFICIENCY, AND IMPROVE OUTCOMES. - PRIORITY 3 - ADVANCE PD-SPECIFIC STANDARDS OF CARE ACROSS THE CARE CONTINUUM. - PRIORITY 4 - USE PATIENT ADVOCACY AND POLICY INITIATIVES TO DRIVE IMPROVEMENTS IN AND ACCESS TO PARKINSON DISEASE CARE.</p> <p><b>EDUCATION AND EMPOWERMENT</b> OFFER INFORMATION AND RESOURCES TO HELP PEOPLE LIVING WITH AND AFFECTED BY PARKINSON'S NAVIGATE EVERY STAGE OF THE DISEASE AND FOSTER COMMUNITY. - PRIORITY 1 - PROVIDE UP-TO-DATE RESOURCES THAT ADDRESS THE UNIQUE NEEDS OF PEOPLE AFFECTED BY PARKINSON'S. - PRIORITY 2 - SCALE PF'S FIELD PRESENCE AND ENGAGEMENT PROGRAMS TO CONNECT MORE PEOPLE TO RESOURCES. - PRIORITY 3 - SUPPORT COMMUNITY MEMBERS TO LEAD COLLABORATION, FOSTER CONNECTION, AND FACILITATE LEARNING WITHIN THEIR COMMUNITIES. - PRIORITY 4 - CONTINUOUSLY IMPROVE AND UPDATE PF'S COMMUNICATION CHANNELS TO REACH NEW PEOPLE, EXPAND ACCESS, AND PROMOTE ENGAGEMENT ACROSS THE PARKINSON'S COMMUNITY.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>PILLAR 3 - EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY: WE PROVIDE A VARIETY OF IN-PERSON AND VIRTUAL RESOURCES, HELPING EVERYONE LIVE BETTER WITH PARKINSON'S. THE FOUNDATION IS THE FIRST ORGANIZATION TO FORM A PARKINSON'S ADVISORY COUNCIL AND THE FIRST TO TRAIN PEOPLE WITH PD TO PARTNER WITH SCIENTISTS ON RESEARCH. WE HELP PEOPLE LIVE WELL WITH PD BY PROVIDING FREE RESOURCES, INCLUDING AN INTERACTIVE VIRTUAL SERIES, PD HEALTH @ HOME, WHICH FEATURES EVENTS FOCUSED ON WELLNESS, EXERCISE AND MENTAL HEALTH, A NEWLY DIAGNOSED GUIDE DESIGNED TO HELP PEOPLE WITH PARKINSON'S AND THEIR LOVED ONES GET STARTED ON THEIR PD JOURNEY AND A TOLL-FREE HELPLINE STAFFED BY PARKINSON'S SPECIALISTS WHO ANSWER QUESTIONS IN ENGLISH AND SPANISH ON NEARLY 25,000 CALLS ANNUALLY. WE ALSO FUND COMMUNITY GRANTS ANNUALLY TO SUPPORT PROGRAMS THAT FURTHER THE HEALTH, WELLNESS AND EDUCATION OF PEOPLE WITH PARKINSON'S DISEASE IN LOCAL COMMUNITIES ACROSS THE U.S. WE BRING LOCAL COMMUNITIES TOGETHER THROUGH MOVING DAY, A WALK FOR PARKINSON'S. THIS NATIONAL GRASSROOTS EVENT HAS RAISED \$50.2 MILLION SINCE INCEPTION TO SUPPORT PARKINSON'S RESEARCH AND LOCAL WELLNESS PROGRAMS ACROSS THE COUNTRY.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTANTS AND IS REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE AND MANAGEMENT PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT AND CEO'S COMPENSATION WAS ESTABLISHED USING COMPARABLE MARKET DATA, BASED ON ADVICE PROVIDED BY A PROFESSIONAL RECRUITING FIRM RETAINED BY PF. THE FOUNDATION FORMED A COMMITTEE, COMPRISED OF BOARD MEMBERS, TO RECRUIT THE PRESIDENT AND CEO AND THAT COMMITTEE APPROVED THE LEVEL OF HIS COMPENSATION.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	ALL OF THE OTHER OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION HAVE HAD THEIR SALARIES SET BASED ON MARKET REMUNERATION LEVELS VERIFIED BY INDEPENDENT EXPERTS.						
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV, WY						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE LATEST AUDITED FINANCIAL STATEMENTS AND TAX RETURN ARE ALSO AVAILABLE FOR DOWNLOAD FROM THE ORGANIZATION'S WEBSITE.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CANCELLED GRANTS</td> <td>795,869</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>795,869</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	CANCELLED GRANTS	795,869	<b>TOTAL</b>	<b>795,869</b>
(a) Description	(b) Amount						
CANCELLED GRANTS	795,869						
<b>TOTAL</b>	<b>795,869</b>						
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM THAT AUDITS THE FOUNDATION'S FINANCIAL STATEMENTS AND THE OVERSIGHT OF THE ANNUAL AUDIT.						