

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 07/01/2021 **and ending** 06/30/2022

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PARKINSON'S FOUNDATION, INC.			<b>D</b> Employer identification number 13-1866796		
	Doing Business As			<b>E</b> Telephone number (800) 473-4636		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	200 SE 1ST STREET		800			
City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33131						<b>G</b> Gross receipts \$ 75,792,301.
<b>F</b> Name and address of principal officer: JOHN L. LEHR SAME AS "C" ABOVE						<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
						If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: WWW.PARKINSON.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>L</b> Year of formation: 1957 <b>M</b> State of legal domicile: FL

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	171
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	42,337,915.	49,615,439.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	612,513.	1,455,952.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,195,041.	-798,000.
		41,755,387.	50,273,391.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,287,096.	13,886,825.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,170,715.	16,012,028.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,712,426.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,196,344.	13,794,637.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,654,155.	43,693,490.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,898,768.	6,579,901.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	57,866,566.	51,700,116.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	28,626,014.	21,902,856.
	29,240,552.	29,797,260.	

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	CURT DE GREFF Type or print name and title	SENIOR VP & CFO			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JACOB COOK	<i>Jacob Cook</i>	11/02/2022		P01240455
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶	13-5381590	Phone no.	561-909-2100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 11,659,157. including grants of \$ 2,987,811. ) (Revenue \$ NONE )

PILLAR 1 - ENSURING BETTER CARE FOR EVERYONE: WE SET STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH A GLOBAL NETWORK OF 47 CENTERS OF EXCELLENCE. WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH PD BY TRACKING THE CARE THAT THEY RECEIVE AT THE CENTERS. MORE THAN 13,000 PATIENTS ARE ENROLLED IN THE PARKINSON'S OUTCOMES PROJECT, THE LARGEST CLINICAL STUDY OF PD. ACCORDING TO THE STUDY, REGULAR PARKINSON'S TREATMENT FROM A NEUROLOGIST COULD SAVE THOUSANDS OF LIVES A YEAR. WE WORK TO CLOSE THE GAP IN PARKINSON'S PROFESSIONAL TRAINING BY EDUCATING NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE THERAPISTS AND SOCIAL WORKERS SO THEY CAN PROVIDE BETTER CARE.

4b (Code: ) (Expenses \$ 13,243,871. including grants of \$ 8,956,071. ) (Revenue \$ NONE )

PILLAR 2 - UNDERSTANDING PARKINSON'S THROUGH RESEARCH: WE INVEST MORE THAN \$10 MILLION ANNUALLY IN PROMISING SCIENTISTS WHO ARE ON A MISSION TO UNDERSTAND THE BASIC MECHANISMS OF PARKINSON'S THAT ARE CRITICAL TO DEVELOPING NEW TREATMENTS AND MEDICATIONS AND ULTIMATELY, A CURE. WE RECRUIT THE MOST TALENTED MINDS IN PARKINSON'S RESEARCH BY SUPPORTING EARLY CAREER SCIENTISTS IN NEUROLOGY WHO MIGHT CHOOSE OTHER FIELDS OF STUDY. WE IDENTIFY AND ADDRESS THE UNMET NEEDS OF PEOPLE WITH PD BY DRIVING CUTTING-EDGE RESEARCH ON A WIDE RANGE OF PATIENT-DRIVEN TOPICS.

4c (Code: ) (Expenses \$ 11,227,891. including grants of \$ 1,942,943. ) (Revenue \$ NONE )

PILLAR 3 - EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY: WE EDUCATE AND EMPOWER PEOPLE THROUGH THE NATIONAL NETWORK OF STAFF AND VOLUNTEERS. 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 EDUCATION BOOKS, WEBINARS, PODCASTS, A LIFE-SAVING HOSPITALIZATION KIT, AND A TOLL-FREE STAFFED BY PARKINSON'S SPECIALISTS WHO ANSWER NEARLY 25,000 CALLS ANNUALLY. (CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses 36,130,919.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<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>	X	
<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>	X	
<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>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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>24d</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>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
<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>		X
<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>		X
<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>28a</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>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28c</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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<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>		X
<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>		X
<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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</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>		X
<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>		X
<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. . . . .	X	

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		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. <span style="float:right">2a 171</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<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>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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> 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? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<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? . . . . .		X
<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>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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<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 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<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.) . . . . . <span style="float:right">11b</span>		
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<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? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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 . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<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>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? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.		X
<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. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (28), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

CURT DE GREFF 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131 305-537-9903

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN L. LEHR PRESIDENT & CEO	40.00 NONE			X				454,996.	NONE	23,738.
(2) VERONICA TODARO EXECUTIVE VP, COO	40.00 NONE				X			278,247.	NONE	39,448.
(3) JAMES BECK SVP, CHIEF SCIENTIFIC OFFICER	40.00 NONE				X			261,646.	NONE	17,005.
(4) CURTIS DE GREFF ASSISTANT TREASURER/SVP, CFO	40.00 NONE			X				247,084.	NONE	30,169.
(5) KAYLN HENKEL SVP, CHIEF DEVELOPMENT OFFICER	40.00 NONE				X			241,988.	NONE	28,374.
(6) LEILANI PEARL ASSISTANT SECRETARY/SVP CCO	40.00 NONE			X				226,748.	NONE	20,228.
(7) CHRISTIANA EVERS VP, CHIEF COMM. ENG. OFFICER	40.00 NONE				X			198,693.	NONE	35,467.
(8) YASNAHIA CORTORREAL VP, CHIEF HR & ADMIN. OFFICER	40.00 NONE				X			206,368.	NONE	14,234.
(9) ELIZABETH POLLARD VP, CHIEF TRAINING & EDU. OFC.	40.00 NONE				X			183,372.	NONE	34,799.
(10) SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	40.00 NONE					X		168,544.	NONE	32,393.
(11) NICOLE YARAB VP, CLINICAL AFFRS/INFO RSRCS	40.00 NONE					X		167,008.	NONE	26,259.
(12) ALEJANDRO BLANCO SENIOR DIRECTOR, FINANCE	40.00 NONE					X		161,142.	NONE	16,323.
(13) KATHERINE GRISWOLD VP INDIVIDUAL GIVING	40.00 NONE					X		142,081.	NONE	32,671.
(14) JEFFREY CALDERON COMPROLLER	40.00 NONE					X		130,319.	NONE	24,170.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) J. GORDON BECKHAM CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
( 16 ) ANDREW B. ALBERT VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
( 17 ) CONSTANCE W. ATWELL, PH. D. SECRETARY	5.00 NONE	X		X				NONE	NONE	NONE
( 18 ) PAUL H. NATHAN TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
( 19 ) STEPHEN ACKERMAN ASSISTANT TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
( 20 ) HOWARD D. MORGAN IMMEDIATE PAST CHAIR	5.00 NONE	X						NONE	NONE	NONE
( 21 ) JENA ABERNATHY BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 22 ) SARAH BROWN BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 23 ) MARSHALL BURACK BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 24 ) ALESSANDRO DI ROCCO, M.D. BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
( 25 ) G. PENNINGTON EGBERT BOARD MEMBER	5.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								3,068,236.	NONE	375,278.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,068,236.	NONE	375,278.

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 ▶ 27

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

**Section B. Independent Contractors**

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

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

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



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

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

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

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

**Section B. Independent Contractors**

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

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

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

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

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

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

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 47

**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>	3,340,315.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	2,164,400.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	44,110,724.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,484,749.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			49,615,439.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			NONE			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			732,761.		732,761.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			NONE			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b>		25,311,076.	45,300.		
			<b>7b</b>		24,528,958.	104,227.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		782,118.	-58,927.		
	<b>d</b>	Net gain or (loss) . . . . .			723,191.		723,191.	
<b>8a</b>	Gross income from fundraising events (not including \$ 3,340,315. of contributions reported on line 1c). See Part IV, line 18 . . . . .							
		<b>8a</b>		87,725.				
		<b>8b</b>		885,725.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .			-798,000.		-798,000.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .							
		<b>9a</b>		NONE				
		<b>9b</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
		<b>10a</b>		NONE				
		<b>10b</b>		NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			NONE			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			50,273,391.		657,952.		

**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  X

<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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	12,368,331.	12,368,331.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	414,103.	414,103.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,104,391.	1,104,391.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,339,318.	1,741,055.	287,399.	310,864.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	10,605,705.	8,589,119.	710,942.	1,305,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	586,419.	390,300.	135,264.	60,855.
9 Other employee benefits . . . . .	1,643,877.	1,094,108.	379,179.	170,590.
10 Payroll taxes . . . . .	836,709.	556,885.	192,996.	86,828.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	313,589.	91,200.	188,575.	33,814.
c Accounting . . . . .	16,178.		16,178.	
d Lobbying . . . . .	605.		605.	
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	208,606.		208,606.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 4,521,636.	3,276,972.	264,249.	980,415.
12 Advertising and promotion . . . . .	933,240.	903,240.		30,000.
13 Office expenses . . . . .	2,761,751.	1,652,835.	126,803.	982,113.
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	1,150,161.	1,030,208.	41,233.	78,720.
17 Travel . . . . .	545,705.	439,272.	41,431.	65,002.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	179,871.	161,019.	15,686.	3,166.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	435,701.	354,178.	30,392.	51,131.
23 Insurance . . . . .	183,892.	42,600.	135,431.	5,861.
24 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.)				
a PRINTING & PUBLICATIONS	1,281,613.	837,833.	18,790.	424,990.
b CATERING AND MEETINGS	838,573.	818,601.	6,806.	13,166.
c BANK AND CREDIT CARD EXPENSE	237,071.	125,953.	35,706.	75,412.
d REPAIRS & MAINTENANCE	61,191.	51,025.	3,145.	7,021.
e All other expenses _____	125,254.	87,691.	10,729.	26,834.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	43,693,490.	36,130,919.	2,850,145.	4,712,426.
<b>26 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	717,976.	<b>1</b>	209,523.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	2,980,557.	<b>3</b>	6,138,927.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,064,382.	<b>9</b>	192,752.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,187,762.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,706,879.	1,216,239.	<b>10c</b> 1,480,883.
	<b>11</b> Investments - publicly traded securities . . . . .	51,887,412.	<b>11</b>	43,678,031.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	NONE
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	57,866,566.	<b>16</b>	51,700,116.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,489,822.	<b>17</b>	4,072,033.
	<b>18</b> Grants payable . . . . .	20,382,699.	<b>18</b>	16,771,095.
	<b>19</b> Deferred revenue . . . . .	1,231,474.	<b>19</b>	701,538.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,164,400.	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	357,619.	<b>25</b>	358,190.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	28,626,014.	<b>26</b>	21,902,856.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	24,508,656.	<b>27</b>	23,604,184.
	<b>28</b> Net assets with donor restrictions . . . . .	4,731,896.	<b>28</b>	6,193,076.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 . . . . .	29,240,552.	<b>32</b>	29,797,260.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	57,866,566.	<b>33</b>	51,700,116.	

**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>	50,273,391.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	43,693,490.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,579,901.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	29,240,552.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,993,617.
<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>	-29,576.
<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>	29,797,260.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> PARKINSON'S FOUNDATION, INC.	<b>Employer identification number</b> 13-1866796
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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)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 96.93%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 97.39%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 in 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 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .  ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <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 Part VI.</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 Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (PARKINSON'S FOUNDATION, INC.) and Employer identification number (13-1866796)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 1,589,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 2,164,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021



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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I:

PARKINSON'S FOUNDATION PAID MEMBERSHIP DUES OF \$11,000 TO HEALTH RESEARCH COUNCIL (HRC). THE FOUNDATION RECEIVED NOTICE THAT OF THE \$11,000 IN MEMBERSHIP DUES, \$605 WAS USED FOR LOBBYING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2021

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
- (ii) Related organizations

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

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		658,743.	388,051.	270,692.
d Equipment		2,034,938.	1,264,310.	770,628.
e Other		494,081.	54,518.	439,563.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,480,883.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	358,190.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	
	358,190.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 50,273,391.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 43,693,490.

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**Part XIII Supplemental Information** (continued)

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") 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, 2022 AND 2021.

THE ORGANIZATION HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER 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, 2022 AND 2021. 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 WHEN IT IS REQUIRED.



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$(29,476)

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	NONE	NONE	GRANTMAKING		465,226.
(2) EUROPE	NONE	NONE	GRANTMAKING		442,380.
(3) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		136,785.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		60,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	NONE	NONE			1,104,391.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	NONE	NONE			1,104,391.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	163,333.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	99,998.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	60,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	60,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	60,000.	CHECK			
(6)			NORTH AMERICA	MEDICAL RESEARCH	60,000.	CHECK			
(7)			NORTH AMERICA	MEDICAL RESEARCH	60,000.	CHECK			
(8)			NORTH AMERICA	MEDICAL RESEARCH	60,000.	CHECK			
(9)			NORTH AMERICA	MEDICAL RESEARCH	60,000.	CHECK			
(10)			EAST ASIA/PACIFIC	MEDICAL RESEARCH	60,000.	CHECK			
(11)			EAST ASIA/PACIFIC	MEDICAL RESEARCH	60,000.	CHECK			
(12)			MIDDLE EAST/NORTH AFRICA	MEDICAL RESEARCH	60,000.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	MEDICAL RESEARCH	50,000.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	CLINICAL RESEARCH	35,000.	CHECK			
(15)			NORTH AMERICA	MEDICAL RESEARCH	30,000.	CHECK			
(16)			EAST ASIA/PACIFIC	COMM. ENGMNT & ADVOCACY	16,785.	CHECK			

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CLINICAL RESEARCH	7,500.	CHECK			
(2)			NORTH AMERICA	CLINICAL RESEARCH	5,893.	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL RESEARCH	EUROPE/ICELAND/GREENLAND	1	75,000.	CHECK			
(2) PROFESSIONAL TRAINING	NORTH AMERICA	1	10,000.	CHECK			
(3) MEDICAL RESEARCH	NORTH AMERICA	1	4,000.	CHECK			
(4) TIM BARTELS	EUROPE/ICELAND/GREENLAND	1	1,400.	CHECK			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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).

PART I, LINE 2:

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number <b>13-1866796</b>
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**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.
- |   |   |
|---|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION <b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				6,154,778.	2,876,045.	3,278,733.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NEW YORK GALA (event type)	SPRING NEW YORK (event type)	88 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	364,150.	220,631.	2,843,259.	3,428,040.
	2	Less: Contributions	347,900.	202,806.	2,789,609.	3,340,315.
	3	Gross income (line 1 minus line 2)	16,250.	17,825.	53,650.	87,725.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	6,435.	NONE	16,008.	22,443.
	6	Rent/facility costs	7,800.	NONE	-355.	7,445.
	7	Food and beverages	68,743.	33,825.	15,704.	118,272.
	8	Entertainment	2,000.	NONE	10,200.	12,200.
	9	Other direct expenses	46,716.	7,175.	671,475.	725,366.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				885,726.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-798,001.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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

=====

NAME:

LAUTMAN MASKA NEILL & COMPAN

ADDRESS:

1730 RHODE ISLAND AVE NW, SUITE 301  
WASHINGTON, DC 20036

ACTIVITY :

DIRECT MAIL LIST MGMT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	6,154,778.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	2,876,045.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	3,278,733.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

- 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE TRUSTEES OF COLUMBIA UNIV. IN THE CITY 710 W 168TH ST., NEW YORK, NY 10032	13-5598093	501(C)(3)	1,066,875.				MEDICAL RESEARCH
<b>(2)</b> UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD., ROCHESTER, NY 14642	16-0743209	501(C)(3)	705,122.				CLINICAL RESEARCH
<b>(3)</b> NAVITAS CLINICAL RESEARCH INC P.O. BOX 637170, CINCINNATI, OH 45263	52-1485172		685,069.				CLINICAL RESEARCH
<b>(4)</b> REGENTS OF THE UNIVERSITY OF MICHIGAN 109 ZINA PITCHER PLACE, ANN ARBOR, MI 48109	38-6006309	501(C)(3)	449,910.				MEDICAL RESEARCH
<b>(5)</b> INDIANA UNIVERSITY JAN HOBBIK 410 W., INDIANAPOLIS, IN 42602	35-6001673	501(C)(3)	438,010.				CLINICAL RESEARCH
<b>(6)</b> YALE UNIVERSITY P.O. BOX 1873, NEW HAVEN, CT 06508	06-0646973	501(C)(3)	415,000.				MEDICAL RESEARCH
<b>(7)</b> EMORY UNIVERSITY 12 EXECUTIVE PK. DR. NE, ATLANTA, GA 30329	58-0566256	501(C)(3)	402,916.				MEDICAL RESEARCH
<b>(8)</b> FULGENT THERAPEUTICS LLC P.O. BOX 748677, LOS ANGELES, CA 90074	32-0400050		399,300.				CLINICAL RESEARCH
<b>(9)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR., CHICAGO, IL 60611	36-2167817	501(C)(3)	347,599.				MEDICAL RESEARCH
<b>(10)</b> STANFORD UNIVERSITY P.O. BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	230,000.				MEDICAL RESEARCH
<b>(11)</b> UNIVERSITY OF FLORIDA 288 GRINTER HALL, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	227,930.				CLINICAL RESEARCH
<b>(12)</b> NAVITAS CLINICAL RESEARCH INC P.O. BOX 637170, CINCINNATI, OH 45263	52-1485172		218,442.				RESEARCH ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 201

3 Enter total number of other organizations listed in the line 1 table ▶ 36

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

- 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST, CHICAGO, IL 60612	36-2174823	501(C)(3)	271,001.				MEDICAL RESEARCH
<b>(2)</b> AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE, MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	200,000.				MEDICAL RESEARCH
<b>(3)</b> NEW YORK UNIVERSITY 222 E. 41ST ST., NEW YORK, NY 10017	13-5562308	501(C)(3)	272,458.				MEDICAL RESEARCH
<b>(4)</b> THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD, BALTIMORE, MD 21211	52-0595110	501(C)(3)	164,125.				MEDICAL RESEARCH
<b>(5)</b> UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W. MARKHAM ST., LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	150,000.				MEDICAL RESEARCH
<b>(6)</b> RUTGERS 33 KNIGHTSBRIDGE RD., PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	150,000.				MEDICAL RESEARCH
<b>(7)</b> INDIANA UNIVERSITY JAN HOBBIK 410 W., INDIANAPOLIS, IN 42602	35-6001673	501(C)(3)	148,060.				MEDICAL RESEARCH
<b>(8)</b> REGENTS OF THE UNIV. OF CALIFORNIA SAN DIEG 9500 GILMAN DR. MAIL, LA JOLLA, CA 92093	95-6006144	501(C)(3)	144,125.				MEDICAL RESEARCH
<b>(9)</b> THOMAS JEFFERSON UNIVERSITY 909 WALNUT ST., PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	139,725.				MEDICAL RESEARCH
<b>(10)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44198	34-0714585	501(C)(3)	133,040.				MEDICAL RESEARCH
<b>(11)</b> UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD., ROCHESTER, NY 14642	16-0743209	501(C)(3)	128,456.				MEDICAL RESEARCH
<b>(12)</b> BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501(C)(3)	113,485.				MEDICAL RESEARCH

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44199	34-0714585	501(C)(3)	113,225.				PROFESSIONAL TRAINING
<b>(2)</b> THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT ST., STE. #600, DENVER, CO 80203	84-6000555	501(C)(3)	111,125.				MEDICAL RESEARCH
<b>(3)</b> THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 490 IL ST., SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	106,125.				MEDICAL RESEARCH
<b>(4)</b> OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON, PORTLAND, OR 97239	93-1176109	501(C)(3)	105,000.				MEDICAL RESEARCH
<b>(5)</b> DUKE UNIVERSITY 2424 ERWIN ROAD, DURHAM, NC 27705	56-0532129	501(C)(3)	101,277.				CLINICAL RESEARCH
<b>(6)</b> UNIVERSITY OF FLORIDA 288 GRINTER HALL, GAINSVILLE, FL 32611	59-6002052	501(C)(3)	99,125.				MEDICAL RESEARCH
<b>(7)</b> UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE., FARMINGTON, CT 06030	52-1725543	501(C)(3)	93,064.				MEDICAL RESEARCH
<b>(8)</b> PENNSYLVANIA HOSPITAL OF THE UNIVERSITY PA 800 SPRUCE STREET, PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	90,000.				CLINICAL RESEARCH
<b>(9)</b> UNIVERSITY OF FLORIDA 288 GRINTER HALL, GAINSVILLE, FL 32611	59-6002052	501(C)(3)	90,000.				PROFESSIONAL TRAINING
<b>(10)</b> THE TRUSTEES OF COLUMBIA UNIV. IN THE CITY 710 W 168TH ST., NEW YORK, NY 10032	13-5598093	501(C)(3)	90,000.				PROFESSIONAL TRAINING
<b>(11)</b> FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH 350 COMMUNITY DR., MANHASSET, NY 11030	11-2673595	501(C)(3)	86,667.				MEDICAL RESEARCH
<b>(12)</b> THE GENERAL HOSPITAL CORP 15 PARKMAN ST., BOSTON, MA 02114	04-2697983	501(C)(3)	80,792.				MEDICAL RESEARCH

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<b>(1)</b> PEACHTREE BIORESEARCH SOLUTIONS 4985 LOWER ROSWELL RD, MARIETTA, GA 30068	26-3391036		79,687.				CLINICAL RESEARCH
<b>(2)</b> VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S., NASHVILLE, TN 37232	35-2528741	501(C)(3)	75,976.				CLINICAL RESEARCH
<b>(3)</b> THE REGENTS UNIV. OF CALIFORNIA LOS ANGELES 10899 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-6006143	501(C)(3)	75,000.				MEDICAL RESEARCH
<b>(4)</b> THE BOARD OF TRUSTEES OF THE UNIV. OF ILLIN 506 WRIGHT ST., URBANA, IL 61801	37-6000511	501(C)(3)	75,000.				MEDICAL RESEARCH
<b>(5)</b> BOSTON UNIVERSITY 635 COMMONWEALTH AVE., BOSTON, MA 02215	04-2103547	501(C)(3)	75,000.				MEDICAL RESEARCH
<b>(6)</b> NORTHWESTERN MEMORIAL FOUNDATION 251 E HURON, CHICAGO, IL 60611	36-3155315	501(C)(3)	75,000.				PATIENT EDUCATION
<b>(7)</b> THE RESEARCH FDN. FOR THE STATE UNIV. OF NY STONY BROOK UNIV., STONY BROOK, NY 11794	14-1368361	501(C)(3)	74,989.				MEDICAL RESEARCH
<b>(8)</b> UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	501(C)(3)	73,393.				MEDICAL RESEARCH
<b>(9)</b> JOHNS HOPKINS UNIVERSITY 1800 ORLEANS STREET, BALTIMORE, MD 21287	52-0595110	501(C)(3)	70,000.				CLINICAL RESEARCH
<b>(10)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND, OH 44196	34-0714585	501(C)(3)	70,000.				CLINICAL RESEARCH
<b>(11)</b> TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST., PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	69,167.				MEDICAL RESEARCH
<b>(12)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE., BOSTON, MA 02215	04-2103881	501(C)(3)	133,250.				MEDICAL RESEARCH

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<b>(1)</b> UNIVERSITY OF FLORIDA BOARD OF TRUSTEES P.O. BOX 113001, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	67,441.				CLINICAL RESEARCH
<b>(2)</b> PARK NICOLLET METHODIST HOSPITAL 295 PHALEN BLVD, ST. PAUL, MN 55130	41-0132080	501(C)(3)	65,000.				PROFESSIONAL TRAINING
<b>(3)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 1520 SAN PABLO ST., LOS ANGELES, CA 90033	95-1642394	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(4)</b> MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD, WASHINGTON, DC 20007	52-2218584	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(5)</b> THE UNIV. OF SOUTH FLORIDA BOARD OF TRUSTEE P.O. BOX 864568, ORLANDO, FL 32886	59-3102112	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(6)</b> UNIV. OF MIAMI/UMIAMI MEDICINE-NEUROLOGY 1150 NW 14TH ST., MIAMI, FL 33136	59-2579938	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(7)</b> AUGUSTA UNIVERSITY 1429 HARPER ST. HF-1154, AUGUSTA, GA 30912	58-6002053	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(8)</b> STATE UNIVERSITY OF IOWA 118 S CLINTON ST, IOWA CITY, IA 52242	42-6004813	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(9)</b> PARK NICOLLET METHODIST HOSPITAL 295 PHALEN BLVD, ST. PAUL, MN 55130	41-0132080	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(10)</b> DUKE UNIVERSITY 2424 ERWIN ROAD, DURHAM, NC 27705	56-0532129	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(11)</b> UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR., CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(12)</b> MEDICAL UNIVERSITY OF SOUTH CAROLINA 208 B RUTLEDGE AVE., CHARLESTON, SC 29425	57-6000722	501(C)(3)	64,125.				MEDICAL RESEARCH

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<b>(1)</b> VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S., NASHVILLE,, TN 37232	35-2528741	501(C)(3)	64,125.				MEDICAL RESEARCH
<b>(2)</b> PENNSYLVANIA HOSPITAL OF THE UNIVERSITY PA 800 SPRUCE STREET, PHILADELPHIA, PA 19107	31-1538725	501(C)(3)	60,000.				MEDICAL RESEARCH
<b>(3)</b> MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DR. SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	55,000.				CLINICAL RESEARCH
<b>(4)</b> THE BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS ST., BOSTON, MA 02115	04-2312909	501(C)(3)	53,604.				MEDICAL RESEARCH
<b>(5)</b> RUTGERS 33 KNIGHTSBRIDGE RD., PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	50,000.				MEDICAL RESEARCH
<b>(6)</b> UNIV. OF MIAMI/UMIAMI MEDICINE-NEUROLOGY 1150 NW 14TH ST., MIAMI, FL 33136	59-2579938	501(C)(3)	49,331.				CLINICAL RESEARCH
<b>(7)</b> UNIVERSITY OF FLORIDA FOUNDATION INC 1938 W. UNIV. AVE., GAINESVILLE, FL 32603	59-0974739	501(C)(3)	42,688.				MEDICAL RESEARCH
<b>(8)</b> UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE., #120, BERKELEY, CA 94720	94-6002123	501(C)(3)	42,000.				MEDICAL RESEARCH
<b>(9)</b> UNIVERSITY OF PITTSBURGH 3100 CATH. LEARNING, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	42,000.				MEDICAL RESEARCH
<b>(10)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1719 6TH AVE., BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	40,000.				MEDICAL RESEARCH
<b>(11)</b> NATIONAL OPINION RESEARCH CENTER (NORC) 55 E. MONROE ST., 20 FL, CHICAGO, IL 60603	36-2167808	501(C)(3)	40,000.				MEDICAL RESEARCH
<b>(12)</b> VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	40,000.				MEDICAL RESEARCH

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<b>(1)</b> TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL, COLL. STN., TX 77845	74-2907553	501(C)(3)	40,000.				MEDICAL RESEARCH
<b>(2)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS RD., PHOENIX, AZ 85013	86-0174371	501(C)(3)	39,125.				MEDICAL RESEARCH
<b>(3)</b> UNIV. OF KSS MEDICAL CENTER RESEARCH INSTIT 3901 RAINBOW BLVD., KANSAS CITY, KS 66160	48-1108830	501(C)(3)	34,125.				MEDICAL RESEARCH
<b>(4)</b> OREGON HEALTH & SCIENCE UNIV. FOUNDATION 3181 SW SAM JACKSON, PORTLAND, OR 97239	23-7083114	501(C)(3)	34,125.				MEDICAL RESEARCH
<b>(5)</b> DIGNITY HEALTH 240 W. THOMAS ROAD , PHOENIX, AZ 85013	94-1196203	501(C)(3)	30,000.				MEDICAL RESEARCH
<b>(6)</b> UNIVERSITY OF KANSAS MEDICAL CENTER 3599 RAINBOW BLVD, KANSAS CITY, KS 66160	48-0547734	501(C)(3)	30,000.				MEDICAL RESEARCH
<b>(7)</b> RANCHO BIOSCIENCES, LLC P.O. BOX 7208, RANCHO SANTA FE, CA 92067	46-1509629		27,800.				CLINICAL RESEARCH
<b>(8)</b> UNIV. OF KS MEDICAL CENTER RESEARCH INSTITU 3901 RAINBOW BLVD., KANSAS CITY, KS 66160	48-1108830	501(C)(3)	27,058.				CLINICAL RESEARCH
<b>(9)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS RD., PHOENIX, AZ 85013	86-0174371	501(C)(3)	25,000.				CLINICAL RESEARCH
<b>(10)</b> UNIVERSITY OF KANSAS MEDICAL CENTER 3599 RAINBOW BLVD, KANSAS CITY, KS 66160	48-0547734	501(C)(3)	25,000.				CLINICAL RESEARCH
<b>(11)</b> INTL. ASSOC. OF PARKINSONISM & RELATEED 15403 N MCKINNON RD., MEAD, WA 99021	83-4434132	501(C)(3)	25,000.				MEDICAL RESEARCH
<b>(12)</b> UNIVERSITY OF CALIFORNIA 476 STANLEY HALL, BERKELEY, CA 94720	94-6002123	501(C)(3)	24,331.				MEDICAL RESEARCH

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<b>(1)</b> SEPHARDIC COMMUNITY YOUTH CENTER INC. 1901 OCEAN PARKWAY, BROOKLYN, NY 11223	11-2567809	501(C)(3)	24,200.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> SCORE POWER TRNG. FOR PARKINSON'S FITNESS 46 BRITTANIA CIRCLE, SALEM, MA 01970	46-1159035	501(C)(3)	23,775.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> ROCK STEADY BOXING MUSIC CITY LLC 220 HEATHER DR., FRANKLIN, TN 37069	82-2923555		23,500.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> ST.AUGUSTINE REHABILITATION SPECIALISTS LLC 105 MARINER HEALTH WAY, COSA, FL 32086	26-4033381		23,014.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> BANGOR REGION YMCA 17 SECOND STREET, BANGOR, ME 04401	01-0211485	501(C)(3)	22,877.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE RD., CHERRY HILL, NJ 08003	21-0634489	501(C)(3)	22,660.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> INMOTION 23905 MERCANTILE RD., BEACHWOOD, OH 44122	46-4102770	501(C)(3)	22,635.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> UPPER VALLEY PROGRAMS FOR PARKINSONS 1 TAYLOR STREET, LEBANON, NH 03766	84-3501395	501(C)(3)	22,532.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> YOUNG ONSET PARKINSON'S NETWORK 9003 LUPINE DEN DR., VIENNE, VI 22182	86-3790265	501(C)(3)	22,100.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> BR RYALL YMCA 49 DEICKE DRIVE, GLEN ELLYN, IL 60137	36-2470895	501(C)(3)	21,742.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> TREMBLE CLEFS ARIZONA P.O. BOX 1161 SUN CITY, AZ 85372	82-5412582	501(C)(3)	21,375.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W 120TH ST., NEW YORK, NY 10027	13-1624202	501(C)(3)	21,202.				COMM. ENGMNT & ADVOCACY

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13-1866796

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- 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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MUSIC MATTERS INTERNATIONAL 2120 GREEN STREET, PHILADELPHIA, PA 19130	46-4613938	501(C)(3)	21,195.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> PARKINSONS ASSOCIATION OF ORANGE COUNTY 7700 IRVINE CENTER DR., IRVINE, CA 92618	47-3861578	501(C)(3)	20,900.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> ROGUE PHYSICAL THERAPY & WELLNESS INC 18030 MAGNOLIA ST, FV, CA 92708	82-0981098		20,900.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> RX BALLROOM DANCE 28 AGAVE CT., LADERA RANCH, CA 92694	83-3614276		20,900.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> PARKINSONS COMMUNITY CENTER 2222 S FRASER ST, UNIT 2, AURORA, CO 80014	83-1901251	501(C)(3)	20,900.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST., PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	20,857.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> EMORY UNIVERSITY 12 EXECUTIVE PARK DR. NE, ATLANTA, GA 30329	58-0566256	501(C)(3)	20,800.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> BURCHFIELD PENNEY ART CENTER 1300 ELMWOOD AVE., BUFFALO, NY 14222	16-1596245	501(C)(3)	20,790.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> TAMPA JCC/FEDERATION INC 13009 COMMUNITY CAMPUS DR., TAMPA, FL 33625	23-7182057	501(C)(3)	20,700.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> AMERICAN DANCE FESTIVAL INC. 715 BROAD STREET, DURHAM, NC 27705	06-0932294		20,700.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> MOTORVATION FOUNDATION, INC. 11254 PIAZZALE ST., LAS VEGAS, NV 89141	81-2989803	501(C)(3)	20,700.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> DISCALCED INC 3 LAFAYETTE AVE, BROOKLYN, NY 11217	13-3577394		20,700.				COMM. ENGMNT & ADVOCACY

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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<b>(1)</b> POWER FOR PARKINSONS 5555 N LAMAR BLVD, AUSTIN, TX 78751	47-4394675	501(C)(3)	20,600.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> MID-ISLAND Y JEWISH COMMUNITY CENTER 45 MANETTO HILL ROAD, PLAINVIEW, NY 11803	11-1841899	501(C)(3)	20,408.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> HUNTSVILLE HOSPITAL FOUNDATION, INC. 801 CLINTON AVE. EAST, HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	20,400.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> MICHAEL-ANN RUSSELL JCC 18900 NE 25TH AVE, N. MIAMI BEACH, FL 33180	59-2791269	501(C)(3)	20,400.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> RE+ACTIVE PHYSICAL THERAPY & WELLNESS 11500 W. OLYMPIC BLVD., LA, CA 90064	46-0884527		20,329.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> PRINCETON BALLET SOCIETY 80 ALBANY ST., NEW BRUNSWICK, NJ 08901	21-0732575	501(C)(3)	20,300.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK RD., FREEHOLD, NJ 07728	22-2383065	501(C)(3)	20,250.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> ADAPTIVE PHYSICAL EDUCATION 1455 MADISON AVE, REDWOOD CITY, CA 94061	46-3037547		20,205.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> UNIV. OF KS MEDICAL CENTER RESEARCH INSTITU 3901 RAINBOW BLVD., KANSAS CITY, KS 66160	48-1108830	501(C)(3)	20,000.				PROFESSIONAL TRAINING
<b>(10)</b> KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, OAKLAND, CA 94612	94-1105628	501(C)(3)	19,979.				MEDICAL RESEARCH
<b>(11)</b> INDIANA PARKINSON FOUNDATION, INC. 14350 MUNDY DR., NOBLESVILLE, IN 46060	26-4263801	501(C)(3)	19,870.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> PARKINSONLIFE CORPORATION 5023 WEST DANTE AVE., TAMPA, FL 33629	86-1311117	501(C)(3)	19,704.				COMM. ENGMNT & ADVOCACY

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Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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<b>(1)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR., CHICAGO, IL 60611	36-2167817	501(C)(3)	19,350.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> PARKINSON'S FAMILIES OF NW KS ASSOCIATION 985 CO RD 20, COLBY, KS 67701	85-3854147	501(C)(3)	19,302.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> INVERTIGO DANCE THEATRE 11166 LUCERNE AVE., CULVER CITY, CA 90230	26-2085983		18,900.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260, CHICO, CA 95928	68-0161455	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> PD ACTIVE P.O. BOX 9246, BERKELEY, CA 94709	26-3302461	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN ST., SAN FRANCISCO, CA 94102	94-1415298	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> REHABILITATION INSTITUTE OF CHICAGO/SHIRLEY 355 EAST ERIE ST., CHICAGO, IL 60611	36-2256036	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> GORDON COLLEGE 255 GRAPEVINE ROAD, WENHAM, MA 01984	04-2104258	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL, MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	18,900.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> HEARTLAND NEUROLOGICAL THERAPY AND WELLNESS P.O. BOX 204, WATERLOO, NE 68069	87-1557643		18,900.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> THE MEYROW FOUNDATION 4320 LA JOLLA VILLAGE, SAN DIEGO, CA 92122	27-1196792	501(C)(3)	18,729.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> NEURO CHALLENGE FOUNDATION, INC. 722 APEX RD., STE. A, SARASOTA, FL 34240	26-2311656	501(C)(3)	18,690.				COMM. ENGMNT & ADVOCACY

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Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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<b>(1)</b> PARKINSON'S COMMUNITY LOS ANGELES 119 N FAIRFAX AVE, LOS ANGELES, CA 90036	47-5314677	501(C)(3)	18,585.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> HOME FOR AGED WOMEN INC 165 CHESTNUT STREET, BROOKLINE, MA 02445	04-2104314	501(C)(3)	18,473.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> GIVE FOR A SMILE 10861 ACACIA PKWY., GARDEN GROVE, CA 92840	45-2454983	501(C)(3)	18,360.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> ROD RODGERS DANCE COMPANY 62 EAST 4TH ST., NEW YORK, NY 10075	23-7179839		18,330.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> ARKANSAS COLLEGES OF HEALTH EDUCATION P.O. BOX 10366, FORT SMITH, AR 72917	46-5138928	501(C)(3)	18,000.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> ORANGE COAST MEMORIAL MEDICAL CENTER 18111 BROOKHURST ST., FV, CA 92708	33-0687414	501(C)(3)	18,000.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> THE GEORGE CENTER FOUNDATION 1001 MACY DR., ROSWELL, GA 30076	82-3571211	501(C)(3)	17,993.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> EMERSON HEALTH CARE FOUNDATION INC 133 OLD RD., CONCORD, MA 01742	04-2770980	501(C)(3)	17,415.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> MVMTRREVOLUTION 550 LAKE COOK ROAD, DEERFIELD, IL 60015	47-2339789	501(C)(3)	17,033.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE., BOSTON, MA 02215	04-2103881	501(C)(3)	16,875.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> UNIVERSITY OF LOUISIANA MONROE 700 UNIVERSITY AVENUE, MONROE, LA 71209	72-6001695	501(C)(3)	16,785.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> PARKINSONS CONNECTION OF CENTRAL NEW MEXICO P.O. BOX 36641, ALBUQUERQUE, NM 87176	84-2196595	501(C)(3)	16,766.				COMM. ENGMNT & ADVOCACY

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13-1866796

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<b>(1)</b> JEWISH COMMUNITY CENTER OF GREATER KANSAS C 5801 W. 115TH ST., OVERLAND PARK, KS 66211	44-0545992	501(C)(3)	16,733.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> COMMUNITY HOSPITAL GROUP/JFK MEDICAL CENTER 98 JAMES STREET, EDISON, NJ 08820	22-6019101	501(C)(3)	16,695.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR., CHICAGO, IL 60611	36-2167817	501(C)(3)	16,667.				CLINICAL RESEARCH
<b>(4)</b> BARROW NEUROLOGICAL FOUNDATION 350 W. THOMAS RD., PHOENIX, AZ 85013	86-0174371	501(C)(3)	16,650.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> GO TANGO P.D. INC. 195 N HARBOR DR., CHICAGO, IL 60601	83-4657051	501(C)(3)	16,020.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> PARKINSON ASSOCIATION OF THE ROCKIES 1325 S. CO BLVD, DENVER, CO 80222	74-2212593	501(C)(3)	15,754.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER ST., NEW ORLEANS, LA 70112	23-7122403	501(C)(3)	15,629.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> THE HENRY W. GRADY HEALTH SYSTEM FOUNDATION 191 PEACHTREE ST. NE, ATLANTA, GA 30303	58-2130437	501(C)(3)	15,300.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> UNIVERSITY OF SOUTH FLORIDA FOUNDATION 4202 E. FOWLER AVE, TAMPA, FL 33620	59-0879015	501(C)(3)	15,120.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> MDFIRST RESEARCH CHANDLER LLC 3190 S GILBERT ROAD, CHANDLER, AZ 85286	82-5027364		15,000.				CLINICAL RESEARCH
<b>(11)</b> INTL. PARKINSON MOVEMENT DISORDER SOCIETY 555 E. WELLS ST., MILWAUKEE, WI 53202	06-1263827	501(C)(3)	15,000.				MEDICAL RESEARCH
<b>(12)</b> MEMORIAL FOUNDATION INC 3329 JOHNSON STREET, HOLLYWOOD, FL 33021	59-2082218	501(C)(3)	14,935.				COMM. ENGMNT & ADVOCACY

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<b>(1)</b> AVERA HEALTH DBA AVERA FOUNDATION 1325 S. CLIFF AVENUE, SIOUX FALLS, SD 57117	46-0422673	501(C)(3)	14,879.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> GRAY STRONG FOUNDATION 123 S 8TH STREET, EASTON, PA 18042	83-2141954	501(C)(3)	14,796.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> BARRY AND FLORENCE FRIEDBERG JCC 15 NELL COURT, OCEANSIDE, NY 11572	11-2002556	501(C)(3)	14,670.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> ICAHN SCHOOL OF MEDICINE AT MT. SINAI ONE GUSTAVE L. LEVY PLACE, NY, NY 10029	13-6171197	501(C)(3)	14,400.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> VOICES FOR PARKINSON'S, INC. 1202 RED ROAN DR., LOVELAND, OH 45140	83-3696600	501(C)(3)	14,400.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> OHIO STATE UNIV. - WEXNER MEDICAL CENTER P.O. BOX 183010, COLUMBUS, OH 43218	31-6025986	501(C)(3)	14,364.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> PARKINSONS PLACE LAS VEGAS 2480 RAM CROSSING WAY, HENDERSON, NV 89074	83-4460347	501(C)(3)	14,120.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> YMCA OF SOUTHWEST FLORIDA, INC. 701 CENTER ROAD, VENICE, FL 34285	59-1629660	501(C)(3)	13,950.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> THE JEWISH COMMUNITY CNTR. IN MANHATTAN INC 334 AMSTERDAM AVE., NEW YORK, NY 10023	13-3490745	501(C)(3)	13,838.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> YMCA OF GREATER NASHUA 10 COTTON RD., STE. 1, NASHUA, NH 03063	02-0222250	501(C)(3)	13,756.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> PARKINSONS NEBRASKA 16811 BURDETTE ST., STE 1, OMAHA, NE 68114	27-1461260	501(C)(3)	13,727.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> CREATIVE NEUROLOGY LLC 15 COLLEGE HIGHWAY, SOUTHAMPTON, MA 01073	86-3804107		13,644.				COMM. ENGMNT & ADVOCACY

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<b>(1)</b> YMCA OF SOUTH FLORIDA, INC. 900 SE 3RD AVE., FORT LAUDERDALE, FL 33316	59-0624464	501(C)(3)	13,635.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> URBANITY DANCE INC 725 HARRISON AVE. #100, BOSTON, MA 02118	45-2295295		13,545.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> LIVRAMENTO DELGADO BOXING FOUNDATION INC 3812 FELTON HILL RD., SMYRNA, GA 30082	46-4299495	501(C)(3)	13,500.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON, PORTLAND, OR 97239	93-1176109	501(C)(3)	13,500.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> AUM HOME SHALA 3104 FL AVENUE MIAMI, FL 33133	27-0334306	501(C)(3)	13,266.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> PARKINSON'S GROUP OF THE OZARKS P.O. BOX 50595 SPRINGFIELD, MO 65805	43-1828981	501(C)(3)	13,248.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> REGIONS HOSPITAL FOUNDATION 640 JACKSON ST ST PAUL, MN 55101	41-1888902	501(C)(3)	13,050.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> ST ROSE DOMINICAN HEALTH FOUNDATION 102 E LAKE MEAD PKWY. HENDERSON, NV 89015	88-0349432	501(C)(3)	12,767.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> DAVID POSNACK JEWISH COMMUNITY CENTER 5850 S. PINE ISLAND RD. DAVIE, FL 33328	59-2075982	501(C)(3)	12,600.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> YOUVILLE HOUSE INC 1573 CAMBRIDGE ST. CAMBRIDGE, MA 02138	04-3239593		12,285.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> TRUE BEGINNING WELLNESS INC 371 NOAH DR., STE. 101 JASPER, GA 30143	84-4469972		12,160.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> RIRIE WOODBURY DANCE FOUNDATION 138 WEST BROADWAY SALT LAKE CITY, UT 84101	87-0294341	501(C)(3)	12,033.				COMM. ENGMNT & ADVOCACY

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST CHICAGO, IL 60612	36-2174823	501(C)(3)	11,974.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> ENGAGE PT OT SLP 103 CRAWFORD AVENUE SYRACUSE, NY 13224	85-1174271		11,858.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> MOVEMENT DISORDER EDU. & EXERCISE, INC. 309A LOTS ROAD STEVENSVILLE, MD 21666	82-1620201		11,657.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> CCRC OF LENEXA LLC 8505 PFLUMM ROAD LENEXA, KS 66215	82-2506513		11,587.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> SUMMIT FOR PARKINSONS P.O. BOX 2235 MISSOULA, MT 59806	27-1796767	501(C)(3)	11,565.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> PARKINSON ASSOCIATION OF ALABAMA, INC. P.O. BOX 590146 BIRMINGHAM, AL 35259	31-1467418	501(C)(3)	11,430.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310	501(C)(3)	11,050.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> CARNEGIE MELLON UNIVERSITY 4400 FIFTH AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	10,999.				MEDICAL RESEARCH
<b>(9)</b> RESEARCH FOUNDATION OF THE CITY UNIVERSITY 230 WEST 41ST ST. NEW YORK, NY 10036	13-1988190	501(C)(3)	10,837.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> TREASURE VALLEY FAMILY YMCA 1177 W STATE ST BOISE, ID 83702	82-0200908	501(C)(3)	10,807.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH STREET SUNBURY, PA 17801	24-0795634	501(C)(3)	10,550.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> BFIT & WELL ANNEX P.O. BOX 230165 ANCHORAGE, AK 99523	26-3306106		10,500.				COMM. ENGMNT & ADVOCACY

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

PARKINSON'S FOUNDATION, INC.

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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE UNIVERSITY OF TEXAS AT TYLER 3900 UNIVERSITY BOULEVARD TYLER, TX 75799	75-1396988	501(C)(3)	10,305.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> 901 PARKINSON'S FIGHTERS 1693 OVERTON PARK AVE. MEMPHIS, TN 38112	84-2560595	501(C)(3)	10,130.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST CHICAGO, IL 60612	36-2174823	501(C)(3)	10,000.				CLINICAL RESEARCH
<b>(4)</b> OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	93-1176109	501(C)(3)	10,000.				CLINICAL RESEARCH
<b>(5)</b> UNIVERSITY OF KANSAS MEDICAL CENTER 3599 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)(3)	10,000.				PROFESSIONAL TRAINING
<b>(6)</b> NORTHWESTERN UNIVERSITY 710 NORTH LAKE SHORE DR. CHICAGO, IL 60611	36-2167817	501(C)(3)	10,000.				RESEARCH ADVOCACY
<b>(7)</b> RETREAT CENTER OF MARYLAND INC 8950 STATE ROUTE 108 COLUMBIA, MD 21045	81-3123233		9,999.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> PARAQUAD INC 5240 OAKLAND AVE ST LOUIS, MO 63110	23-7112449		9,945.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> MISSISSIPPI GULF COAST YMCA INC 1810 GOVT. ST. OCEAN SPRINGS, MS 39564	64-0584648	501(C)(3)	9,906.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> JEWISH HOME FOR THE ELDERLY OF FA COUNTY 4200 PARK AVENUE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	9,756.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> EMPOWER PARKINSON, INC. 7543 SAULSBURY RD. TULLY, NY 13159	83-2789189	501(C)(3)	9,720.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> LAKEVIEW VILLAGE FOUNDATION 9100 PARK STREET, LENEXA, KS 66215	74-2809238	501(C)(3)	9,700.				COMM. ENGMNT & ADVOCACY

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SPECTRUM HEALTH FOUNDATION 100 MI STREET NE GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	9,621.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> BANNER HEALTH FOUNDATION P.O. BOX 2978, PHEONIX, AZ 85062	94-2545356	501(C)(3)	9,208.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> CINCINNATI MUSIC & WELLNESS COALITION 5029 S. RIDGE DR. CINCINNATI, OH 45224	27-3181549		9,180.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> UNIVERSITY OF TENNESSEE MEDICAL CENTER 1924 ALCOA HIGHWAY, KNOXVILLE, TN 37920	31-1626179		9,041.				COMM. ENGMNT & ADVOCACY
<b>(5)</b> IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	42-1143702	501(C)(3)	8,910.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> YMCA OF SOUTH COLLIER, INC. 101 SAND HILL ST. MARCO ISLAND, FL 34145	59-2498619	501(C)(3)	8,748.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY. NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	8,717.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	91-0983214	501(C)(3)	8,526.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> CARE PLAN OVERSIGHT LLC 10615 JEFFERSON HWY. BATON ROUGE, LA 70809	26-3615886	501(C)(3)	8,499.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> UNIVERSITY OF FLORIDA 288 GRINTER HALL GAINSVILLE, FL 32611	59-6002052	501(C)(3)	8,487.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> BFIT & WELL ANNEX P.O. BOX 230165 ANCHORAGE, AK 99523	87-1681410		8,400.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> INNOVATIVE THERAPY SOLN. & CONSULTING, LLC. 2550 WINDSOR PLACE N. MANDAN, ND 58554	85-0829317		8,163.				COMM. ENGMNT & ADVOCACY

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**Grants and Other Assistance to Organizations,  
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Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> YMCA OF METRO ATLANTA INC 569 MLK JR. DR. ATLANTA, GA 30314	58-0566253	501(C)(3)	8,020.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> PETERSON FOUNDATION FOR PARKINSONS 4205 HILLSBORO PIKE NASHVILLE, TN 37215	26-4144151	501(C)(3)	8,000.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> THOMAS JEFFERSON UNIVERSITY 909 WALNUT ST. PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	8,000.				PROFESSIONAL TRAINING
<b>(4)</b> UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE RD. KINGSTON, RI 02881	22-3011455	501(C)(3)	8,000.				PROFESSIONAL TRAINING
<b>(5)</b> UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST. COLUMBIA, SC 29208	57-6001153	501(C)(3)	8,000.				PROFESSIONAL TRAINING
<b>(6)</b> UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY SAN ANTONIO, TX 78209	74-1109661	501(C)(3)	8,000.				PROFESSIONAL TRAINING
<b>(7)</b> MEMPHIS JEWISH COMMUNITY CENTER 6560 POPLAR AVENUE MEMPHIS, TN 38138	62-0481800	501(C)(3)	7,485.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> SAINT LUKE'S FOUNDATION 901 EAST 104TH ST. KANSAS CITY, MO 64131	44-6014699	501(C)(3)	7,359.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> LEXINGTON AREA PARKINSON DISEASE SUPP. GROU P.O. BOX 4424 LEXINGTON, KY 40544	61-1308517	501(C)(3)	7,090.				COMM. ENGMNT & ADVOCACY
<b>(10)</b> CARE LIFT CORP 3483 SATELLITE BLVD. DULUTH, GA 30096	86-1505734		6,903.				COMM. ENGMNT & ADVOCACY
<b>(11)</b> THE NEBRASKA MEDICAL CENTER 988145 NE MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)(3)	6,646.				COMM. ENGMNT & ADVOCACY
<b>(12)</b> ELON UNIVERSITY 100 CAMPUS DR. ELON, NC 27244	56-0532303	501(C)(3)	6,534.				COMM. ENGMNT & ADVOCACY

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD BF, MI 48025	38-2494280	501(C)(3)	6,343.				COMM. ENGMNT & ADVOCACY
<b>(2)</b> SOUTH SHORE YMCA 141 LONGWATER DR., NORWELL, MA 02061	04-2105881	501(C)(3)	6,000.				COMM. ENGMNT & ADVOCACY
<b>(3)</b> ROCHESTER ACCESSIBLE ADVENTURES INC 2165 BRIGHTON HENRIETTA TN. RNY, NY 14623	47-5366589		5,949.				COMM. ENGMNT & ADVOCACY
<b>(4)</b> PARK NICOLLET METHODIST HOSPITAL 295 PHALEN BLVD ST. PAUL, MN 55130	41-0132080	501(C)(3)	5,893.				CLINICAL RESEARCH
<b>(5)</b> THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44197	34-0714585	501(C)(3)	5,850.				COMM. ENGMNT & ADVOCACY
<b>(6)</b> THE UNIVERSITY OF CHICAGO 5235 S. HARPER COURT CHICAGO, IL 60615	36-2177139	501(C)(3)	5,617.				COMM. ENGMNT & ADVOCACY
<b>(7)</b> UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY SAN ANTONIO, TX 78209	74-1109661	501(C)(3)	5,433.				COMM. ENGMNT & ADVOCACY
<b>(8)</b> SANFORD MEDICAL CENTER FARGO 1305 W 18TH ST. SIOUX FALLS, SD 57105	45-0226909	501(C)(3)	5,400.				COMM. ENGMNT & ADVOCACY
<b>(9)</b> CITY OF UNION CITY 34009 ALVARADO-NILES RD. UC, CA 94587	94-6036941	501(C)(3)	5,227.				COMM. ENGMNT & ADVOCACY
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MEDICAL RESEARCH	22	271,269.			
2 RESEARCH ADVOCACY	8	83,925.			
3 CLINICAL RESEARCH	2	26,106.			
4 PROFESSIONAL TRAINING	3	22,460.			
5 COMMUNITY ENGAGEMENT & ADVOCACY	2	10,343.			
6					
7					

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

PART I, LINE 2:

ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF  
THE UTILIZATION OF FUNDS AWARDED BY PF.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

13-1866796

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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)	368,746.	86,250.	NONE	14,500.	9,238.	478,734.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 VERONICA TODARO EXECUTIVE VP, COO	(i)	243,484.	34,763.	NONE	14,197.	25,251.	317,695.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JAMES BECK SVP, CHIEF SCIENTIFIC	(i)	229,819.	31,827.	NONE	13,124.	3,881.	278,651.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CURTIS DE GREFF ASSISTANT TREASURER/S	(i)	216,334.	30,750.	NONE	12,559.	17,610.	277,253.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 KAYLN HENKEL SVP, CHIEF DEVELOPMEN	(i)	211,988.	30,000.	NONE	12,252.	16,122.	270,362.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 LEILANI PEARL ASSISTANT SECRETARY/S	(i)	200,288.	26,460.	NONE	11,430.	8,798.	246,976.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 CHRISTIANA EVERS VP, CHIEF COMM. ENG.	(i)	177,063.	21,630.	NONE	10,231.	25,236.	234,160.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 YASNAHIA CORTORREAL VP, CHIEF HR & ADMIN.	(i)	181,955.	24,413.	NONE	10,383.	3,851.	220,602.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 ELIZABETH POLLARD VP, CHIEF TRAINING &	(i)	159,879.	23,493.	NONE	9,595.	25,204.	218,171.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 SHEERA ROSENFELD VP, STRATEGIC INITIAT	(i)	168,544.	NONE	NONE	8,749.	23,644.	200,937.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 NICOLE YARAB VP, CLINICAL AFFRS/IN	(i)	167,008.	NONE	NONE	8,602.	17,657.	193,267.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 ALEJANDRO BLANCO SENIOR DIRECTOR, FINA	(i)	156,142.	5,000.	NONE	8,118.	8,205.	177,465.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 KATHERINE GRISWOLD VP INDIVIDUAL GIVING	(i)	142,081.	NONE	NONE	7,527.	25,144.	174,752.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 JEFFREY CALDERON COMPROLLER	(i)	130,319.	NONE	NONE	6,715.	17,455.	154,489.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	49	1,484,749.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

0333SR YJ4H 11/02/2022 14:33:19 V21-7.5F 247749.001

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

13-1866796

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

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

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

OUR VISION: RESEARCH

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

- PRIORITY 1: IDENTIFY AND FUND THE MOST PROMISING PATHWAYS TO NEW AND  
BETTER THERAPIES AND ULTIMATELY A CURE.

- PRIORITY 2: GENERATE AND DISTRIBUTE MORE DATA AND PUT THESE FINDINGS  
RIGHT TO WORK TO IMPROVE PARKINSON'S HEALTH OUTCOMES AND QUALITY OF LIFE.

- PRIORITY 3: BUILD INCREASED CAPACITY FOR RESEARCH DEVELOPMENT BY  
LEVERAGING EXISTING PARTNERSHIPS AND NURTURING A PIPELINE OF NEUROSCIENCE  
INVESTIGATORS.

OUR VISION: CARE

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

- PRIORITY 1: IDENTIFY BEST PRACTICES OF QUALITY, PATIENT-CENTERED  
PARKINSON'S DISEASE CARE.

- PRIORITY 2: DRIVE ADOPTION OF BEST-PRACTICE CARE ACROSS DISCIPLINES.

- PRIORITY 3: REDUCE BARRIERS THAT LIMIT ACCESS TO QUALITY CARE.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

OUR VISION: EDUCATION

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

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

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

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

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

WE BRING LOCAL COMMUNITIES TOGETHER THROUGH MOVING DAY WALK FOR  
PARKINSON'; A NATIONAL GRASSROOT EVENT THAT HAS RAISED \$30 MILLION SINCE  
INCEPTION TO SUPPORT PARKINSON'S RESEARCH AND LOCAL WELLNESS PROGRAMS  
ACROSS THE COUNTRY.

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

THE FORM 990 IS PREPARED BY THE FOUNDATION'S AUDITORS AND IS REVIEWED BY  
MANAGEMENT PRIOR TO FILING.

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

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

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

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**2021**

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Inspection**

Employer identification number

THE CFO, CEO, OR A MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE DISCLOSURE STATEMENT MUST BE COMPLETED, EXECUTED AND FILED WITH THE FOUNDATION BY ALL INDIVIDUALS SEEKING TO SERVE THE FOUNDATION AS A BOARD MEMBER, OFFICER OR KEY EMPLOYEE PRIOR TO SUCH INDIVIDUALS COMMENCING HIS OR HER SERVICE TO THE FOUNDATION.

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

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.

ALL OF THE KEY EMPLOYEES OF THE FOUNDATION HAVE HAD THEIR SALARIES SET BASED ON MARKET REMUNERATION LEVELS VERIFIED BY INDEPENDENT EXPERTS.

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

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

**FORM 990, PART XI, LINE 9:**

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$(29,576)

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

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**2021**

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Inspection**

Employer identification number

**FORM 990, PART XII, LINE 2C:**

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.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.

13-1866796

FORM 990, PART VI, LINE 17 - STATES

=====

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



Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.13-1866796

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE MICHAEL J. FOX FOUNDATION GRAND CENTRAL STATION, P.O. BOX 4777 NEW YORK, NY 10163-4777	RESEARCH	692,796.
UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD, CU 420694 NEW YORK, NY 14642	CLINIC/MED RESEARCH	676,430.
FULGENT THERAPEUTICS LLC 4978 SANTA ANITA AVENUE, SUITE 205 TEMPLE CITY, CA 91780-3600	THERAPY	625,000.
UNIVERSITY OF FLORIDA P.O. BOX 117001 GAINESVILLE, FL 32611	CLINIC/MED RESEARCH	400,000.
YALE UNIVERSITY P.O. BOX 208241 NEW HAVEN, CT 06520-8241	CLINIC/MED RESEARCH	375,000.

Name of the organization

Employer identification number

PARKINSON'S FOUNDATION, INC.13-1866796

## FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PROFESSIONAL SERVICES	2,949,403.	2,626,773.	117,551.	205,079.
OUTSIDE SERVICES	1,572,233.	650,199.	146,698.	775,336.
TOTALS	----- 4,521,636. =====	----- 3,276,972. =====	----- 264,249. =====	----- 980,415. =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARKINSON'S FOUNDATION, INC.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ 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

**2021**

**Open to Public  
Inspection**

Employer identification number

13-1866796

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL PARKINSON FOUNDATION INC. 59-0968031 200 SE 1ST STREET MIAMI, FL 33131	SEE PART VII	FL	501(C)(3)	10	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME: NATIONAL PARKINSON FOUNDATION INC.

PRIMARY ACTIVITY: PREVIOUS PARKINSON FOUNDATION ENTITY