

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**PARKINSON'S FOUNDATION, INC.**

**13-1866796**

Name and title of officer or person subject to tax

**CURT DE GREFF  
SENIOR VICE PRESIDENT & CFO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>41,755,387.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy


of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BDO USA, LLP to enter my PIN 66796  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ 

Date ▶ **October 29, 2021**

### Part III Certification and Authentication

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

**65584581590**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PARKINSON'S FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 SE 1ST STREET 800</b> City or town, state or province, country, and ZIP or foreign postal code <b>MIAMI, FL 33131</b> <b>F</b> Name and address of principal officer: <b>JOHN L. LEHR</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1866796</b> <b>E</b> Telephone number <b>(800) 473-4636</b> <b>G</b> Gross receipts \$ <b>43,076,901.</b> <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>H(c)</b> Group exemption number ▶
<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>J</b> Website: ▶ <b>WWW.PARKINSON.ORG</b>		
<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: <b>1957</b>
		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, 1</b>		
Activities & Governance	<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>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>155</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>3000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>40,380,698.</b>	<b>Current Year</b> <b>42,337,915.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>738,813.</b>	<b>612,513.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>-868,594.</b>	<b>-1,195,041.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>40,250,917.</b>	<b>41,755,387.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>11,301,654.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		<b>13,863,804.</b>	<b>13,170,715.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,163,460.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		<b>12,929,735.</b>	<b>12,196,344.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>38,095,193.</b>	<b>45,654,155.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>2,155,724.</b>	<b>-3,898,768.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>45,116,415.</b>	<b>End of Year</b> <b>57,866,566.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>19,152,986.</b>	<b>28,626,014.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>25,963,429.</b>	<b>29,240,552.</b>

**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 <b>CURT DE GREFF, SENIOR VICE PRESIDENT &amp; CFO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LISETTE RODRIGUEZ, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01404398</b>
	Firm's name ▶ <b>BDO USA, LLP</b>	Firm's address ▶ <b>301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301</b>	Firm's EIN ▶ <b>13-5381590</b>	Phone no. (954) <b>760-9000</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PARKINSON'S FOUNDATION MAKES 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. (SEE SCHEDULE O.)

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 10,906,158. including grants of \$ 3,548,296. ) (Revenue \$ ) 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 \$ 18,202,054. including grants of \$ 14,483,034. ) (Revenue \$ ) 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 \$ 10,594,604. including grants of \$ 2,255,766. ) (Revenue \$ ) 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 HELPLINE, STAFFED BY PARKINSON'S SPECIALISTS WHO ANSWER NEARLY 25,000 CALLS ANNUALLY. 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 39,702,816.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> 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> .....	<b>23</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 186	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (30), 1b (30), 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 AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CURT DE GREFF, SENIOR VICE PRESIDENT, CFO - 305-537-9903 200 SE 1ST STREET SUITE 800, MIAMI, FL 33131

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN L. LEHR PRESIDENT & CHIEF EXECUTIV	40.00			X			422,429.	0.	37,453.	
(2) VERONICA TODARO SVP & CHIEF OPERATING OFFI	40.00				X		257,255.	0.	36,707.	
(3) CURTIS DE GREFF SVP & CHIEF FINANCIAL OFFI	40.00			X			227,896.	0.	28,075.	
(4) JAMES BECK VP & CHIEF SCIENTIFIC OFFI	40.00				X		241,922.	0.	13,440.	
(5) KAYLN HENKEL VP OF FIELD DEVELOPMENT	40.00				X		212,371.	0.	26,879.	
(6) LEILANI PEARL VP, CHIEF COMMUNICATIONS O	40.00				X		209,554.	0.	18,818.	
(7) ELIZABETH POLLARD VP OF EDUCATION	40.00				X		171,538.	0.	32,445.	
(8) YASNAHIA CORTORREAL VP OF HUMAN RESOURCES AND	40.00				X		183,261.	0.	10,459.	
(9) CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGE	40.00				X		155,998.	0.	24,468.	
(10) NICOLE YARAB VP CLINICAL AFFAIRS & INFORMATION &	40.00					X	152,571.	0.	24,345.	
(11) SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	40.00					X	147,081.	0.	29,746.	
(12) KAMA SANGUINETTI VP, DEVELOPMENT INITIATIVE	40.00					X	142,300.	0.	14,603.	
(13) KATHERINE GRISWOLD NATIONAL DIRECTOR, MAJOR G	40.00					X	126,546.	0.	30,135.	
(14) ALEJANDRO BLANCO SENIOR DIRECTOR, FINANCE	40.00					X	131,884.	0.	11,804.	
(15) HOWARD D. MORGAN CHAIRMAN	5.00	X		X			0.	0.	0.	
(16) ANDREW B. ALBERT VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
(17) ALISON P. HERMAN BOARD MEMBER	5.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALESSANDRO DI ROCCO BOARD MEMBER	5.00	X						0.	0.	0.
(19) JOHN W. KOZYAK BOARD MEMBER	5.00	X						0.	0.	0.
(20) J. GORDON BECKHAM, JR. VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(21) MINDY MCILROY BOARD MEMBER	5.00	X						0.	0.	0.
(22) TRAVIS HOWE BOARD MEMBER	5.00	X						0.	0.	0.
(23) JAMES MORGAN BOARD MEMBER	5.00	X						0.	0.	0.
(24) CONSTANCE W. ATWELL SECRETARY	5.00	X		X				0.	0.	0.
(25) CHRISTINA WEAVER JACKSON BOARD MEMBER	5.00	X						0.	0.	0.
(26) STEPHEN ACKERMAN TREASURER	5.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								2,782,606.	0.	339,377.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,782,606.	0.	339,377.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF ROCHESTER, 265 CRITTENDEN BLVD, CU 420694, NEW YORK, NY 14642	CLINICAL AND MEDICAL RESEARCH	1,094,486.
SHIRLEY RYAN ABILITY LAB 355 E ERIE ST, CHICAGO, IL 60611	COMMUNITY ENGAGEMENT AND ADVOCACY	1,007,000.
PMC - PRINT MAIL COMMUNICATION, 4333 DAVENPORT ROAD, FREDERICKSBURG, VA 22408	MAIL CAMPAIGN & PRINTING	957,877.
SOUTHEASTERN PRINTING CO INC 3601 SE DIXIE HWY, STUART, FL 34997	PRINTING	875,514.
THE TRUSTEES OF COLUMBIA UNIVERSITY, 722 WEST 168TH ST 4TH FL, NEW YORK, NY 10032	MEDICAL RESEARCH	510,723.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **45**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) G. PENNINGTON EGBERT III BOARD MEMBER	5.00	X					0.	0.	0.	
(28) STANLEY FAHN BOARD MEMBER	5.00	X					0.	0.	0.	
(29) RICHARD D. FIELD BOARD MEMBER	5.00	X					0.	0.	0.	
(30) STEPHANIE GOLDMAN ROSEN BOARD MEMBER	5.00	X					0.	0.	0.	
(31) ARLENE LEVINE BOARD MEMBER	5.00	X					0.	0.	0.	
(32) PAUL H. NATHAN BOARD MEMBER	5.00	X					0.	0.	0.	
(33) JENA E. ABERNATHY BOARD MEMBER	5.00	X					0.	0.	0.	
(34) PAUL R. BLOM BOARD MEMBER	5.00	X					0.	0.	0.	
(35) MADISON PONDER HARRISON BOARD MEMBER	5.00	X					0.	0.	0.	
(36) ROBERTO L. PALENZUELA BOARD MEMBER	5.00	X					0.	0.	0.	
(37) MARCIA MONDAVI BORGER BOARD MEMBER	5.00	X					0.	0.	0.	
(38) JOSHUA RASKIN BOARD MEMBER	5.00	X					0.	0.	0.	
(39) JOHN D. THOMOPOULOS BOARD MEMBER	5.00	X					0.	0.	0.	
(40) JAMES F.T. MONHART BOARD MEMBER	5.00	X					0.	0.	0.	
(41) MARSHALL R. BURACK BOARD MEMBER	5.00	X					0.	0.	0.	
(42) PETER GOLDMAN BOARD MEMBER	5.00	X					0.	0.	0.	
(43) PAOLO FRESCO BOARD MEMBER	5.00	X					0.	0.	0.	
(44) THE HONORABLE JOHNNY ISAKSON BOARD MEMBER	5.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	3,958,558.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	38,379,357.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 452,941.				
	<b>h Total.</b> Add lines 1a-1f .....		42,337,915.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		612,513.			612,513.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 3,958,558. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		126,473.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	1,321,514.			
		<b>c</b> Net income or (loss) from fundraising events .....		-1,195,041.			-1,195,041.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			41,755,387.	0.	0.	-582,528.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,620,609.	9,620,609.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	9,837,881.	9,837,881.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	828,606.	828,606.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,806,881.	2,053,375.	466,628.	286,878.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	7,689,037.	6,280,343.	346,600.	1,062,094.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	536,421.	427,390.	39,505.	69,526.
<b>9</b> Other employee benefits .....	1,350,832.	1,044,692.	126,624.	179,516.
<b>10</b> Payroll taxes .....	787,544.	632,402.	55,038.	100,104.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	223,781.	139,830.	16,269.	67,682.
<b>c</b> Accounting .....	93,250.		93,250.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,076,061.	4,031,030.	113,528.	931,503.
<b>12</b> Advertising and promotion .....	1,369,167.	1,153,932.		215,235.
<b>13</b> Office expenses .....	1,546,367.	783,163.	36,335.	726,869.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	993,062.	884,889.	29,795.	78,378.
<b>17</b> Travel .....	5,932.	-2,081.	4,399.	3,614.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	188,327.	177,895.	9,974.	458.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	414,074.	332,812.	31,297.	49,965.
<b>23</b> Insurance .....	175,896.		175,896.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRINTING &amp; PUBLICATIONS</b>	1,079,400.	759,679.	9,146.	310,575.
<b>b</b> <b>MISCELLANEOUS</b>	381,226.	316,727.	21,424.	43,075.
<b>c</b> <b>CATERING AND MEETINGS</b>	255,479.	239,163.	2,291.	14,025.
<b>d</b> <b>BANK AND CREDIT CARD EX</b>	198,962.	154,339.	32,660.	11,963.
<b>e</b> All other expenses .....	195,360.	6,140.	177,220.	12,000.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	45,654,155.	39,702,816.	1,787,879.	4,163,460.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input 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 .....	542,833.	<b>1</b>	717,976.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,420,591.	<b>3</b>	2,980,557.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	624,661.	<b>9</b>	1,064,382.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,790,667.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,574,428.	<b>10c</b>	1,216,239.
	<b>11</b> Investments - publicly traded securities .....	39,182,593.	<b>11</b>	51,887,412.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	45,116,415.	<b>16</b>	57,866,566.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,672,428.	<b>17</b>	4,489,822.
	<b>18</b> Grants payable .....	11,194,450.	<b>18</b>	20,382,699.
	<b>19</b> Deferred revenue .....	1,667,827.	<b>19</b>	1,231,474.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,164,400.	<b>23</b>	2,164,400.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	453,881.	<b>25</b>	357,619.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	19,152,986.	<b>26</b>	28,626,014.
<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 .....	21,414,179.	<b>27</b>	24,508,656.
	<b>28</b> Net assets with donor restrictions .....	4,549,250.	<b>28</b>	4,731,896.
	<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 .....	25,963,429.	<b>32</b>	29,240,552.
	<b>33</b> Total liabilities and net assets/fund balances .....	45,116,415.	<b>33</b>	57,866,566.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,755,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,654,155.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,898,768.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,963,429.
5	Net unrealized gains (losses) on investments	5	7,163,601.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,290.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,240,552.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**▶ Attach to Form 990 or Form 990-EZ.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

**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 or 990-EZ).)
- 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 in 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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24858832.	28891308.	31477172.	40380698.	42337915.	167945925
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24858832.	28891308.	31477172.	40380698.	42337915.	167945925
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1280148.
<b>6 Public support.</b> Subtract line 5 from line 4.						166665777

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	24858832.	28891308.	31477172.	40380698.	42337915.	167945925
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	550,589.	559,433.	724,044.	738,813.	612,513.	3185392.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						171131317
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.39 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	98.00 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**PARKINSON'S FOUNDATION, INC.**

Employer identification number

**13-1866796**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number  <b>13-1866796</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>4,702,774.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,461,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,396,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,306,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number  <b>13-1866796</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>PARKINSON'S FOUNDATION, INC.</b>	Employer identification number  <b>13-1866796</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

**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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 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.	306,157.	352,586.
d Equipment		1,706,146.	1,216,668.	489,478.
e Other		425,778.	51,603.	374,175.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,216,239.

**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> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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	357,619.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,619.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	50,413,900.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	7,163,601.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,482,622.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	12,290.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,658,513.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	41,755,387.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	41,755,387.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	47,136,777.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,482,622.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,482,622.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,654,155.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	45,654,155.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 12,290.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - (INCLUDING CANADA & MEXICO, BUT NOT THE UNITED STATES)	0	0	GRANTMAKING	MEDICAL RESEARCH AND PATIENT CARE	267,424.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING	MEDICAL RESEARCH	453,441.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING	MEDICAL AND CLINICAL RESEARCH	92,741.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA	0	0	GRANTMAKING	MEDICAL RESEARCH	15,000.
CAMBODIA	0	0			
<b>3 a Subtotal</b> .....	0	0			828,606.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			828,606.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2020



**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)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	25,000.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	75,000.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	99,412.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	69,741.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	23,838.	CHECK	0.		
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	9,180.	CHECK	0.		

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 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	24,582.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	34,250.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	25,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	75,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	15,000.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	25,000.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	84,603.	CHECK	0.		
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	100,000.	CHECK	0.		
		CLINICAL RESEARCH - (SEE SCHEDULE O)	CLINICAL RESEARCH - (SEE SCHEDULE O)	8,000.	CHECK	0.		

**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)

**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.**

Multiple horizontal lines for supplemental information.

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

**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.

**2020**

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 **PARKINSON'S FOUNDATION, INC.** Employer identification number **13-1866796**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  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			
LAUTMAN MASKA NEILL & COMPANY - 1730 RHODE ISLAND AVE NW,	DIRECT MAIL LIST MANAGEMENT		X	5,110,179.	2,211,558.	2,898,621.
<b>Total</b>				5,110,179.	2,211,558.	2,898,621.

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

**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 (add col. (a) through col. (c))	
		NEW YORK GALA (event type)	POWER OVER PARKINSON'S (event type)	62 (total number)		
Revenue	1	Gross receipts	316,505.	1,281,447.	2,487,079.	4,085,031.
	2	Less: Contributions	297,805.	1,277,697.	2,383,056.	3,958,558.
	3	Gross income (line 1 minus line 2)	18,700.	3,750.	104,023.	126,473.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	577.	53,380.	438.	54,395.
	6	Rent/facility costs			14,798.	14,798.
	7	Food and beverages	86,345.	46,859.	32,984.	166,188.
	8	Entertainment	5,000.	1,350.	250.	6,600.
	9	Other direct expenses	54,225.	107,091.	918,217.	1,079,533.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,321,514.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,195,041.	

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BANGOR REGION YMCA 17 SECOND STREET BANGOR, ME 04401	01-0211485		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE BR-264 - BOSTON, MA 02215-5491	04-2103881		60,000.	0.			MEDICAL RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215-5491	04-2103881		14,150.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
BETH ISRAEL DEACONESS MEDICAL CENTER - KS 228-330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881		8,924.	0.			CLINICAL RESEARCH
HOME FOR AGED WOMEN INC DBA THE GODDARD HOUSE - 165 CHESTNUT ST. - BROOKLINE, MA 02445	04-2104314		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
SOUTH SHORE YMCA 141 LONGWATER DRIVE NORWELL, MA 02061	04-2105881		7,500.	0.			COMMUNITY ENGAGEMENT & 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 ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIGHAM AND WOMEN'S HOSPITAL INC - BANK OF AMERICA N.A. P.O. BOX 3149 - BOSTON, MA 02241-3149	04-2312909		144,167.	0.			MEDICAL RESEARCH
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983		152,917.	0.			MEDICAL RESEARCH
THE GENERAL HOSPITAL CORP 55 FRUIT STREET BOSTON, MA 02241	04-2697983		20,000.	0.			CLINICAL RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 15 PARKMAN STREET WACC ROOM 835 BOSTON, MA 02241	04-3230035		60,000.	0.			MEDICAL RESEARCH
ALFOND YOUTH & COMMUNITY CENTER 126 NORTH STREET WATERVILLE, ME 04901	04-3341661		6,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973		415,000.	0.			MEDICAL RESEARCH
AMERICAN DANCE FESTIVAL INC. 715 BROAD STREET, DURHAM, NC 27705	06-0932294		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
LONG ISLAND UNIVERSITY 700 NORTHERN BLVD BROOKVILLE, NY 11548	11-1633516		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
SEPHARDIC COMMUNITY YOUTH CENTER INC. - 1901 OCEAN PARKWAY - BROOKLYN, NY 11223	11-2567809		6,800.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE GMO-4TH FLR - MANHASSET, NY 11030	11-2673595		43,333.	0.			MEDICAL RESEARCH
TEACHERS COLLEGE COLUMBIA UNIVERSITY - 525 W 120TH STREET - NEW YORK, NY 10027	13-1624202		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
DISCALCED INC 3 LAFAYETTE AVE BROOKLYN, NY 11217	13-3577394		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NEW YORK UNIVERSITY P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308		75,000.	0.			MEDICAL RESEARCH
NEW YORK UNIVERSITY P.O. BOX 415026 BOSTON, MA 02241-5026	13-5562308		60,000.	0.			MEDICAL RESEARCH
MOUNT SINAI BETH ISRAEL MEDICAL CENTER - 10 UNION SQUARE EAST SUITE 5H - NEW YORK, NY 10003	13-5564934		60,000.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 650 W. 168TH STREET - NEW YORK, NY 10032	13-5598093		325,000.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIV 15 WEST 131 STREET-MAIL CODE 8749 NEW YORK, NY 10027	13-5598093		103,750.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 650 WEST 168TH STREET BLACK 305 - NEW YORK, NY 10032	13-5598093		129,167.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY - 710 WEST 168 STREET - NEWYORK, NY 10032	13-5598093		60,000.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - PO BOX 29789, GENERAL POST OFFICE - NEW YORK, NY 10087-9789	13-5598093		102,036.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 710 WEST 168TH STREET - NEW YORK, NY 10032	13-5598093		31,556.	0.			MEDICAL RESEARCH
ALBANY MEDICAL CENTER 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE RESEARCH FOUNDATION STATE UNIV OF NEW YORK - LEVEL 4 ROOM 120 - STONY BROOK, NY 11794	14-1368361		74,989.	0.			MEDICAL RESEARCH
THE RESEARCH FOUNDATION STATE UNIV OF NEW YORK - 35 STATE STREET - ALBANY, NY 12207	14-1368361		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NABILA DAHODWALA 330 S. 9TH STREET 2ND FLOOR PHILADELPHIA, PA 19107	14-2607949		12,000.	0.			CLINICAL RESEARCH
UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD. ROCHESTER, NY 14642-0694	16-0743209		552,223.	0.			CLINICAL RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE. BOX 673 ROCHESTER, NY 14642-8673	16-0743209		383,192.	0.			CLINICAL RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD. CU420694 ROCHESTER, NY 14642-0694	16-0743209		160,303.	0.			CLINICAL RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140	16-0743209		64,331.	0.			MEDICAL RESEARCH
UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD (CU 420694) ROCHESTER, NY 14642	16-0743209		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140	16-0743209		15,660.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
ADOLFO RAMIREZ-ZAMORA 3450 HULL RD. 4TH FLOOR GAINVILLE, FL 32607	17-4828118		12,000.	0.			CLINICAL RESEARCH
MARIN LINK INC - PD CONNECT 5800 NORTHGATE MALL STE 250 SAN RAFAEL, CA 94903	20-0979422		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
JEWISH FEDERATION OF SOUTHERN NEW JERSEY - 1301 SPRINGDALE ROAD - CHERRY HILL, NJ 08003	21-0634489		14,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
PRINCETON BALLET SOCIETY 80 ALBANY STREET 2ND FLOOR NEW BRUNSWICK, NJ 08901	21-0732575		5,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028		5,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD 2ND FLOOR PISCATAWAY, NJ 08854	22-6001086		50,000.	0.			MEDICAL RESEARCH
RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR, E PISCATAWAY, NJ 08854	22-6001086		5,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
COMMUNITY HOSPITAL GROUP/JFK MEDICAL CENTER - 65 JAMES STREET - EDISON, NJ 08820	22-6019101		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THOMAS JEFFERSON UNIVERSITY 909 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	23-1352651		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF PENNSYLVANIA PARKINSONDISEASE MMT DI - 330 SOUTH 9TH STREET 2ND FLOOR - PHILADELPHIA, PA 19107	23-1352685		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF PENNSYLVANIA 330 SOUTH NINTH STREET 3RD FLOOR PHILADELPHIA, PA 19107-6153	23-1352685		13,020.	0.			CLINICAL RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 330 S. 9TH STREET - PHILADELPHIA, PA 19107	23-1352685		8,910.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD OP32 PORTLAND, OR 97239	23-7083114		60,000.	0.			MEDICAL RESEARCH
ROD RODGERS DANCE COMPANY 62 EAST 4TH STREET NEW YORK, NY 10075	23-7179839		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA JCC/FEDERATION INC 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	23-7182057		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NEURO CHALLENGE FOUNDATION INC 722 APEX ROAD UNIT A SARASOTA, FL 34240	26-2311656		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
ST. AUGUSTINE REHABILITATION SPECIALISTS LLC - 105 MARINER HEALTH WAY SUITE 213 - ST. AUGUSTINE, FL 32086	26-4033381		18,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
PETERSON FOUNDATION FOR PARKINSONS 4205 HILLSBORO PIKE SUITE 310 NASHVILLE, TN 37215	26-4144151		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
OHIO STATE UNIVERSITY HOSPITALS 410 WEST 10TH STREET COLUMBUS, OH 43201	31-1340739		12,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE S-3 CLEVELAND, OH 44195	34-0714585		60,000.	0.			MEDICAL RESEARCH
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44196	34-0714585		11,475.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
INDIANA UNIVERSITY HEALTH 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN 46204	35-1955872		19,050.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 121236 - DALLAS, TX 75312	35-2528741		60,000.	0.			MEDICAL RESEARCH

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VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. 1236 - PO BOX 121236 - DALLAS, TX 75312	35-2528741		11,318.	0.			CLINICAL RESEARCH
INDIANA UNIVERSITY 410 W. 10TH ST. HS 4045 INDIANAPOLIS, IN 42602	35-6001673		503,611.	0.			MEDICAL RESEARCH
THE TRUSTEES OF INDIANA UNIVERSITY 355 W. 16TH ST, SUITE 4700 INDIANAPOLIS, IN 46202	35-6001673		60,000.	0.			MEDICAL RESEARCH
NATIONAL OPINION RESEARCH CENTER (NORC) - 55 EAST MONROE STREET, 20 FL - SUITE 4700, INDIANAPOLIS, INDIANA 46202, IL 60603	36-2167808		90,000.	0.			MEDICAL RESEARCH
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817		60,000.	0.			MEDICAL RESEARCH
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE ABBOTT HALL 11TH FLOOR - CHICAGO, IL 60611	36-2167817		50,000.	0.			CLINICAL RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817		14,625.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE 11TH FL CHICAGO, IL 60611-3078	36-2167817		10,239.	0.			CLINICAL RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1725 W. HARRISON ST. SUITE 755 CHICAGO, IL 60612	36-2174823		224,792.	0.			MEDICAL RESEARCH

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REHABILITATION INSTITUTE OF CHICAGO/SHIRLEY RYAN ABILITYLAB - 345 E SUPERIOR STREET SUITE 0-814 - CHICAGO, IL 60611	36-2256036		16,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
REHABILITATION INSTITUTE OF CHICAGO/SHIRLEY RYAN ABILITYLAB - 355 EAST ERIE STREET - CHICAGO, IL 60611	36-2256036		12,800.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
BR RYALL YMCA 49 DEICKE DRIVE GLEN ELLYN, IL 60137	36-2470895		6,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NORTHWESTERN MEMORIAL FOUNDATION 251 E HURON (541 N. FAIRBANKS) CHICAGO, IL 60611	36-3155315		80,000.	0.			PATIENT EDUCATION
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	38-1358058		15,300.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
ASCENSION GENESYS FOUNDATION GRAND BLANC GRAND BLANC, MI 48439	38-3591148		14,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD ROOM 2 EAST LANSING, MI 48824	38-6005984		37,850.	0.			MEDICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5023 BSRB 109 ZINA PITCHER PLACE - ANN ARBOR, MI 48109	38-6006309		375,000.	0.			MEDICAL RESEARCH
PARK NICOLLET METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		60,000.	0.			MEDICAL RESEARCH

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PARK NICOLLET METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		7,500.	0.			CLINICAL RESEARCH
PARK NICOLLET METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		7,245.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE. MINNEAPOLIS, MN 55415	41-1717098		100,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813		60,000.	0.			MEDICAL RESEARCH
PARKINSON'S GROUP OF THE OZARKS PO BOX 50595 SPRINGFIELD, MO 65805	43-1828981		11,520.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
JEWISH COMMUNITY CENTER OF GREATER KANSAS CITY - 5801 W. 115TH ST. STE. 101 - OVERLAND PARK, KS 66211	44-0545992		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
BANNER SUN HEALTH RESEARCH INSTITUTE - 10515 WEST SANTA FE DR. - SUN CITY, AZ 85351	45-0233470		49,800.	0.			CLINICAL RESEARCH
JUAN CARLOS ORGANIZATION PO BOX 90352 SAN DIEGO, CA 92169	45-5034845		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE YMCA OF RAPID CITY 815 KANSAS CITY STREET RAPID CITY, SD 57701	46-0227218		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

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RE+ACTIVE PHYSICAL THERAPY & WELLNESS - 11500 W. OLYMPIC BLVD. SUITE 415 - LOS ANGELES, CA 90064	46-0884527		12,861.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
SCORE POWER TRAINING FOR PARKINSONS - 46 BRITANNIA CIRCLE - SALEM, MA 01970	46-1159035		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
INMOTION 4829 GALAXY PARKWAY SUITE M WARRENSVILLE HEIGHTS, OH 44128	46-4102770		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
PARKINSONS ASSOCIATION OF ORANGE COUNTY - 7700 IRVINE CENTER DRIVE SUITE 800 - IRVINE, CA 92618	47-3861578		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
POWER FOR PARKINSON'S 5555 N LAMAR BLVD STE L121 AUSTIN, TX 78751	47-4394675		15,300.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF KANSAS MEDICAL CENTER - 3599 RAINBOW BLVD. - KANSAS CITY, KS 66160	48-0547734		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3599 RAINBOW BLVD, MAILSTOP 3042 - KANSAS CITY, KS 66160	48-0547734		25,000.	0.			CLINICAL RESEARCH
KUMC RESEARCH INSTITUTE 3599 RAINBOW BLVD KANSAS CITY, KS 66160-7702	48-1108830		16,713.	0.			CLINICAL RESEARCH
MEADOWLARK HILLS FOUNDATION 2121 MEADOWLARK HILLS ROAD MANHATTAN, KS 66502	48-1212997		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

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UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297		73,393.	0.			MEDICAL RESEARCH
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297		14,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
YMCA OF CENTRAL MARYLAND INC DBA THE Y IN CENTRAL - 303 WEST CHESAPEAKE AVE - BALTIMORE, MD 21204	52-0591699		8,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
YMCA OF CENTRAL MARYLAND INC DBA THE Y IN CENTRAL - 303 WEST CHESAPEAKE AVE - BALTIMORE, MD 21204	52-0591699		6,800.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110		105,599.	0.			MEDICAL RESEARCH
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N-4327B BALTIMORE, MD 21211	52-0595110		75,000.	0.			MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110		13,551.	0.			CLINICAL RESEARCH
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N-4327B BALTIMORE, MD 21211	52-0595110		6,975.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823		53,750.	0.			MEDICAL RESEARCH

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MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 3800 RESERVOIR ROAD NW 7PHC - WASHINGTON, DC 20007-2292	52-2339873		60,000.	0.			MEDICAL RESEARCH
GEORGETOWN UNIVERSITY NW212 MED-DENT BUILDING 3970 RESERVOIR ROAD NW - WASHINGTON, DC 20057	53-0196603		9,575.	0.			CLINICAL RESEARCH
USA DANCE 2541 SPARKLING WATER COURT PALMDALE, CA 93550	54-1294098		7,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
VIRGINIA COMMONWEALTH UNIVERSITY 1101 E MARSHALL ST BOX 980599 RICHMOND, VA 23298-0599	54-6001758		66,667.	0.			MEDICAL RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, SUITE 3100 RICHMOND, VA 23284	54-6001758		15,300.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
DUKE UNIVERSITY 932 MORRENE ROAD DURHAM, NC 27705	56-0532129		60,000.	0.			MEDICAL RESEARCH
DUKE UNIVERSITY 2424 ERWIN ROAD 11-082 HOCK PLAZA DURHAM, NC 27705	56-0532129		31,083.	0.			CLINICAL RESEARCH
DUKE UNIVERSITY PH.D. BRYAN RESEARCH BUILDING 311 R DURHAM, NC 27710	56-0532129		25,000.	0.			MEDICAL RESEARCH
DUKE UNIVERSITY 300 W. MORGAN STREET SUITE 800 DURHAM, NC 27705	56-0532129		21,536.	0.			CLINICAL RESEARCH

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YMCA OF SOUTHEASTERN NC INC P.O. BOX 3467 WILMINGTON, NC 28406	56-0532317		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 107 MANNING DRIVE CB 7025 - CHAPEL HILL, NC 27599	56-6001393		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 107 MANNING DRIVE CB 7025 - CHAPEL HILL, NC 27599	56-6001393		2,575.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
CANNON STREET YMCA 1655 CANE BAY BLVD. SUMMERVILLE,, SC 29486	57-0935533		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 208 B RUTLEDGE AVE. MSC 108 - CHARLESTON, SC 29425	57-6000722		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 612 COLUMBIA, SC 29208	57-6001153		14,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
YMCA OF METRO ATLANTA INC 569 MARTIN LUTHER KING JR. DR. NW ATLANTA, GA 30314	58-0566253		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256		147,474.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY 12 EXECUTIVE PARK DRIVE NE ATLANTA, GA 30329	58-0566256		60,000.	0.			MEDICAL RESEARCH

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EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256		13,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202		25,000.	0.			MEDICAL RESEARCH
AUGUSTA UNIVERSITY 1429 HARPER STREET HF-1154 AUGUSTA, GA 30912	58-6002053		60,000.	0.			MEDICAL RESEARCH
AUGUSTA UNIVERSITY 1429 HARPER STREET HF-1154 AUGUSTA, GA 30912	58-6002053		12,812.	0.			CLINICAL RESEARCH
UNIVERSITY OF MIAMI PARKINSON DISEASE AND MOVEMENT DISORDERS CENTER - 1150 NW 14TH STREET SUITE 609 - MIAMI, FL 33136	59-0624458		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF MIAMI 1120 NW 14 ST MIAMI, FL 33136	59-0624458		32,500.	0.			CLINICAL RESEARCH
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458		15,219.	0.			CLINICAL RESEARCH
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E FOWLER AVE ALC 100 - TAMPA, FL 33620	59-0879015		12,960.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
DAVID POSNACK JEWISH COMMUNITY CENTER - 5850 SOUTH PINE ISLAND ROAD - DAVIE, FL 33328	59-2075982		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

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MEMORIAL FOUNDATION INC 32711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218		14,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
MICHAEL-ANN RUSSELL JCC 18900 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180	59-2791269		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF SOUTH FLORIDA 4001 EAST FLETCHER AVE 6TH FL TAMPA, FL 33613	59-3102112		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF SOUTH FLORIDA 4001 E. FLETCHER AVENUE TAMPA, FL 33613	59-3102112		6,391.	0.			CLINICAL RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052		400,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF FLORIDA 2004 MOWRY ROAD GAINESVILLE, FL 32610-0219	59-6002052		114,983.	0.			CLINICAL RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052		110,220.	0.			CLINICAL RESEARCH
UNIVERSITY OF FLORIDA 3009 SW WILLISTON RD GAINESVILLE, FL 32609	59-6002052		60,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG. GAINESVILLE, FL 32611	59-6002052		50,000.	0.			MEDICAL RESEARCH

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UNIVERSITY OF FLORIDA 123 GRINTER HALL BOX 113001 GAINESVILLE, FL 32611	59-6002052		13,891.	0.			CLINICAL RESEARCH
LEXINGTON AREA PARKINSON DISEASE SUPPORT GROUP INC - P.O. BOX 4424 - LEXINGTON, KY 40544-4424	61-1308517		7,920.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
HUNTSVILLE HOSPITAL FOUNDATION INC 801 CLINTON AVENUE EAST HUNTSVILLE, AL 35801	63-0752604		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE. SOUTH AB 990 - BIRMINGHAM, AL 35294-0111	63-6005396		40,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - SPARKS CENTER SUITE 350 - BIRMINGHAM, AL 35294-0111	63-6005396		13,213.	0.			MEDICAL RESEARCH
YMCA OF METRO JACKSON/METROPOLITAN YMCAS OF MS - 690 LIBERTY ROAD - FLOWOOD, MS 39232	64-0303099		7,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
MISSISSIPPI GULF COAST YMCA INC 1810 GOVERNMENT STREET OCEAN SPRINGS, MS 39564	64-0584648		5,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260 CHICO, CA 95928	68-0161455		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
PARKINSON ASSOCIATION OF NORTHERN CALIFORNIA - 1024 IRON POINT ROAD #1036 FOLSOM - CALIFORNIA, CA 95630	68-0372037		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM ST. - LITTLE ROCK, AR 72205	71-6046242		75,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM SLOT 545 - LITTLE ROCK, AR 72205-7199	71-6046242		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
LOUISIANA TECH UNIVERSITY P.O. BOX 7924 RUSTON, LA 71272	72-6000792		7,500.	0.			PROFESSIONAL TRAINING
LOUISIANA TECH UNIVERSITY P.O. BOX 7924 RUSTON, LA 71272	72-6000792		4,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE STREET, SUITE 9A, BM HOUSTON, TX 77030	74-1613878		60,000.	0.			MEDICAL RESEARCH
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE STREET, SUITE 9A, BM HOUSTON, TX 77030	74-1613878		12,605.	0.			CLINICAL RESEARCH
PARKINSON ASSOCIATION OF THE ROCKIES - 1325 S. COLORADO BLVD STE. 204B - DENVER, CO 80222	74-2212593		8,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
DALLAS AREA PARKINSONISM SOCIETY 6370 LBJ FREEWAY SUITE 170 DALLAS SUITE 170 DALLAS, TX 75240	75-1652315		9,846.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTR - 5323 HARRY HINES BLVD MC 9029 - DALLAS, TX 75235-8876	75-6002868		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE POISE PROJECT GROVE GARDEN AVE CANDLER, NC 28715	81-2613711		6,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
MOTORVATION FOUNDATION INC 11254 PIAZZALE ST. LAS VEGAS, NV 89141	81-2989803		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
SOUNDING JOY MUSIC THERAPY INC 1314 SOUTH KING ST #711 HONOLULU, HI 96814	82-0569936		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
ROGUE PHYSICAL THERAPY & WELLNESS 18030 MAGNOLIA ST FOUNTAIN VALLEY, CA 92708	82-0981098		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
ELEMENT COMMUNITY HEALTH FUND 655 FAIRVIEW AVENUE NORTH SAINT PAUL, MN 55104	82-2307082		15,300.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
CEDAR RAPIDS METRO PARKINSON'S ASSOCIATION - 260 33RD AVE SW SUITE I - CEDAR RAPIDS, IA 52404	82-2808155		15,300.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE GEORGE CENTER FOUNDATION 12060 ETRIS ROAD, SUITE 200 ROSWELL, GA 30075	82-3571211		13,500.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
PING PONG PARKINSON 175 TOMPKINS AVENUE PLEASANTVILLE, NY 10570	82-4533145		6,400.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
CAN'T SHAKE ME INC 19044 CRIMSON CLOVER TER LEESBURG, VA 20176	82-5189716		12,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSONS COMMUNITY CENTER 2222 S FRASER ST UNIT 2 AURORA, CO 80014	83-1901251		18,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE PARKINSONS EXERCISE AND WELLNESS CENTER - 3665 WEST 95TH STREET - OVERLAND PARK, KS 66206	83-2228108		9,315.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
RX BALLROOM DANCE 28 AGAVE CT. LADERA RANCH, CA 92694	83-3614276		8,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
FREUDENTHAL CENTER FOR PARKINSONS DISEASE INC - 3001 FREDERICK AVE SUITE A - ST. JOSEPH, MO 64506	83-3943220		7,500.	0.			PROFESSIONAL TRAINING
VIBRO HEALTH INC. 628 CALIFORNIA AVENUE VENICE, CA 90291	83-4344492		358,500.	0.			CLINICAL RESEARCH
PARKINSONS PLACE LAS VEGAS 2480 RAM CROSSING WAY HENDERSON, NV 89074	83-4460347		7,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE PARKINSONS MIND BODY INSTITUTE 1621 KYLE AVENUE DALLAS, TX 75208	83-4658336		16,200.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
UPPER VALLEY PROGRAMS FOR PARKINSONS - 1 TAYLOR STREET - LEBANON, NH 03766	84-3501395		12,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
TRUE BEGINNING WELLNESS INC 371 NOAH DRIVE SUITE 101 JASPER, GA 30143-8708	84-4469972		17,100.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET, SUITE #600 - DENVER, CO 80203	84-6000555		60,000.	0.			MEDICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - PO BOX 910238 - DENVER, CO 80291-0238	84-6000555		9,075.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE REGENTS OF THE UNIVERSITY OF COLORADO - 12631 E. 17TH AVE - AURORA, CO 80045	84-6000555		7,260.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
RANCHO BIOSCIENCES LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	85-3387490		15,300.	0.			CLINICAL RESEARCH
BARROW NEUROLOGICAL FOUNDATION 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0174371		60,000.	0.			MEDICAL RESEARCH
BARROW NEUROLOGICAL FOUNDATION 24 W THOMAS RD, STE 301 PHOENIX, AZ 85013	86-0174371		32,500.	0.			CLINICAL RESEARCH
BARROW NEUROLOGICAL FOUNDATION 350 W THOMAS ROAD PHOENIX, AZ 85013	86-0174371		20,565.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
SEATTLE UNIVERSITY 901 - 12TH AVENUE PO BOX 222000 SEATTLE, WA 98122	91-0565006		7,500.	0.			PROFESSIONAL TRAINING
SEATTLE INSTITUTE FOR BIOMEDICAL 1325 4TH AVE SUITE 1310 SEATTLE, WA 98101	91-1452438		25,000.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. OP-32 PORTLAND, OR 97239-3098	93-1176109		75,000.	0.			MEDICAL RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. OP-32 PORTLAND, OR 97239-3098	93-1176109		8,413.	0.			CLINICAL RESEARCH
THE LELAND STANFORD JUNIOR UNIVERSITY - PO BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365		168,750.	0.			MEDICAL RESEARCH
BANNER HEALTH FOUNDATION PO BOX 2978 PHEONIX, AZ 85062-2978	94-2545356		9,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 400 PARNASSUS AVENUE 8TH FLOOR - SAN FRANCISCO, CA 94122	94-6036493		135,000.	0.			MEDICAL RESEARCH
UC SAN DIEGO MOVEMENT DISORDER CENTER - 9500 GILMAN DRIVE MC 0009 - LA JOLLA, CA 92093-0009	95-2872494		7,666.	0.			CLINICAL RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM ST MCG425 #0897 - SAN FRANCISCO, CA 94143	95-6006144		60,000.	0.			MEDICAL RESEARCH
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVENUE LONG BEACH, CA 90806	95-6105984		7,600.	0.			COMMUNITY ENGAGEMENT & ADVOCACY
THE MICHAEL J. FOX FOUNDATION 111 WEST 33RD STREET 20TH FLOOR NEW YORK, NY 10001	13-4141945		50,000.	0.			COMMUNITY ENGAGEMENT & ADVOCACY

Schedule I (Form 990)



**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 noncash assistance
PATIENT CARE	0	0.	0.		

**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)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization **PARKINSON'S FOUNDATION, INC.** 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 ..... **1b**

**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? ..... **2**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**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 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 & CHIEF EXECUTIV	(i)	336,179.	86,250.	0.	21,121.	16,332.	459,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VERONICA TODARO SVP & CHIEF OPERATING OFFI	(i)	222,492.	34,763.	0.	12,863.	23,844.	293,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CURTIS DE GREFF SVP & CHIEF FINANCIAL OFFI	(i)	197,146.	30,750.	0.	11,395.	16,680.	255,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES BECK VP & CHIEF SCIENTIFIC OFFI	(i)	210,095.	31,827.	0.	12,096.	1,344.	255,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KAYLN HENKEL VP OF FIELD DEVELOPMENT	(i)	182,371.	30,000.	0.	10,619.	16,260.	239,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEILANI PEARL VP, CHIEF COMMUNICATIONS O	(i)	183,094.	26,460.	0.	10,478.	8,340.	228,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELIZABETH POLLARD VP OF EDUCATION	(i)	148,045.	23,493.	0.	8,577.	23,868.	203,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) YASNAHIA CORTORREAL VP OF HUMAN RESOURCES AND	(i)	158,848.	24,413.	0.	9,163.	1,296.	193,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGE	(i)	134,368.	21,630.	0.	7,800.	16,668.	180,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NICOLE YARAB VP CLINICAL AFFAIRS & INFORMATION &	(i)	152,571.	0.	0.	7,629.	16,716.	176,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	(i)	147,081.	0.	0.	7,354.	22,392.	176,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KAMA SANGUINETTI VP, DEVELOPMENT INITIATIVE	(i)	142,300.	0.	0.	7,115.	7,488.	156,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KATHERINE GRISWOLD NATIONAL DIRECTOR, MAJOR G	(i)	126,546.	0.	0.	6,327.	23,808.	156,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 **PARKINSON'S FOUNDATION, INC.** Employer identification number **13-1866796**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	44	452,941.	FAIR MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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 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 15:

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MO, MN

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

Schedule O (Form 990 or 990-EZ) 2020

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

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 IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	3,014,579.
MANAGEMENT AND GENERAL EXPENSES	68,059.
FUNDRAISING EXPENSES	180,300.
TOTAL EXPENSES	3,262,938.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	1,016,451.
MANAGEMENT AND GENERAL EXPENSES	45,469.
FUNDRAISING EXPENSES	751,203.
TOTAL EXPENSES	1,813,123.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,076,061.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	12,290.
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FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF



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

THE INDEPENDENT ACCOUNTING FIRM THAT AUDITS THE FOUNDATION'S FINANCIAL STATEMENTS AND THE OVERSIGHT OF THE ANNUAL AUDIT.

FORM 990, PART III, LINE 1 (CONTINUATION)

THE FOUNDATION'S MISSION IS TO MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE. 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.

ENSURING BETTER CARE FOR EVERYONE

- SETTING STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH A GLOBAL NETWORK OF 47 CENTERS OF EXCELLENCE.

- IMPROVING 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 EACH YEAR.

- WORKING 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.

EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY

- EDUCATING AND EMPOWERING PEOPLE WITH PD THROUGH THE NATIONAL NETWORK OF STAFF AND VOLUNTEERS. THE FOUNDATION IS THE FIRST ORGANIZATION TO

Name of the organization PARKINSON'S FOUNDATION, INC.	Employer identification number 13-1866796
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FORM A PARKINSON'S ADVISORY COUNCIL AND THE FIRST TO TRAIN PEOPLE WITH PD TO PARTNER WITH SCIENTISTS ON RESEARCH.

- HELPING PEOPLE LIVE WELL WITH PD BY PROVIDING FREE RESOURCES INCLUDING: EDUCATIONAL BOOKS, WEBINARS, PODCASTS, A LIFE-SAVING HOSPITALIZATION KIT, AND A TOLL-FREE HELPLINE, STAFFED BY PARKINSON'S SPECIALISTS WHO ANSWER NEARLY 25,000 CALLS ANNUALLY.

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

UNDERSTANDING PARKINSON'S THROUGH RESEARCH

- INVESTING 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.

- RECRUITING THE MOST TALENTED MINDS IN PARKINSON'S RESEARCH BY SUPPORTING EARLY CAREER SCIENTISTS IN NEUROLOGY WHO MIGHT CHOOSE OTHER FIELDS OF STUDY.

- IDENTIFYING AND ADDRESSING THE UNMET NEEDS OF PEOPLE WITH PD BY DRIVING CUTTING-EDGE RESEARCH ON A WIDE RANGE OF PATIENT-DRIVEN TOPICS.

SCHEDULE F, PART II, COLUMN D AND SCHEDULE I, PART II, COLUMN H RESEARCH FUNDING FROM THE PARKINSON'S FOUNDATION SEEKS TO ENSURE BETTER CARE FOR EVERYONE AND TO BETTER UNDERSTAND PARKINSON'S DISEASE. GRANTS ARE COMPETITIVELY REVIEWED AND EVALUATED BY OUTSIDE EXPERT PEER REVIEWERS FROM THE FOUNDATION'S SCIENTIFIC ADVISORY BOARD AND FROM THE

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

SCIENTIFIC COMMUNITY. UNIQUE AMONG OTHER ORGANIZATIONS, PEOPLE WITH  
 PARKINSON'S PLAY AN INTEGRAL ROLE IN THE REVIEW PROCESS. RESEARCH  
 SUPPORTED ADDRESSES THE CRITICAL CLINICAL AND BASIC SCIENCE QUESTIONS  
 THAT HELP DRIVE THE FIELD TO BETTER TREATMENTS AND A POTENTIAL WAY TO  
 HALT AND CURE PARKINSON'S. LEARN MORE AT [HTTP://PARKINSON.ORG/RESEARCH/](http://PARKINSON.ORG/RESEARCH/)

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2020**

Open to Public Inspection

Name of the organization **PARKINSON'S FOUNDATION, INC.** 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

**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
NATIONAL PARKINSON FOUNDATION INC. - 59-0968031, 200 SE 1ST STREET, MIAMI, FL 33131	PREVIOUS PARKINSON FOUNDATION ENTITY	FLORIDA	501(C)(3)	LINE 10			X

**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	

**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

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.



# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

## 2020

**Open to Public Inspection**

### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2020</b> and Ending (mm/dd/yyyy) <b>06/30/2021</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>PARKINSON'S FOUNDATION, INC.</b>	Employer Identification Number (EIN): <b>13-1866796</b>
	Mailing Address: <b>200 SE 1ST STREET, NO. 800</b>	NY Registration Number: <b>01-11-76</b>
	City / State / ZIP: <b>MIAMI, FL 33131</b>	Telephone: <b>800 473-4636</b>
	Website: <b>WWW.PARKINSON.ORG</b>	Email: <b>CDEGREFF@PARKINSON.</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer: \_\_\_\_\_

**JOHN L. LEHR**  
**PRESIDENT & CEO**

Signature

Print Name and Title

Date

Chief Financial Officer or Treasurer: \_\_\_\_\_

**CURT DE GREFF**  
**SVP, CFO**

Signature

Print Name and Title

Date

### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes

No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes

No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).