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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
MOVEMENT DISORDER SOCIETY
555 E WELLS STREET #1100
MILWAUKEE, WI 53202

D Employer Identification Number
06-1263827

E Telephone number
414-276-2145

G Gross receipts $ 7,803,978.

F Name and address of principal officer ANNE MCGHIEY
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.MOVEMENTDISORDERS.ORG

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation 1989 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE NEUROLOGICAL SCIENCES PERTAINING TO MOVEMENT DISORDERS; TO IMPROVE THE DIAGNOSIS AND TREATMENT OF PATIENTS; TO OPERATE EXCLUSIVELY FOR SCIENTIFIC, SCHOLARLY AND EDUCATIONAL PURPOSES; TO ENCOURAGE RESEARCH; TO PROVIDE FORUMS FOR SHARING IDEAS

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,000.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	5,234.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,763,774.	2,835,161.
	9 Program service revenue (Part VIII, line 2g)	3,352,882.	3,156,962.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	287,906.	366,452.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	737,501.	723,494.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,142,063.	7,082,069.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	965,331.	762,065.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,750.	65,709.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,986,937.	4,745,127.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,000,018.	5,572,901.
	19 Revenue less expenses Subtract line 18 from line 12	2,142,045.	1,509,168.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	15,204,342.	16,376,512.
	21 Total liabilities (Part X, line 26)	775,044.	637,725.
	22 Net assets or fund balances Subtract line 21 from line 20	14,429,298.	15,738,787.

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Part II Signature Block

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

Sign Here

Signature of officer NIR GILADI, MD Date June 19, 2012
Type or print name and title TREASURER

Paid Preparer Use Only

Print/Type preparer's name KATY L. SOMMER	Preparer's signature Katy L Sommer CPA	Date 6/4/12	Check ☐ if self-employed PTIN P00273273
Firm's name ► RITZ HOLMAN LLP			
Firm's address ► 330 E. KILBOURN STE. 550 MILWAUKEE, WI 53202-3144			Firm's EIN ► Phone no (414) 271-1451

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 08/18/11 Form **990** (2011)

917-23 4me

ENVELOPE JUN 26

SCANNED JUL 13 2012

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE THE NEUROLOGICAL SCIENCES PERTAINING TO MOVEMENT DISORDERS; TO IMPROVE THE DIAGNOSIS AND TREATMENT OF PATIENTS;TO OPERATE EXCLUSIVELY FOR SCIENTIFIC, SCHOLARLY AND EDUCATIONAL PURPOSES; TO ENCOURAGE RESEARCH; TO PROVIDE FORUMS FOR SHARING IDEAS

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

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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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: [redacted]) (Expenses $ 2,382,495. including grants of $ 387,869.) (Revenue $ 2,212,884.)

INTERNATIONAL CONGRESS: THE LEARNING OBJECTIVES FOR THE INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS ARE: THROUGH STATE-OF-THE-ART LECTURES, HOT TOPIC REVIEWS, CONTROVERSY DEBATES, TEACHING COURSES, HOW TO DO IT - SKILLS WORKSHOPS AND VIDEO SESSIONS, PARTICIPANTS WILL BE BETTER ABLE TO:
1.DESCRIBE THE PATHOPHYSIOLOGY AND NEUROBIOLOGY OF PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS;
2.DISCUSS THE DIAGNOSTIC APPROACHES AND TOOLS AVAILABLE FOR PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS;
3.DISCUSS THE PHARMACOLOGICAL AND NON-PHARMACOLOGICAL TREATMENT OPTIONS AVAILABLE FOR PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS.

4b (Code: [redacted]) (Expenses $ 668,673. including grants of $ 159,828.) (Revenue $ 55,287.)

REGIONAL SECTIONS: THE ROLE OF THE REGIONAL SECTIONS ARE TO FACILITATE AND DEVELOP COLLABORATION AND THE FIELD OF MOVEMENT DISORDERS WITHIN A DEFINED GEOGRAPHIC REGION, ADVANCING THE CARE AND WELL BEING OF PATIENTS IN THE REGION. THE FOUR REGIONAL SECTIONS: ASIAN AND OCEANIAN, EUROPEAN, PAN AMERICAN, AND SUB-SAHARAN AFRICA INTEREST GROUP, ADVISE THE SOCIETY ON THE EDUCATION IT'S CONDUCTING THROUGHOUT THE WORLD. MANY OF THE ACHIEVEMENTS OF THE SOCIETY ARE POSSIBLE THROUGH THE COLLABORATION WITH THE REGIONAL SECTIONS.

4c (Code: [redacted]) (Expenses $ 573,707. including grants of $ 75,000.) (Revenue $)

JOURNAL: MOVEMENT DISORDERS, THE OFFICIAL JOURNAL OF THE MOVEMENT DISORDER SOCIETY IS A HIGHLY READ AND REFERENCE JOURNAL COVERING ALL TOPICS OF THE FIELD - BOTH CLINICAL AND BASIC SCIENCE. THE JOURNAL RANKS 27 OUT OF 185 CLINICAL NEUROLOGY TITLES WITH AN IMPACT FACTOR OF 4.48 FOR 2010. IN ADDITION, THE MOST RECENTLY REPORTED EIGENFACTOR, WHICH IS A MEASURE OF THE INFLUENCE A JOURNAL EXERTS ON SCHOLARLY LITERATURE, IS 0.04417.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O
(Expenses $ 931,104. including grants of $ 139,368.) (Revenue $ 888,791.)

4e Total program service expenses ► 4,555,979.

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)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		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? *If 'Yes,' complete Schedule C, Part III*	5		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? *If 'Yes,' complete Schedule D, Part I*	6		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? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		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? *If 'Yes,' complete Schedule D, Part VI*	11a		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? *If 'Yes,' complete Schedule D, Part VII*	11b		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? *If 'Yes,' complete Schedule D, Part VIII*	11c		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? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		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)? *If 'Yes,' complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If 'Yes,' complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16	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? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		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? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	81		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If 'Yes,' enter the name of the foreign country ► GERMANY				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► EXECUTIVE DIRECTOR, INC 555 E WELLS STREET, SUITE 1100 MILWAUKEE WI 53202 414-276-6445

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) OSCAR S. GERSHANIK, MD TREASURER	10	X		X				0.	0.	0.
(2) FRANCISCO E CARDOSO, MD SECRETARY-ELECT	5	X		X				3,000.	0.	0.
(3) MATTHEW B. STERN, MD PRESIDENT ELECT	5	X		X				3,500.	0.	0.
(4) PHILIP D. THOMPSON, MB, PAST PRESIDENT	10	X		X				2,500.	0.	0.
(5) CHRISTOPHER G GOETZ, MD TREASURER-ELECT	5	X		X				2,500.	0.	0.
(6) MURAT EMRE, MD DIRECTOR	1	X						1,500.	0.	0.
(7) ANTHONY E. LANG, MD, FR PAST PRESIDENT	10	X		X				1,250.	0.	0.
(8) GIOVANNI ABBRUZZESE, MD DIRECTOR	1	X						1,500.	0.	0.
(9) GUNTHER DEUSCHL, MD PRESIDENT	15	X		X				26,500.	0.	0.
(10) CYNTHIA COMELLA, MD SECRETARY	10	X		X				2,000.	0.	0.
(11) ALIM L. BENABID, MD, PH DIRECTOR	1	X						1,500.	0.	0.
(12) IRENE LITVAN, MD DIRECTOR	1	X						1,500.	0.	0.
(13) NIR GILADI MD TREASURER	10	X		X				0.	0.	0.
(14) KAILASH P. BHATIA, MD DIRECTOR	1	X						1,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SUSAN H. FOX, MRCP, PHD DIRECTOR	1	X						1,500.	0.	0.
(16) CRISTINA SAMPAIO, MD, PHD DIRECTOR	1	X						1,500.	0.	0.
(17) DAVID JOHN BURN, MD, FRCP DIRECTOR	1	X						4,000.	0.	0.
(18) RYUJI KAJI, MD, PHD DIRECTOR	1	X						1,500.	0.	0.
(19) VICTOR FUNG, MBBS, PHD FRACP DIRECTOR	1	X						2,000.	0.	0.
(20) SERGE PRZEDBORSKI, MD, PHD DIRECTOR	1	X						500.	0.	0.
(21) ETIENNE C. HIRSCH PHD DIRECTOR	1	X						1,500.	0.	0.
(22) ANTHONY H.V. SCHAPIRA, DSC, MD DIRECTOR	1	X						2,959.	0.	0.
(23) A. JON STOESSL, CM, MD, FRCPC DIRECTOR	1	X						1,500.	0.	0.
(24) ANNE MCGHIEY EXECUTIVE DIREC	40			X				0.	0.	0.
(25)										
1b Sub-total								65,709.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								65,709.	0.	0.

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 ► 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EXECUTIVE DIRECTOR, INC. 555 EAST WELLS ST, STE 1100 MIILWAUKEE, WI	MANAGEMENT	1,303,123.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,835,161.			
	g Noncash contributions included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		2,835,161.			
PROGRAM SERVICE REVENUE		Business Code				
	2a CONGRESS	900099	2,212,884.	2,212,884.		
	b MEMBERSHIP DUES & ASSESSMENTS	900099	809,304.	809,304.		
	c OTHER PROGRAM REG AND DVD	900099	79,487.	79,487.		
	d REGIONAL SECTIONS	900099	55,287.	55,287.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		3,156,962.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		358,990.			358,990.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		632,777.			632,777.
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	729,371.				
	b Less: cost or other basis and sales expenses	721,909.				
	c Gain or (loss)	7,462.				
	d Net gain or (loss)		7,462.			7,462.
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory		60,940.	60,940.		
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	22,777.	22,777.		
	b ADVERTISING INCOME	900099	7,000.		7,000.	
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		29,777.			
	12 **Total revenue.** See instructions		7,082,069.	3,240,679.	7,000.	999,229.

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	31,000.	31,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	162,535.	162,535.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	568,530.	568,530.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,709.	65,709.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	918,569.	578,698.	339,871.	
b Legal	1,245.		1,245.	
c Accounting	8,300.		8,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,420.		2,420.	
g Other				
12 Advertising and promotion				
13 Office expenses	123,484.	26,367.	97,117.	
14 Information technology	109,679.		109,679.	
15 Royalties				
16 Occupancy				
17 Travel	160,213.		160,213.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,057,153.	2,771,695.	285,458.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,160.		7,160.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a JOURNAL PUBLICATION	319,848.	319,848.		
b MEMBERSHIP EXPENSES	21,415.	21,415.		
c EXHIBITING EXPENSES	8,936.	8,936.		
d MISCELLANEOUS	4,674.	1,246.	3,428.	
e All other expenses	2,031.		2,031.	
25 Total functional expenses. Add lines 1 through 24e	5,572,901.	4,555,979.	1,016,922.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		1	1,101,185.
	2	Savings and temporary cash investments	3,040,446.	2	2,955,155.
	3	Pledges and grants receivable, net	391,000.	3	459,510.
	4	Accounts receivable, net	367,697.	4	185,841.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	583,729.	9	1,309,889.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments — publicly traded securities	10,818,494.	11	10,363,212.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,976.	15	1,720.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	15,204,342.	16	16,376,512.
LIABILITIES	17	Accounts payable and accrued expenses	143,671.	17	91,647.
	18	Grants payable		18	
	19	Deferred revenue	631,373.	19	546,078.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	775,044.	26	637,725.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	12,727,365.	27	14,794,440.
	28	Temporarily restricted net assets	1,701,933.	28	944,347.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	14,429,298.	33	15,738,787.
	34	Total liabilities and net assets/fund balances	15,204,342.	34	16,376,512.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,082,069.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,572,901.
3	Revenue less expenses Subtract line 2 from line 1	3	1,509,168.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,429,298.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-199,679.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,738,787.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.** ► **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
MOVEMENT DISORDER SOCIETY	06-1263827

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 11, 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)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III – Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	A family member of a person described in (i) above?	**11g (ii)**	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	5,343,065.	6,055,822.	4,750,477.	4,564,054.	3,739,721.	24,453,139.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,700,295.	1,719,376.	2,985,894.	2,613,172.	2,313,342.	11,332,079.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5.	7,043,360.	7,775,198.	7,736,371.	7,177,226.	6,053,063.	35,785,218.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,201,913.	1,564,665.	1,398,129.	2,225,551.	386,203.	7,776,461.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	2,201,913.	1,564,665.	1,398,129.	2,225,551.	386,203.	7,776,461.
8 **Public support** (Subtract line 7c from line 6)						28,008,757.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	7,043,360.	7,775,198.	7,736,371.	7,177,226.	6,053,063.	35,785,218.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	364,043.	246,298.	379,070.	861,470.	999,229.	2,850,110.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	364,043.	246,298.	379,070.	861,470.	999,229.	2,850,110.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	46,465.	32,755.	19,141.	5,936.	22,000.	126,297.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	8,319.	16,695.	9,840.	96,367.	7,777.	138,998.
13 **Total support.** (Add lns 9, 10c, 11, and 12)	7,462,187.	8,070,946.	8,144,422.	8,140,999.	7,082,069.	38,900,623.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	72.00 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	68.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	7.33 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	4.10 %

19a **33-1/3% support tests – 2011.** 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 – 2010.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

MOVEMENT DISORDER SOCIETY 06-1263827

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER	7,777.	96,367.	9,840.	16,695.	8,319.
TOTAL	$ 7,777.	$ 96,367.	$ 9,840.	$ 16,695.	$ 8,319.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

MOVEMENT DISORDER SOCIETY

Employer identification number

06-1263827

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a significant use of its collection items (check all that apply):

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

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

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' to 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 XIV 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? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to 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 Temporarily restricted endowment ► _____ %

The percentages in 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' to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment. 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				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				0.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(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)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,082,069.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,572,901.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1,509,168.
4	Net unrealized gains (losses) on investments	-199,679.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-199,679.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	1,309,489.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,879,970.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-199,679.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-199,679.
3	Subtract line 2e from line 1			3	7,079,649.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,420.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	2,420.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	7,082,069.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,570,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,570,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,420.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	2,420.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	5,572,901.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. HOWEVER, INCOME FROM THE SALE OF ADVERTISING NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. OVERPAYMENTS OF $2,976 WERE MADE DURING THE PRIOR YEAR AND CARRIED OVER TO THE CURRENT YEAR. TOTAL UBIT EXPENSE RECORDED FOR THE YEAR ENDED WAS $1,256 RESULTING IN AN OVERPAYMENT OF $1,720 WHICH IS BEING CARRIED OVER TO FUTURE PERIODS.

Part XIV Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS IN THE U.S. FEDERAL AND STATE JURISDICTIONS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX RETURNS. AS OF DECEMBER 31, 2011, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR. THE ORGANIZATION IS CURRENTLY NOT UNDER AUDIT BY ANY FEDERAL OR STATE TAXING AUTHORITY AND IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY THE U.S. FEDERAL JURISDICTION FOR YEARS PRIOR TO 2008 AND THE STATE JURISDICTION FOR YEARS PRIOR TO 2007.

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2011

Open to Public Inspection

Name of the organization

MOVEMENT DISORDER SOCIETY

Employer identification number

06-1263827

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to 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? [X] 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. PART V

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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) EAST ASIA & PACIFIC			LEADERSHIP/CMTE		90,291.
(2) EUROPE			PROGRAM SERVICES	EDUCATIONAL COURSES	283,828.
(3) EUROPE			GRANTS TO OTHERS		367,207.
(4) NORTH AMERICA			GRANTS TO OTHERS		14,650.
(5) SOUTH AMERICA			GRANTS TO OTHERS		36,150.
(6) EAST ASIA & THE PACIFIC			GRANTS TO OTHERS		94,184.
(7) MIDDLE EAST & NORTH AFRICA			GRANTS TO OTHERS		19,247.
(8) RUSSIA			GRANTS TO OTHERS		10,658.
(9) SOUTH ASIA			GRANTS TO OTHERS		24,434.
(10) SUB-SAHARAN AFRICA			GRANTS TO OTHERS		1,000.
(11) SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL COURSES	80,665.
(12) CNTRL AMER & CARRIBEAN			GRANTS TO OTHERS		1,000.
(13) NORTH AMERICA			PROGRAM SERVICE	CONGRESS/COURSE	2,463,218.
(14) RUSSIA			PROGRAM SERVICE	TEACHING COURSE	1,749.
(15) SOUTH ASIA			PROGRAM SERVICE	DEVELOPING REGION	9,249.
(16) NORTH AMERICA			LEADERSHIP/CMTE		146,776.
(17)					
3a Sub-total					3,644,306.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			3,644,306.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2011

TEEA3501L 01/17/12

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ► ☐
Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA	PRES STIPEND	20,000.	CHECK			
(2)		EUROPE	MEETING	10,000.	WIRE TRANS			
(3)		EUROPE	MEETING	10,000.	WIRE TRANS			
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities ► 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) AOS CHAIR STIPEND	EAST ASIA & PACIFIC	1	3,684.	WIRE TRANSFER			
(2) AOS CHAIR STIPEND	SOUTH ASIA	1	3,689.	WIRE			
(3) ASSISTANT JOURNAL EDITOR STIPEND	EUROPE	1	25,000.	WIRE TRANSFER			
(4) CONGRESS FACULTY GRANT	EAST ASIA & PACIFIC	15	31,000.	CHECK/WIRE			
(5) CONGRESS FACULTY STIPEND	MIDDLE EAST/N. AFRIC	4	8,500.	CHECK/WIRE			
(6) CONGRESS FACULTY STIPEND	EUROPE	79	125,500.	CHECK/WIRE			
(7) CONGRESS FACULTY STIPEND	NORTH AMERICA	11	6,500.	CHECK/WIRE			
(8) CONGRESS FACULTY STIPEND	SOUTH AMERICA	4	9,000.	CHECK/WIRE			
(9) CONGRESS FACULTY STIPEND	SOUTH ASIA	2	4,000.	WIRE TRANSFER			
(10) CONGRESS JR. AWARD	EUROPE	2	2,000.	CHECK/WIRE			
(11) CONGRESS TRAVEL	CENT AMER & CARBIBEA	1	1,000.	CASH			
(12) CONGRESS TRAVEL GRANT	SUB-SAHARAN AFRICA	1	1,000.	WIRE TRANSFER			
(13) CONGRESS TRAVEL GRANT	EAST ASIA & PACIFIC	17	17,000.	CHECK/WIRE			
(14) CONGRESS TRAVEL GRANT	EUROPE	50	50,000.	CHECK/WIRE			
(15) CONGRESS TRAVEL GRANT	MIDDLE EAST/N. AFRIC	2	2,000.	CHECK/WIRE			
(16) CONGRESS TRAVEL GRANT	NORTH AMERICA	5	6,400.	WIRE TRANSFER			
(17) CONGRESS TRAVEL GRANT	RUSSIA AND THE NEWLY	3	3,000.	CHECK/WIRE			
(18) CONGRESS TRAVEL GRANT	SOUTH ASIA	10	10,000.	CHECK/WIRE			

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 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)*	☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V **Supplemental Information**
Complete this part to 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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

FOR STIPENDS/HONORARIAS FOR SPECIFIC PURPOSES, THERE ARE OVERSIGHT COMMITTEES WITHIN MDS THAT REVIEW THE WORK PRODUCT AND PERFORMANCE OF THE INDIVIDUALS. FOR EDUCATIONAL GRANTS, MDS REVIEWS BOTH THE EVENT BUDGET AND THE RECONCILED BUDGET AFTER THE EVENT HAS TAKEN PLACE.

THE AMOUNTS LISTED IN PART I #3 COLUMN (F) INCLUDE ALL EXPENSES PERTAINING TO THE ACTIVITY(S) IN THAT PARTICULAR REGION BASED ON HOW THE EXPENSES ARE TRACKED AND RECORDED FOR THE SOCIETY'S INTERNAL FINANCIAL STATEMENTS. THESE EXPENDITURES INCLUDE ANY PRINTING, SHIPPING, OTHER OFFICE COSTS AND RELATED TO THE ACTIVITY(S) THAT WERE NOT NECESSARILY INCURRED IN THE REGION OF THE ACTIVITY. THE AMOUNTS ALSO INCLUDE ANY GRANTS GIVEN TO RECIPIENTS LOCATED IN THE US FOR THEIR TRAVEL/SERVICE AT THE FOREIGN ACTIVITY.

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COURSE FACULTY	EAST ASIA & PACIFIC	3	7,000.	WIRE TRANSFER			
COURSE FACULTY HONORARIA	EUROPE	34	51,935.	WIRE TRANSFER			
COURSE FACULTY HONORARIA	NORTH AMERICA	1	750.	WIRE TRANSFER			
COURSE FACULTY HONORARIA	SOUTH AMERICA	2	3,000.	WIRE TRANSFER			
COURSE FACULTY HONORARIA	SOUTH ASIA	1	750.	WIRE TRANSFER			
EDUCATION CHAIR	EAST ASIA & PACIFIC	1	2,500.	WIRE TRANSFER			
INTL CMTE MEMBER STIPEND	EUROPE	2	3,000.	CHECK/WIRE			
INTL CMTE MEMBER STIPEND	SOUTH AMERICA	1	1,500.	CHECK			
JOURNAL EDITOR STIPEND	EUROPE	1	50,000.	WIRE TRANSFER			
TRAVEL BURSARY	EAST ASIA & PACIFIC	11	11,000.	WIRE TRANSFER			
TRAVEL BURSARY	EUROPE	36	23,773.	WIRE TRANSFER			
TRAVEL BURSARY	MIDDLE EAST/N. AFRIC	5	3,747.	CHECK			
TRAVEL BURSARY	NORTH AMERICA	1	1,000.	WIRE TRANSFER			
TRAVEL BURSARY	RUSSIA AND THE NEWLY IND	10	7,658.	WIRE TRANSFER			
TRAVEL BURSARY	SOUTH AMERICA	9	3,650.	WIRE TRANSFER			
TRAVEL BURSARY	SOUTH AMERICA	9	9,000.	CHECK/WIRE			
TRAVEL BURSARY	SOUTH ASIA	6	6,000.	WIRE TRANSFER			
WEB SITE EDITOR	SOUTH AMERICA	1	10,000.	CHECK			

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' to Form 990, Part IV, lines 21 or 22.
► **Attatch to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MOVEMENT DISORDER SOCIETY

Employer identification number
06-1263827

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DYSTONIA MEDICAL RESEARCH FDN 1 E WACKER DR SUITE 2810 CHICAGO, IL 60601	95-3378526	501 (C) (3)	20,000.	0.			SUPPORTED MEETING
(2) UNIV. OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501 (C) (3)	10,000.	0.			SUPPORTED MEETING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	INT'L CONGRESS FACULTY STIPEND	46	26,500.			
2	TRAVEL BURSARY	2	2,000.			
3	WEB EDITOR STIPEND	1	10,000.			
4	COURSE FACULTY HONORARIA	26	55,435.			
5	EDUCATION COMMITTEE CHAIR STIPEND	1	12,500.			
6	INT'L COMMITTEE MEMBER	2	3,000.			
7	CONGRESS TRAVEL GRANT	44	53,100.			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FOR STIPENDS/HONORARIAS FOR SPECIFIC PURPOSES, THERE ARE OVERSIGHT COMMITTEES WITHIN MDS THAT REVIEW THE WORK PRODUCT AND PERFORMANCE OF THE INDIVIDUALS. FOR EDUCATIONAL GRANTS, MDS REVIEWS BOTH THE EVEN BUDGET AND THE RECONCILED BUDGET AFTER THE EVENT HAS TAKEN PLACE.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2011 Open to Public Inspection

Name of the organization	Employer identification number
MOVEMENT DISORDER SOCIETY	06-1263827

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MDS EDUCATIONAL PROGRAM OFFERS HIGH CALIBER CME AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN MOVEMENT DISORDERS. PROGRAMS INCLUDE WORKSHOPS AND CONFERENCE, WEB CASTS, E-LEARNING RESOURCES, VISITING PROFESSOR AND AMBASSADOR PROGRAMS AND MORE.

OTHER PROGRAMS

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

MDS IS IN CONTRACT WITH EXECUTIVE DIRECTOR, INC., AN ASSOCIATION MANAGEMENT COMPANY.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERSHIP IN THE SOCIETY CONSISTS OF FOUR CLASSES: (1) REGULAR MEMBERS; (2) JUNIOR MEMBERS; (3) WAIVED DUES MEMBERS; AND (4) HONORARY MEMBERS. REFER TO ARTICLE III SECTION 1 IN THE BYLAWS FOR MEMBERSHIP ELIGIBILITY.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ARTICLE III SECTION 4 OF BYLAWS: ALL MEMBERS, INCLUDING REGULAR, JUNIOR, WAIVED DUES, AND HONORARY MEMBERS, WHOSE DUES ARE PAID IN FULL ARE ENTITLED TO VOTE AS PROVIDED IN THE BYLAWS FOR THE PURPOSE OF (A) ELECTING OFFICERS AND THE MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE (I.E., DIRECTORS), (B) VOTING ON PROPOSED AMENDMENTS TO THE BYLAWS; AND (C) VOTING AT GENERAL BUSINESS MEETINGS. ANY MATTER TO BE DECIDED BY A VOTE OF THE MEMBERS SHALL, EXCEPT AS OTHERWISE PROVIDED HEREIN OR IN THE NEW YORK NON-PROFIT CORPORATION LAW, BE DECIDED BY MAJORITY VOTE OF MEMBERS PRESENT IN PERSON OR BY PROXY.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

ALL MEMBERS, INCLUDING REGULAR, JUNIOR, WAIVED DUES, AND HONORARY MEMBERS, WHOSE DUES ARE PAID IN FULL ARE ENTITLED TO VOTE AS PROVIDED IN THE BYLAWS FOR THE PURPOSE OF (A) ELECTING OFFICERS AND THE MEMBERS OF THE INTERNATIONAL EXECUTIVE COMMITTEE

Name of the organization: MOVEMENT DISORDER SOCIETY

Employer identification number: 06-1263827

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS (CC

(I.E., DIRECTORS), (B) VOTING ON PROPOSED AMENDMENTS TO THE BYLAWS; AND (C) VOTING AT GENERAL BUSINESS MEETINGS. ANY MATTER TO BE DECIDED BY A VOTE OF THE MEMBERS SHALL, EXCEPT AS OTHERWISE PROVIDED HEREIN OR IN THE NEW YORK NON-PROFIT CORPORATION LAW, BE DECIDED BY MAJORITY VOTE OF MEMBERS PRESENT IN PERSON OR BY PROXY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE OFFICERS APPOINTED THE MDS FINANCE COMMITTEE TO SERVE AS THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS THE FORM 990 PRIOR TO IT BEING FILED AND PROVIDES A RECOMMENDATION TO THE BOARD. AFTER THE FORM 990 IS APPROVED BY THE BOARD, IT IS SIGNED AND FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IT IS THE POLICY OF THE MOVEMENT DISORDER SOCIETY (MDS) TO ENSURE BALANCE AND OBJECTIVITY IN ALL DECISIONS MADE BY THE SOCIETY'S LEADERSHIP. THEREFORE THE MDS OFFICERS AND INTERNATIONAL EXECUTIVE COMMITTEE MEMBERS WHO INFLUENCE THE SOCIETY'S DECISIONS ARE REQUIRED TO DISCLOSE ALL FINANCIAL RELATIONSHIPS WITH ANY COMMERCIAL INTEREST, AS WELL AS ANY ORGANIZATIONAL OR OTHER INTERESTS THEY MAY HAVE, ON AN ANNUAL BASIS. AN INDIVIDUAL MUST DISCLOSE TO MDS ANY FINANCIAL RELATIONSHIPS(S), TO INCLUDE THE FOLLOWING INFORMATION:

- THE NAME OF THE INDIVIDUAL
- THE NAME OF THE COMMERCIAL INTEREST
- THE NATURE OF THE RELATIONSHIP THE PERSON HAS WITH THE COMMERCIAL INTEREST

RELATIONSHIPS ARE DEFINED AS FINANCIAL RELATIONSHIPS IN ANY AMOUNT OCCURRING WITHIN THE PAST 12 MONTHS FROM THE SIGNING DATE OF THE ATTESTATION. THIS PERTAINS TO RELATIONSHIPS WITH PHARMACEUTICAL COMPANIES, BIOMEDICAL DEVICE MANUFACTURERS, OR OTHER CORPORATIONS WHOSE PRODUCTS OR SERVICES ARE RELATED TO THE FIELD OF MOVEMENT DISORDERS. INDIVIDUALS MUST INFORM MDS IF ANY CHANGES IN FINANCIAL RELATIONSHIPS

Name of the organization: MOVEMENT DISORDER SOCIETY

Employer identification number: 06-1263827

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

OCCUR. FOR AN INDIVIDUAL WITH NO FINANCIAL RELATIONSHIPS TO DISCLOSE, THE SOCIETY MUST BE INFORMED THAT NO FINANCIAL RELATIONSHIPS EXIST. AN INDIVIDUAL MUST ALSO DISCLOSE TO MDS INFORMATION ABOUT ALL ORGANIZATIONS OTHER THAN THE MOVEMENT DISORDER SOCIETY FOR WHICH THEY HOLD VOLUNTEER POSITIONS, TO INCLUDE THE FOLLOWING INFORMATION:

- THE NAME OF THE ORGANIZATION
- THE VOLUNTEER POSITION HELD.

MDS OFFICERS, INTERNATIONAL EXECUTIVE COMMITTEE, COMMITTEE AND SECTIONS CHAIRPERSON ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST EACH YEAR. THE COMPLETE LIST OF DISCLOSURES IS REVIEWED BY THE OFFICERS AND INTERNATIONAL EXECUTIVE COMMITTEE AT THEIR MEETING IN JANUARY/FEBRUARY. PEOPLE WITH CONFLICTS OF INTEREST ARE ASKED TO EXCUSE THEMSELVES FROM RELEVANT DISCUSSIONS. ALSO, LEADERS WHO ARE NOT WILLING TO DISCLOSE ARE REQUIRED TO DO SO OR RESIGN FROM THEIR POSITIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

MDS IS MANAGED BY EXECUTIVE DIRECTOR INCORPORATED, A FOR-PROFIT MANAGEMENT COMPANY. MDS HAS NO OFFICIAL EMPLOYEES BECAUSE ALL STAFF ASSIGNED TO MDS ARE EMPLOYEES OF THE MANAGEMENT COMPANY. MDS DOES NOT HAVE ANYONE THAT FITS THE DEFINITION OF A KEY EMPLOYEE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE MDS OFFICERS AND INTERNATIONAL EXECUTIVE COMMITTEE DISCUSSED AND APPROVED THE STIPEND AMOUNTS TAKING INTO CONSIDERATION THE STIPEND AMOUNTS PROVIDED AT RELATED ORGANIZATIONS. THOSE INDIVIDUALS DUE TO RECEIVE A STIPEND DID NOT PARTICIPATE IN THE DISCUSSION OR APPROVAL PROCESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

MDS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990/990-T AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. ALL SUCH REQUESTS SHOULD BE IN WRITING

Name of the organization: MOVEMENT DISORDER SOCIETY

Employer identification number: 06-1263827

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

TO THE SECRETARIAT OFFICE.

MOVEMENT DISORDER SOCIETY 06-1263827

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	$ -199,679.
TOTAL	$ -199,679.

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions
MOVEMENT DISORDER SOCIETY

Employer identification number (EIN) or
[X] 06-1263827

Number, street, and room or suite number If a P O box, see instructions
555 E WELLS STREET #1100

Social security number (SSN)
[ ]

City, town or post office, state, and ZIP code For a foreign address, see instructions
MILWAUKEE, WI 53202

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► EXECUTIVE DIRECTOR, INC

Telephone No. ► 414-276-6445 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 11 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.