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Form 990 Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

706

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable:
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
PARKINSON'S FOUNDATION, INC.

Doing business as

Number and street (or P.O box if mail is not delivered to street address) 200 SE 1ST STREET

Room/suite 800

City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33131

F Name and address of principal officer JOHN L. LEHR
SAME AS C ABOVE

D Employer identification number
13-1866796

E Telephone number (800)473-4636

G Gross receipts $ 27,868,702.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PARKINSON.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1957 M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PART III, 1		
	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	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	99
	6	Total number of volunteers (estimate if necessary)	6	3000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,221,738.	27,318,113.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,821.	550,589.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,024.	<703,982.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,398,583.	27,164,720.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,211,077.	9,218,558.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,281,694.	8,509,655.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	123,100.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,314,826.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,233,884.	9,235,566.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,849,755.	26,963,779.
	19	Revenue less expenses Subtract line 18 from line 12	<451,172.>	200,941.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,431,306.	31,002,741.
	21	Total liabilities (Part X, line 26)	2,463,250.	7,649,392.
	22	Net assets or fund balances Subtract line 21 from line 20	6,968,056.	23,353,349.

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 — Date 4/23/18

▶ CURT DE GREFF, SENIOR VICE PRESIDENT, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICK COVERT		4-20-18	[ ]	P00124528

Firm's name ▶ MORRISON, BROWN, ARGIZ & FARRA, LLC — Firm's EIN ▶ 01-0720052

Firm's address ▶ 301 E LAS OLAS BLVD, 4TH FLOOR, FORT LAUDERDALE, FL 33301 — Phone no (954) 760-9000

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.
WE MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE. IN EVERYTHING WE DO, WE BUILD ON THE ENERGY, EXPERIENCE AND PASSION OF OUR GLOBAL PARKINSON'S COMMUNITY. (SEE CONTINUATION OF MISSION IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,709,728. including grants of $ 1,456,000.) (Revenue $)
PATIENT CARE SERVICES: THE FOUNDATION PROVIDES GRANTS TO CENTERS OF EXCELLENCE, AN INTERNATIONAL NETWORK THAT FOCUSES ON IMPROVING CARE DELIVERED TO PARKINSON'S PATIENTS. THE FOUNDATION DRIVES AND SETS STANDARDS OF EXPERT CARE THROUGH THE NETWORK. THE CENTERS ARE CHOSEN FROM THE TOP RANKS OF ACADEMIC MEDICAL CENTERS WHERE DEDICATION TO EXEMPLAR PATIENT CARE IS PAIRED WITH GROUNDBREAKING RESEARCH.

4b (Code) (Expenses $ 8,309,088. including grants of $ 6,518,233.) (Revenue $)
RESEARCH: THE FOUNDATION FUNDS BASIC AND TRANSLATIONAL RESEARCH TO BETTER UNDERSTAND THE MECHANISMS OF PARKINSON'S DISEASE, AS WELL AS THE LARGEST CLINICAL RESEARCH STUDY OF PARKINSON'S DISEASE, THE PARKINSON'S OUTCOMES PROJECT, DESIGNED TO CHANGE THE COURSE OF THE DISEASE. THE FOUNDATION PROVIDES FELLOWSHIPS TO EARLY-CAREER SCIENTISTS AND CLINICAL RESEARCH GRANTS ON A WIDE RANGE OF PATIENT-DRIVEN TOPICS.

4c (Code) (Expenses $ 5,917,719. including grants of $ 427,437.) (Revenue $)
EDUCATION AND COMMUNITY ENGAGEMENT: THE FOUNDATION HELPS PEOPLE WITH PARKINSON'S BY PROVIDING SUPPORT, EDUCATION AND FREE RESOURCES SUCH AS THE TOLL-FREE HELPLINE, 1-800-4PD-INFO AND OUR ONLINE RESOURCE, WWW.PARKINSON.ORG. WE OFFER PARKINSON'S PROFESSIONAL EDUCATION AND TRAINING TO NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE THERAPISTS AND SOCIAL WORKERS TO ENSURE BETTER CARE FOR EVERYONE.

4d Other program services (Describe in Schedule O)
(Expenses $ 4,122,315. including grants of $ 816,888.) (Revenue $)

4e Total program service expenses ▶ 21,058,850.

4

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*?	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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 and XII*	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 and XII 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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*	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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 11b 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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	51		
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	99		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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," to line 3b, provide an explanation in Schedule O*		3b		
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 ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions?		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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
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 or note to any line 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	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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?	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?	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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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, 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	X	
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.			
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 was done*	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	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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 take 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 ▶ AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN W. KOZYAK CHAIRMAN	0.50	X		X				0.	0.	0.
(2) HOWARD MORGAN VICE CHAIRMAN	0.50	X						0.	0.	0.
(3) GREGORY ROMERO SECRETARY	0.50	X		X				0.	0.	0.
(4) ANDREW B. ALBERT BOARD MEMBER	0.50	X						0.	0.	0.
(5) MARSHALL R. BURACK ASSISTANT SECRETARY	0.50	X		X				0.	0.	0.
(6) ALESSANDRO DI ROCCO BOARD MEMBER	0.50	X						0.	0.	0.
(7) ALBERTO DOSAL TREASURER	0.50	X		X				0.	0.	0.
(8) J. GORDON BECKHAM, JR. BOARD MEMBER	0.50	X						0.	0.	0.
(9) MINDY MCILROY BOARD MEMBER	0.50	X						0.	0.	0.
(10) ROBERT M. MELZER BOARD MEMBER	0.50	X						0.	0.	0.
(11) GAIL MILHOUS BOARD MEMBER	0.50	X						0.	0.	0.
(12) GUIDO GOLDMAN BOARD MEMBER	0.50	X						0.	0.	0.
(13) CONSTANCE W. ATWELL BOARD MEMBER	0.50	X						0.	0.	0.
(14) KAREN ELIZABETH BURKE BOARD MEMBER	0.50	X						0.	0.	0.
(15) STEPHEN ACKERMAN ASSISTANT TREASURER	0.50	X		X				0.	0.	0.
(16) G. PENNINGTON EGBERT III BOARD MEMBER	0.50	X						0.	0.	0.
(17) STANLEY FAHN BOARD MEMBER	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD FIELD BOARD MEMBER	0.50	X						0.	0.	0.
(19) STEPHANIE GOLDMAN BOARD MEMBER	0.50	X						0.	0.	0.
(20) ARLENE LEVINE BOARD MEMBER	0.50	X						0.	0.	0.
(21) PAUL NATHAN BOARD MEMBER	0.50	X						0.	0.	0.
(22) TIMOTHY A. PEDLEY BOARD MEMBER	0.50	X						0.	0.	0.
(23) JOHN L. LEHR PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00			X				0.	0.	0.
(24) CURT DE GREFF SVP & CHIEF FINANCIAL OFFICER	40.00			X				69,066.	0.	8,909.
(25) PETER SCHMIDT SVP, CHIEF RESCH. & CLINICAL OFFICER	40.00					X		92,162.	137,441.	25,402.
(26) LEILANI PEARL VP, CHIEF COMMUNICATIONS OFFICER	40.00					X		54,288.	81,497.	11,390.
1b Sub-total ▶								215,516.	218,938.	45,701.
c Total from continuation sheets to Part VII, Section A ▶								477,316.	336,340.	79,790.
d Total (add lines 1b and 1c) ▶								692,832.	555,278.	125,491.

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 ▶ 5

		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*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ZEIDMAN ASSOCIATES, LLC 3870 N 161 AVENUE, GOODYEAR, AR 85395	MAIL CAMPAIGN AND PRINTING	598,520.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,126,148.			
	d	Related organizations	1d	333,133.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,858,832.			
	g	Noncash contributions included in lines 1a-1f $ 1,478,555.					
	h	**Total.** Add lines 1a-1f	▶	27,318,113.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	550,589.			550,589.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(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					
	b	Less. cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ 2,126,148. of contributions reported on line 1c) See Part IV, line 18	a 0.				
	b	Less direct expenses	b 703,982.				
	c	Net income or (loss) from fundraising events	▶	<703,982.>			<703,982.>
	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	▶				
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶				
	12	**Total revenue.** See instructions.	▶	27,164,720.	0.	0.	<153,393.>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	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 domestic organizations and domestic governments. See Part IV, line 21	8,615,099.	8,615,099.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	67,492.	67,492.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	535,967.	535,967.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,402,134.	2,511,011.	332,847.	558,276.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,438,772.	2,264,958.	311,626.	862,188.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,664.	142,877.	8,166.	1,621.
9	Other employee benefits	981,491.	705,428.	52,500.	223,563.
10	Payroll taxes	534,594.	399,855.	28,596.	106,143.
11	Fees for services (non-employees):				
a	Management				
b	Legal	88,202.	16,467.	70,575.	1,160.
c	Accounting	114,818.	20,769.	91,873.	2,176.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,566,758.	1,393,896.	203,671.	969,191.
12	Advertising and promotion	849,789.	597,061.	3,695.	249,033.
13	Office expenses	1,448,169.	663,563.	101,600.	683,006.
14	Information technology				
15	Royalties				
16	Occupancy	1,319,305.	969,668.	113,591.	236,046.
17	Travel	742,475.	549,398.	63,200.	129,877.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	755,452.	585,987.	49,995.	119,470.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,989.	115,749.	11,911.	27,329.
23	Insurance	169,026.	103,252.	35,275.	30,499.
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	PUBLIC AWARENESS	731,051.	726,032.		5,019.
b	BANK AND BROKERAGE FEES	164,140.	6,283.	50,958.	106,899.
c	MISCELLANEOUS	73,883.	68,038.	2,515.	3,330.
d	INTEREST PAID TO ANNUIT	57,509.		57,509.	
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	26,963,779.	21,058,850.	1,590,103.	4,314,826.
26	**Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		997,533.	1	845,321.
	2	Savings and temporary cash investments		451,199.	2	
	3	Pledges and grants receivable, net		537,600.	3	1,004,493.
	4	Accounts receivable, net		20,015.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		129,047.	9	514,112.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 3,184,466.			
	b	Less: accumulated depreciation	10b 2,727,135.	9,990.	10c	457,331.
	11	Investments - publicly traded securities		6,821,144.	11	28,181,484.
	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		464,778.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,431,306.	16	31,002,741.
Liabilities	17	Accounts payable and accrued expenses		497,506.	17	2,034,884.
	18	Grants payable		1,604,391.	18	4,368,056.
	19	Deferred revenue			19	622,641.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		361,353.	25	623,811.
	26	**Total liabilities.** Add lines 17 through 25		2,463,250.	26	7,649,392.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,056,723.	27	19,215,973.
	28	Temporarily restricted net assets		544,871.	28	535,542.
	29	Permanently restricted net assets		2,366,462.	29	3,601,834.
		Organizations that do not follow SFAS 117 (ASC 958), 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		6,968,056.	33	23,353,349.
	34	Total liabilities and net assets/fund balances		9,431,306.	34	31,002,741.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,164,720.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,963,779.
3	Revenue less expenses. Subtract line 2 from line 1	3	200,941.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,968,056.
5	Net unrealized gains (losses) on investments	5	1,313,427.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,870,925.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,353,349.

Part XII Financial Statements and Reporting

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

			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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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		

Form 990 (2016)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KAMA SANGUINETTI	40.00									
VP, DEVELOPMENT INITIATIVES						X		51,292.	80,073.	3,941.
(28) VERONICA TODARO	40.00									
SVP & CHIEF OPERATING OFFICER						X		133,738.	0.	24,067.
(29) JAMES BECK	40.00									
VP & CHIEF SCIENTIFIC OFFICER						X		125,314.	0.	18,800.
(30) AMY GRAY	40.00									
FMR SVP OF CONSTITUENT/CORP. RELATIO							X	86,022.	136,968.	19,659.
(31) ROBERT SHAW	40.00									
FMR VP OF CONSTITUENT/CORP. RELATION							X	80,950.	119,299.	13,323.
Total to Part VII, Section A, line 1c								477,316.	336,340.	79,790.

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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

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

07

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,151,358.	7,215,389.	8,973,029.	9,221,738.	24,858,832.	59,420,346.
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	9,151,358.	7,215,389.	8,973,029.	9,221,738.	24,858,832.	59,420,346.
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)						321,622.
6 **Public support.** Subtract line 5 from line 4						59,098,724.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,151,358.	7,215,389.	8,973,029.	9,221,738.	24,858,832.	59,420,346.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,858.	213,115.	188,706.	173,821.	550,589.	1,359,089.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						60,779,435.

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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.23 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	97.32 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** 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 - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* ***(see instructions).***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7.			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION, INC.

Employer identification number
13-1866796

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

lee

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		225,471.	139,318.	86,153.
d Equipment		2,777,262.	2,486,784.	290,478.
e Other		181,733.	101,033.	80,700.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				457,331.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	623,811.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	623,811.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Schedule D (Form 990) 2016

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

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

1	Total revenue, gains, and other support per audited financial statements			1	28,456,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,313,427.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	<21,842.>		
e	Add lines **2a** through **2d**			2e	1,291,585.
3	Subtract line **2e** from line **1**			3	27,164,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	27,164,720.

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

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

1	Total expenses and losses per audited financial statements			1	26,963,779.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	26,963,779.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	26,963,779.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -21,842.

Part XIII 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" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [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.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA-(INCLUDING CANADA & MEXICO, BUT NOT THE UNITED			GRANTMAKING		324,905.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		199,887.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		11,175.
3 a Sub-total	0	0			535,967.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			535,967.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2016**

632071 09-21-16

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEDICAL RESEARCH - (SEE SCHEDULE O)	125,000.	CHECK	0.		
		NORTH AMERICA	PATIENT CARE - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA	PATIENT CARE - (SEE SCHEDULE O)	60,000.	CHECK	0.		
		NORTH AMERICA	MEDICAL RESEARCH - (SEE SCHEDULE O)	25,000.	CHECK	0.		
		NORTH AMERICA	PATIENT CARE - (SEE SCHEDULE O)	20,543.	CHECK	0.		
		NORTH AMERICA	PATIENT CARE - (SEE SCHEDULE O)	16,612.	CHECK	0.		
		NORTH AMERICA	MEDICAL RESEARCH - (SEE SCHEDULE O)	12,500.	CHECK	0.		
		NORTH AMERICA	MEDICAL RESEARCH - (SEE SCHEDULE O)	5,250.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶ 14

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book; FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,625.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH - (SEE SCHEDULE O)	62,500.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,625.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PATIENT CARE - (SEE SCHEDULE O)	75,450.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,687.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	PATIENT CARE - (SEE SCHEDULE O)	11,175.	CHECK	0.		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes ☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes ☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes ☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes ☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes ☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes ☒ No

Part V Supplemental Information

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

PART I, LINE 2:

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number: 13-1866796

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ZEIDMAN ASSOCIATES, LLC - 3870 N. 161 AVENUE, GOODYEAR,	DIRECT MAIL MANAGEMENT AND PRINTING		X	2,083,459.	652,026.	1,431,433.
SANKY COMMUNICATIONS, INC - 599 11TH AVENUE, 6TH FLOOR,	DIRECT MAIL MANAGEMENT AND PRINTING		X	1,512,275.	273,163.	1,239,112.
Total ▶				3,595,734.	925,189.	2,670,545.

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

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1 HERSHEL BLOM DINNER (event type)	(b) Event #2 NEW YORK GALA (event type)	(c) Other events 45 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	820,992.	797,835.	507,321.	2,126,148.
	2 Less: Contributions	820,992.	797,835.	507,321.	2,126,148.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			7,065.	7,065.
	6 Rent/facility costs			22,800.	22,800.
	7 Food and beverages			93,984.	93,984.
	8 Entertainment			4,286.	4,286.
	9 Other direct expenses			575,848.	575,848.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	703,983.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	<703,983.>

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in.

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

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

(I) NAME OF FUNDRAISER: ZEIDMAN ASSOCIATES, LLC

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

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION, INC.

Employer identification number
13-1866796

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY - 650 W. 168TH STREET,ROOM 305 - NEW YORK, NY 10032	13-5598093		938,750.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET CHICAGO, IL 60612	36-2174823		187,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
STRUTHERS PARKINSON'S CTR 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		173,291.	0.			PATIENT CARE-(SEE SCHEDULE O)
NORTHWESTERN UNIV PARKINSON' S MOV DIS CTR - 710 NORTH LAKE SHORE DR,11TH FLOOR - EVANSTON, IL 60611	32-2167817		164,821.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE GENERAL HOSPITAL CORP. MASSACHUSETTS GENERAL HOSPITAL,C/O BOSTON, MA 02241	04-2697983		150,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087	13-3948652		125,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant, or assistance
BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVENUE, ROOM CLS-638 BOSTON, MA 02215	04-2103881		117,043.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIVERSITY OF SOUTH FLORIDA 4001 E. FLETCHER AVENUE,6TH FLOOR TAMPA, FL 33613	59-3102112		110,084.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - P.O. BOX 405803 - ATLANTA, GA 30384	59-0624458		102,160.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE GENERAL HOSPITAL CORP. MASSACHUSETTS GENERAL HOSPITAL,C/O BOSTON, MA 02241	04-2697983		100,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET CHICAGO, IL 60612	36-2174823		97,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET, SUITE 30 CHICAGO, IL 60612	36-2174823		93,750.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
NATURE AMERICA, INC. P.O. BOX 512257 PHILADELPHIA, PA 19175	13-3066007		90,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 3181 SW SAM JACKSON PARK RD. OP-32 - PORTLAND, OR 97239	23-7083114		81,260.	0.			PATIENT CARE-(SEE SCHEDULE O)
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE STREET, SUITE 9A HOUSTON, TX 77030	74-1613878		80,384.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CTR P.O. BOX 121236 DALLAS, TX 75312	35-2528741		80,220.	0.			PATIENT CARE-(SEE SCHEDULE O)
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 3800 RESERVOIR ROAD, NW 7PHC - WASHINGTON, DC 20007	52-2339873		80,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
KUMC RESEARCH INSTITUTE 3599 RAINBOW BLVD, MAILSTOP 3042 KANSAS CITY, KS 66160	48-1108830		78,712.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, MCB 425 - SAN FRANCISCO, CA 94143	95-6006144		76,850.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S INSTITUTE & CLINICAL CTR - 675 ALMANOR AVENUE - SUNNYVALE, CA 94085	94-3061594		76,145.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIVERSITY OF FLORIDA 123 GRINTER HALL, BOX 113001 GAINESVILLE, FL 32611	59-0974739		70,077.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 107 MANNING DRIVE, CB 7025 - CHAPEL HILL, NC 27599	56-1732213		70,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-3230035		69,112.	0.			PATIENT CARE-(SEE SCHEDULE O)
AUGUSTA UNIV RESEARCH INSTITUTE, INC - P.O. BOX 945552 - AUGUSTA, GA. 30394	58-1418202		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF CALIFORNIA SAN DIEGO 8950 VILLA LA JOLLA DRIVE, SUITE C1 LA JOLLA, CA 92037	95-6006144		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
DUKE HEALTH CTR AT MORREENE ROAD 932 MOREENE RD DURHAM, NC 27705	56-2070036		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
EMORY UNIV SCHOOL OF MEDICINE WOODRUFF HEALTH SCIENCES CTR,ATTN: ATLANTA, GA 30322	58-0566256		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
JOHNS HOPKINS PARKINSON DISEASE & MOV. DIS. CEN - 12529 COLLECTIONS CTR DRIVE - CHICAGO, IL 60693	52-0595110		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MT. SINAI BETH ISRAEL MEDICAL CTR 1 GUSTAVE LEVY PLACE, BOX 1137 NEW YORK, NY 10029			60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
ST. JOSEPH'S HOSPITAL & MEDICAL CTR - 240 W. THOMAS RD, STE 301 - PHOENIX, AZ 85013	86-0096787		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NEW YORK UNIV SCHOOL OF MEDICINE 545 FIRST AVE, GREENBERG HALL SCI-8 NEW YORK, NY 10016	13-3971298		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF PENNSYLVANIA PARKINSON'S DISEASE AND MMT. DIS. - PARKINSONS DISEASE & MOV DIS CTR,SUZANNE REICHWEIN, NEUROLOGY -	31-1538725		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
TEL AVIV SOURASKY MEDICAL CTR TEL AVIV SOURASKY MEDICAL CTR,ATTN			60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF ROCHESTER MEDICAL CTR 601 ELMWOOD AVE, BOX 673 ROCHESTER, NY 14642	16-0743209		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF FLORIDA, PARKINSON'S CTR PO BOX 113001 GAINESVILLE, FL 32611	59-1680273		60,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537		57,096.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824	38-6005984		56,620.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
ADVANCED BIOSTATISTICS CONSULTING, LLC - 18 CIRCLE DRIVE - POTSDAM, NY 13676	81-3015635		54,140.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET NW ATLANTA, GA 30318	58-0603146		50,000.	0.			ADVOCACY-(SEE SCHEDULE O)
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662		50,000.	0.			ADVOCACY-(SEE SCHEDULE O)
THE REGENTS AT THE UNIVERSITY OF CALIFORN - 675 NELSON RISING LANE, ROOM 201,BOX 3208 - SAN FRANCISCO, CA 94158	94-6036493		50,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685		48,085.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098		43,333.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
NORTHWESTERN UNIV 633 CLARK ST EVANSTON, IL 60208	36-2167817		43,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE NE - CAMBRIDGE, MA 2139	04-2103594		37,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF SOUTHERN CALIFORNIA, P'S DIS & OTHR MOV DIS CT - 3500 S. FIGUEROA ST. SUITE 102 - LOS ANGELES, CA 90089	95-1642394		36,215.	0.			PATIENT CARE-(SEE SCHEDULE O)
TRUSTEES OF UNIV OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685		35,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGETOWN UNIV HOSPITAL 3800 RESEIVOR ROAD NW WASHINGTON, DC 20007	53-0196603		26,849.	0.			PATIENT CARE-(SEE SCHEDULE O)
LIVRAMENTO DELGADO BOXING FOUNDATION - 4920 ROSWELL ROAD SUITE 45B-#507 - ATLANTA, GA 30342			26,440.	0.			PATIENT CARE-(SEE SCHEDULE O)
AUGUSTA UNIV RESEARCH INSTITUTE, INC - P.O. BOX 945552 - AUGUSTA, GA 30394	58-1418202		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE STREET, SUITE 9A HOUSTON, TX 77030	74-1613878		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL PARKINSON & MOVEMENT DISORDER SOCIETY - 555 E. WELLS, SUITE 1100 - MILWAUKEE, WI 53202	06-1263827		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
JEWISH COMMUNITY CTRS OF CHICAGO 300 REVERE DRIVE NORTHBROOK, IL 60062	36-2167758		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NYU LANGONE MEDICAL CTR 240 EAST 38TH ST. 20TH FL BOSTON, NY 10016	13-5562308		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
DUKE UNIV 300 W. MORGAN STREET, SUITE 800 DURHAM	56-0532129		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF CALIFORNIA BERKELEY 208 STANLEY HALL BERKELEY, CA 94720	94-6002123		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
TAMPA JEWISH COMMUNITY CTR & FEDERATION - 13009 COMMUNITY CAMPUS DRIVE - TAMPA, FL 33625	23-7182057		25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF ALABAMA AT BIRMINGHAM 1720 2ND. AVE. SOUTH,AB 990 BIRMINGHAM, AL 35294	63-6005396		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
USF BYRD PARKINSON'S DISEASE AND MOVEMENT DISORDER CTR - 4001 E FLETCHER AVE 6TH FL - TAMPA, FL 33613			25,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE,RUBLOFF 7TH CHICAGO, IL 60611	36-2167817		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591		25,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
NEW YORK UNIV SCHOOL OF MEDICINE 545 FIRST AVE NEW YORK, NY 10016	13-5562308		22,250.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF PENNSYLVANIA 330 SOUTH NINTH STREET, 3RD FLOOR PHILADELPHIA, PA 19107	23-1352685		21,450.	0.			PATIENT CARE-(SEE SCHEDULE O)
JOHN HOPKINS UNIV CENTRAL LOCKBOX 12529 COLLECTIONS CTR DRIVE CHICAGO, IL 60693	52-0595110		21,018.	0.			PATIENT CARE-(SEE SCHEDULE O)
KARE11.COM PO BOX 637382 MINNEAPOLIS, OH 45263	57-0691788		20,825.	0.			PATIENT CARE-(SEE SCHEDULE O)
EMORY UNIV 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256		20,625.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
ICAHN SCHOOL OF MEDICINE @ MT. SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197		20,625.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
JEWISH COMMUNITY CTR OF GREATER BOSTON - 333 NAHANTON ST. - NEWTON, MA 2459	04-2317972		20,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
JEWISH COMMUNITY CTR OF GREATER WASHINGTON - 6125 MONTROSE ROAD - ROCKVILLE, MD 20852	53-0205921		20,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF MINNESOTA REGENTS OF THE UNIV OF MINNESOTA MINNEAPOLIS, MN 55485	41-6007513		20,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
PD GLADIATORS 5235 REDFIELD COURT ATLANTA, GA 30338			17,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
MIAMI BEACH JCC 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-2788834		16,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
MEMORIAL FOUNDATION 32711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218		16,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
INTERNATIONAL PARKINSON & MOVEMENT DISORDER SOCIETY - 555 E. WELLS, SUITE 1100 - MILWAUKEE, WI 53202	06-1263827		15,000.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
NEUROSCIENCE CTRS OF FLORIDA FOUNDATION INC. - 2150 CORAL WAY, 8TH FLOOR - MIAMI, FL 33145	27-2199258		14,356.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGIA REGENTS UNIV 1429 HARPER STREET AUGUSTA, GA 30912	35-2310573		12,792.	0.			PATIENT CARE-(SEE SCHEDULE O)
FLORIDA INTERNATIONAL UNIV 3000 NE 151 STREET MIAMI, FL 33181	65-0177616		12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE. NE GRAND RAPIDS, MI 45903	52-2000823		12,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF REGENTS OF THE UNIV OF WISCONSIN SYSTEM - 21 N. PARK ST, STE 6401 - MADISON, WI 53715	39-6006492		12,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 BOSTON, MA 2241	04-2774441		12,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
UNIV OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052		12,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
RUSH UNIV MEDICAL CTR 1700 W. VAN BUREN SUITE 250 CHIACGO, IL 60612	36-2174823		12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
STANFORD HEALTH CARE 213 QUARRY ROAD PALO ALTO, CA 93404	94-6174066		12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE POISE PROJECT 59 ARLINGTON STREET,2ND FLOOR ASHEVILLE, NC 28801	81-2613711		12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
ROCK STEADY BOXING WINDY CITY, LTD 1106 W BRYN MAWR AVE CHICAGO, IL 60660			12,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365		12,500.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
EMORY UNIV 1440 CLIFTION RD, STE 170 ATLANTA, GA 30322	58-0566256		11,939.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA HEALTH NETWORKS 13899 BISCAYNE BLVD, SUITE 205 NORTH MIAMI BEACH, FL 33181			11,679.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE UNIV OF CHICAGO 5235 S. HARPER COURT CHICAGO, IL 60615			11,563.	0.			PATIENT CARE-(SEE SCHEDULE O)
AMERICAN DANCE FESTIVAL INC. PO BOX 90772 DURHAM, NC 27708	06-0932294		10,750.	0.			PATIENT CARE-(SEE SCHEDULE O)
FRIENDS OF THE EMERYVILLE SENIOR CTR - 4321 SALEM STREET - EMERYVILLE, CA 94608			10,750.	0.			PATIENT CARE-(SEE SCHEDULE O)
BODYSSEY PERFORMANCE + RECOVERY 14280 WALSINGHAM ROAD LARGO, FL 33774			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 2130	22-3154028		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
DAVID POSNACK JEWISH COMMUNITY CTR 5850 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-2075982		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
SIBLEY MEMORIAL HOSPITAL FOUNDATION - 5255 LOUGHBORO ROAD NW - WASHINGTON, DC 20016	45-0562642		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
SOUTH SHORE COALITION FOR MENTAL HEALTH & AGING - 131 S. PEBBLE BEACH BLVD - SUN CITY CTR, FL 33573	27-5125682		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV HOSPITALS CLEVELAND PO BOX 94554 CLEVELAND, OH 44101	34-0714775		10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNIV OF MARYLAND BALTIMORE FOUNDATION, INC. - 620 WEST LEXINGTON ST, 2ND FLOOR - BALTIMORE, MD 21201			10,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
MICHAEL ANN RUSSELL JEWISH COMMUNITY CTR - 18900 NE 25TH AVENUE - NORTH MIAMI BEACH, FL 33180	59-2791269		9,990.	0.			PATIENT CARE-(SEE SCHEDULE O)
GEORGETOWN UNIV 3115 WISCONSIN AVE, SUITE 603 WASHINGTON, DC 20007	53-0196603		9,048.	0.			PATIENT CARE-(SEE SCHEDULE O)
UNC DEPARTMENT OF NEUROLOGY 3195F PHYSICIANS OFFICE BLDG CHAPEL HILL, NC 27701	56-6057494		9,019.	0.			PATIENT CARE-(SEE SCHEDULE O)
PAMLICO COASTAL ACTIVITIES COUNCIL 377 MAGNOLIA LANE ARAPAHGE, NC 28510			9,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
BARROW NEUROLOGICAL INSTITUTE 240 W. THOMAS RD, SUITE 301 PHOENIX, AZ 85013	86-0174371		8,625.	0.			PATIENT CARE-(SEE SCHEDULE O)
CJE SENIOR LIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645	36-2727597		8,498.	0.			PATIENT CARE-(SEE SCHEDULE O)
AUM HOME SHALA 3104 FLORIDA AVE. COCONUT GROVE, FL 33133	27-0334306		7,500.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METRO ATLANTA 100 EDGEWOOD AVE, SUITE 1100 ATLANTA, GA 30303			7,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 3755	02-0222111		7,125.	0.			MEDICAL RESEARCH (SEE SCHEDULE O)
CITY OF UNION CITY 34009 ALVARADO NILES ROAD UNION CITY, CA 94587	94-6036941		6,900.	0.			PATIENT CARE-(SEE SCHEDULE O)
ATLANTIC MUSIC THERAPY, LLC PO BOX 881 CLAYTON, NC 27528	47-1992364		6,500.	0.			PATIENT CARE-(SEE SCHEDULE O)
DALLAS AREA PARKINSON SOCIETY 6370 LBJ FREEWAY, SUITE 170 DALLAS, TX 75240	75-1652315		6,250.	0.			PATIENT CARE-(SEE SCHEDULE O)
THE UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR - THE UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR - DALLAS, TX			6,250.	0.			PATIENT CARE-(SEE SCHEDULE O)
JEWISH FAMILY & CHILDREN SERVICES 2150 POST STREET WALTHAM, CA 94115	94-1156528		6,223.	0.			PATIENT CARE-(SEE SCHEDULE O)
RIANDA HOUSE 1475 MAIN ST. ST. HELENA, CA 94574	20-2411077		6,015.	0.			PATIENT CARE-(SEE SCHEDULE O)
GOOD VIBES CONSULTANTS 13101 SW 11TH COURT, B403 PEMBROKE PINES, FL 33027	65-0784647		6,000.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INMOTION 4829 GALAXY PARKWAY, SUITE M WARRENSVILLE HEIGHTS, OH 44128	46-4102770		6,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
SPORTS CTR OF MOREHEAD NC PD SUPPORT GROUP,ATTN: PETE HULE BEAUFORT, NC 28516	56-1613878		6,000.	0.			PATIENT CARE-(SEE SCHEDULE O)
PARKINSON'S SUPPORT GROUP OF TARRANT COUNTY - 723 OAKWOOD TRAIL - FORTH WORTH, TX 76112	75-1886538		5,481.	0.			PATIENT CARE-(SEE SCHEDULE O)
TITLE BOXING CLUB 7630 160TH ST W LAKEVILLE, MN 55044	46-1678606		5,157.	0.			PATIENT CARE-(SEE SCHEDULE O)
GREEN MONKEY YOGA 1430 S DIXIE HWY,STE 116 MIAMI, FL 33146	45-3026937		5,082.	0.			PATIENT CARE-(SEE SCHEDULE O)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT CARE (SEE SCHEDULE O)	6	67,492.	0.		

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

PART I, LINE 2:

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

PART II, LINE 1(B):

THE ORGANIZATION HAS MADE AN EFFORT TO OBTAIN A TAX ID FOR EACH ENTITY THAT IT AWARDS GRANTS TO. THE ORGANIZATION IS STILL IN THE PROCESS OF OBTAINING TAX IDS FOR SOME OF THE ENTITIES THAT RECEIVED A GRANT DURING THE CURRENT REPORTING PERIOD. THE ORGANIZATION HAS COMPLETED THIS

Part IV Supplemental Information

SCHEDULE USING THE INFORMATION THAT WAS AVAILABLE AT THE TIME OF FILING.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number: 13-1866796

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER SCHMIDT	(i)	92,162.	0.	0.	6,888.	18,514.	117,564.	0.
SVP, CHIEF RESCH. & CLINICAL OFFICER	(ii)	137,441.	0.	0.	0.	0.	137,441.	0.
(2) VERONICA TODARO	(i)	133,738.	0.	0.	17,516.	6,551.	157,805.	0.
SVP & CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY GRAY	(i)	86,022.	0.	0.	6,690.	12,969.	105,681.	0.
FMR SVP OF CONSTITUENT/CORP. RELATIO	(ii)	136,968.	0.	0.	0.	0.	136,968.	0.
(4) ROBERT SHAW	(i)	80,950.	0.	0.	6,007.	7,316.	94,273.	0.
FMR VP OF CONSTITUENT/CORP. RELATION	(ii)	119,299.	0.	0.	0.	0.	119,299.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open To Public Inspection

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

Employer identification number: 13-1866796

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	53	858,644.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GOOGLE ADVERT)	X	12	558,911.	SALES PRICE
26	Other ▶ (EVENT PRODUCT)	X	1	61,000.	SALES PRICE
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE PARKINSON'S FOUNDATION WAS FORMED BY THE MERGER OF THE NATIONAL PARKINSON FOUNDATION, INC. (NPF) AND THE PARKINSON'S DISEASE FOUNDATION, INC. (PDF) DURING THE YEAR ENDED JUNE 30, 2017. NPF AND PDF WERE BOTH ESTABLISHED IN 1957, WITH OFFICES IN NEW YORK AND MIAMI. PROGRAM SERVICES WERE EXPANDED DURING THE YEAR ENDED JUNE 30, 2017 TO INCLUDE THE SERVICES OF THE COMBINED ORGANIZATION.

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

FIELD SERVICES: THE FOUNDATION HELPS PEOPLE WITH PARKINSON'S BY PROVIDING COMMUNITY GRANTS, PROGRAMS AND ACTIVITIES THROUGH ITS FIELD NETWORK. MOVING DAY, A WALK FOR PARKINSON'S, BRINGS LOCAL COMMUNITIES TOGETHER TO RAISE AWARENESS ABOUT THE DISEASE AND TO SUPPORT NATIONAL RESEARCH EFFORTS AND LOCAL WELLNESS PROGRAMS ACROSS THE COUNTRY. EXPENSES $ 4,122,315. INCLUDING GRANTS OF $ 816,888. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4:

DUE TO THE MERGER OF PDF AND NPF IN 2017 AS DESCRIBED IN SCHEDULE O, THE ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WERE MODIFIED.

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

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

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

A CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE COMPLETED AND SIGNED BY

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

Employer identification number: 13-1866796

EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE OF THE FOUNDATION ANNUALLY. ANY KNOWN OR REASONABLY FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING AS SOON AS POSSIBLE TO THE CFO, CEO, OR A MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE DISCLOSURE STATEMENT MUST BE COMPLETED, EXECUTED AND FILED WITH THE FOUNDATION BY ALL INDIVIDUALS SEEKING TO SERVE THE FOUNDATION AS A BOARD MEMBER, OFFICER OR KEY EMPLOYEE PRIOR TO SUCH INDIVIDUALS COMMENCING HIS OR HER SERVICE TO THE FOUNDATION.

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

THE PRESIDENT AND CEO'S COMPENSATION WAS ESTABLISHED USING COMPARABLE MARKET DATA, BASED ON ADVICE PROVIDED BY A PROFESSIONAL RECRUITING FIRM RETAINED BY PF. THE FOUNDATION FORMED A COMMITTEE, COMPRISED OF BOARD MEMBERS, TO RECRUIT THE PRESIDENT AND CEO, AND THAT COMMITTEE APPROVED THE LEVEL OF HIS COMPENSATION. ALL OF THE KEY EMPLOYEES OF THE FOUNDATION HAVE HAD THEIR SALARIES SET BASED ON MARKET REMUNERATION LEVELS VERIFIED BY INDEPENDENT EXPERTS.

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

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

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

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

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

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

POST MERGER-RELATED EXPENSES	-401,488.
CHANGE IN REPORTING ENTITY	15,294,255.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-21,842.
TOTAL TO FORM 990, PART XI, LINE 9	14,870,925.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM THAT AUDITS THE FOUNDATION'S FINANCIAL STATEMENTS AND THE OVERSIGHT OF THE ANNUAL AUDIT.

FORM 990, PART III, LINE 1 (CONTINUATION)

WE ARE LEADERS IN ENSURING EXPERT PARKINSON'S DISEASE (PD) CARE; EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY; AND DRIVING THE UNDERSTANDING OF PARKINSON'S THROUGH RESEARCH. AS A NATIONAL ORGANIZATION WITH A LOCAL PRESENCE AND IMPACT, WE BRING HELP AND HOPE TO THE ESTIMATED ONE MILLION INDIVIDUALS IN THE UNITED STATES, 10 MILLION WORLDWIDE, WHO ARE LIVING WITH PARKINSON'S.

ENSURING BETTER CARE FOR EVERYONE

- WE SET STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH OUR GLOBAL NETWORK OF 42 CENTERS OF EXCELLENCE.
- WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH PD BY TRACKING THE CARE THAT THEY RECEIVE AT OUR CENTERS. OVER 10,000 PATIENTS ARE ENROLLED IN OUR PARKINSON'S OUTCOMES PROJECT, THE LARGEST

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

Employer identification number: 13-1866796

CLINICAL STUDY OF PD. ACCORDING TO OUR STUDY, REGULAR PARKINSON'S TREATMENT FROM A NEUROLOGIST COULD SAVE THOUSANDS OF LIVES EACH YEAR.

- WE ARE WORKING TO CLOSE THE GAP IN PARKINSON'S PROFESSIONAL TRAINING BY EDUCATING NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE THERAPISTS AND SOCIAL WORKERS SO THEY CAN PROVIDE BETTER CARE.

EDUCATING AND EMPOWERING THE PARKINSON'S COMMUNITY

- WE EDUCATE AND EMPOWER PEOPLE WITH PD THROUGH OUR NATIONAL NETWORK OF STAFF AND VOLUNTEERS. WE WERE THE FIRST ORGANIZATION TO FORM A PARKINSON'S ADVISORY COUNCIL AND THE FIRST TO TRAIN PEOPLE WITH PD TO PARTNER WITH SCIENTISTS ON RESEARCH.
- WE HELP PEOPLE LIVE WELL WITH PD BY PROVIDING FREE RESOURCES INCLUDING: EDUCATIONAL BOOKS, WEBINARS, PODCASTS, A LIFE-SAVING HOSPITALIZATION KIT, AND OUR TOLL-FREE HELPLINE, STAFFED BY PARKINSON'S SPECIALISTS WHO ANSWER NEARLY 30,000 CALLS ANNUALLY.
- WE BRING LOCAL COMMUNITIES TOGETHER THROUGH MOVING DAY , A WALK FOR PARKINSON'S, A NATIONAL GRASSROOTS EVENT THAT HAS RAISED $14 MILLION TO SUPPORT PARKINSON'S RESEARCH AND LOCAL WELLNESS PROGRAMS ACROSS THE COUNTRY

UNDERSTANDING PARKINSON'S THROUGH RESEARCH

- WE INVEST MORE THAN $10 MILLION ANNUALLY IN PROMISING SCIENTISTS WHO ARE ON A MISSION TO UNDERSTAND THE BASIC

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

Employer identification number: 13-1866796

MECHANISMS OF PARKINSON'S THAT ARE CRITICAL TO DEVELOPING NEW TREATMENTS AND MEDICATIONS.

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

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

SCHEDULE F, PART II, COLUMN D AND SCHEDULE I, PART II, COLUMN H

RESEARCH FUNDING FROM THE PARKINSON'S FOUNDATION SEEKS TO ENSURE BETTER CARE FOR EVERYONE AND TO BETTER UNDERSTAND PARKINSON'S DISEASE. GRANTS ARE COMPETITIVELY REVIEWED AND EVALUATED BY OUTSIDE EXPERT PEER REVIEWERS FROM THE FOUNDATION'S SCIENTIFIC ADVISORY BOARD AND FROM THE SCIENTIFIC COMMUNITY. UNIQUE AMONG OTHER ORGANIZATIONS, PEOPLE WITH PARKINSON'S PLAY AN INTEGRAL ROLE IN THE REVIEW PROCESS. RESEARCH SUPPORTED ADDRESSES THE CRITICAL CLINICAL AND BASIC SCIENCE QUESTIONS THAT HELP DRIVE THE FIELD TO BETTER TREATMENTS AND A POTENTIAL WAY TO HALT AND CURE PARKINSON'S. LEARN MORE AT HTTP://PARKINSON.ORG/RESEARCH/

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PARKINSON'S FOUNDATION, INC.

Employer identification number

13-1866796

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
NATIONAL PARKINSON FOUNDATION, INC. - 59-0968031, 200 SE 1ST STREET, MIAMI, FL 33131	NATIONAL PARKINSON FND., INC. MERGED WITH PARKINSON'S DISEASE FND.,	FLORIDA	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2016

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NATIONAL PARKINSON FOUNDATION, INC.	S	15,294,255.	BOOK VALUE
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NATIONAL PARKINSON FOUNDATION, INC.

PRIMARY ACTIVITY: NATIONAL PARKINSON FND., INC. MERGED WITH PARKINSON'S DISEASE FND., INC.