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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PARKINSON'S FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
200 SE 1ST STREET NO 800

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

D Employer identification number
13-1866796

E Telephone number
(800) 473-4636

G Gross receipts $ 41,304,507

F Name and address of principal officer:
JOHN L LEHR
200 SE 1ST STREET NO 800
MIAMI, FL 33131

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PARKINSON.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1957

M State of legal domicile: FL

Part I Summary

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**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	161
6	Total number of volunteers (estimate if necessary)	**6**	0
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	34,038,127	40,380,698
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	724,044	738,813
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,242,942	-868,594
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,519,229	40,250,917
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,294,884	11,301,654
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)	11,293,689	13,863,804
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,152,205		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,516,858	12,929,735
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	34,105,431	38,095,193
19	Revenue less expenses. Subtract line 18 from line 12	-586,202	2,155,724

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,459,995	45,116,415
21	Total liabilities (Part X, line 26)	13,475,440	19,152,986
22	Net assets or fund balances. Subtract line 21 from line 20	23,984,555	25,963,429

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

****** 2020-10-29
Signature of officer Date

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
				P01404398

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) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 11,600,139 including grants of $ 3,344,530) (Revenue $)
See Additional Data

4b (Code:) (Expenses $ 10,688,618 including grants of $ 6,360,431) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ 9,778,612 including grants of $ 1,596,693) (Revenue $)
See Additional Data

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

4e **Total program service expenses** ▶ 32,067,369

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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	Yes	
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
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	Yes	
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		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	Yes	

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	250		
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		Yes	

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

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**	161		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	No
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**	No
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**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

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	**1a**	30		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	30		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
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**		No

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**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 , 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

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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain 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 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131 (305) 537-9903

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

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

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,616,775	0	345,056

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

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
PMC - PRINT MAIL COMMUNICATION 4333 DAVENPORT ROAD FREDERICKSBURG, VA 22408	MAIL CAMPAIGN & PRINTING	629,229
LAUTMAN MASKA NEIL & COMPANY 1730 RHODE ISLAND AVE NW SUITE 301 WASHINGTON DC, DC 20036	MAIL CAMPAIGN & PRINTING	403,683
RKD GROUP INC 3400 WATERVIEW PARKWAY RICHARDSON, TX 75080	CONSULTING	336,272
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFWARE & WEB SERVICE FEES	324,287
FINALY GENERAL CONTRACTORS 130 W 29TH ST 3R NEW YORK, NY 10001	GENERAL CONTRACTOR	234,334

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 ▶ 21

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	2,871,149			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,509,549			
	g Noncash contributions included in lines 1a - 1f: $	1g	830,020			
	h **Total.** Add lines 1a-1f		40,380,698			
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)		738,813			738,813
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 2,871,149 of contributions reported on line 1c). See Part IV, line 18	8a	184,996			
	b Less: direct expenses	8b	1,053,590			
	c Net income or (loss) from fundraising events		-868,594			-868,594
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	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		40,250,917	0	0	-129,781

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	9,252,032	9,252,032		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	615,650	615,650		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,433,972	1,433,972		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,343,849	1,655,640	341,955	346,254
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	8,650,993	7,005,998	485,940	1,159,055
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	516,528	406,337	43,307	66,884
9 Other employee benefits	1,501,502	1,181,195	125,885	194,422
10 Payroll taxes	850,932	669,406	71,343	110,183
11 Fees for services (non-employees):				
a Management				
b Legal	134,242	82,900	41,998	9,344
c Accounting	69,479		69,479	
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 Schedule O)	4,695,584	3,580,541	172,083	942,960
12 Advertising and promotion	561,922	457,876	139	103,907
13 Office expenses	1,783,240	1,278,941	62,846	441,453
14 Information technology				
15 Royalties				
16 Occupancy	1,259,887	1,124,706	40,385	94,796
17 Travel	1,093,586	865,341	44,030	184,215
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	271,225	245,009	17,598	8,618
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	391,694	314,076	31,636	45,982
23 Insurance	168,019	41,368	120,623	6,028
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 PRINTING & PUBLICATIONS	1,284,350	1,052,122	22,946	209,282
b CATERING AND MEETINGS	763,450	691,052	16,040	56,358
c BANK AND CREDIT CARD EX	166,850	1,743	24,033	141,074
d MISCELLANEOUS	157,893	38,701	105,829	13,363
e All other expenses	128,314	72,763	37,524	18,027
25 **Total functional expenses.** Add lines 1 through 24e	38,095,193	32,067,369	1,875,619	4,152,205
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		469,155	1	542,833
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,444,673	3	3,420,591
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		385,751	9	624,661
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,506,091			
	b	Less: accumulated depreciation	10b 1,160,354	1,207,474	10c	1,345,737
	11	Investments—publicly traded securities		32,952,942	11	39,182,593
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,459,995	16	45,116,415
Liabilities	17	Accounts payable and accrued expenses		2,709,538	17	3,672,428
	18	Grants payable		10,178,318	18	11,194,450
	19	Deferred revenue		36,274	19	1,667,827
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	2,164,400
	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		551,310	25	453,881
	26	**Total liabilities.** Add lines 17 through 25		13,475,440	26	19,152,986
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		19,435,669	27	21,414,179
	28	Net assets with donor restrictions		4,548,886	28	4,549,250
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		23,984,555	32	25,963,429
	33	Total liabilities and net assets/fund balances		37,459,995	33	45,116,415

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,250,917
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,095,193
3	Revenue less expenses. Subtract line 2 from line 1	3	2,155,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,984,555
5	Net unrealized gains (losses) on investments	5	-195,674
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	18,824
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,963,429

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID:

Software Version:

EIN: 13-1866796

Name: PARKINSON'S FOUNDATION INC

Form 990, Part III, Line 4a:

PILLAR 1 - ENSURING BETTER CARE FOR EVERYONE: WE SET STANDARDS FOR EXPERT PARKINSON'S CARE THROUGH OUR GLOBAL NETWORK OF 48 CENTERS OF EXCELLENCE. WE IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH PD BY TRACKING THE CARE THAT THEY RECEIVE AT OUR CENTERS. MORE THAN 12,000 PATIENTS ARE ENROLLED IN OUR PARKINSON'S OUTCOMES PROJECT, THE LARGEST 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.

Form 990, Part III, Line 4b:

PILLAR 2 - UNDERSTANDING PARKINSON'S THROUGH RESEARCH: WE INVEST MORE THAN $10 MILLION ANNUALLY IN PROMISING SCIENTISTS WHO ARE ON A MISSION TO UNDERSTAND THE BASIC MECHANISMS OF PARKINSON'S THAT ARE CRITICAL TO DEVELOPING NEW TREATMENTS AND MEDICATIONS. 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.

Form 990, Part III, Line 4c:

PILLAR 3 - 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 25,000 CALLS ANNUALLY.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD D MORGAN CHAIRMAN	5.00	X		X				0	0	0
ANDREW B ALBERT VICE CHAIRMAN	5.00	X		X				0	0	0
ALISON P HERMAN BOARD MEMBER	5.00	X						0	0	0
ALESSANDRO DI ROCCO BOARD MEMBER	5.00	X						0	0	0
JOHN W KOZYAK BOARD MEMBER	5.00	X						0	0	0
J GORDON BECKHAM JR VICE CHAIRMAN	5.00	X		X				0	0	0
MINDY MCILROY BOARD MEMBER	5.00	X						0	0	0
ROBERT M MELZER BOARD MEMBER	5.00	X						0	0	0
GAIL MILHOUS BOARD MEMBER	5.00	X						0	0	0
CONSTANCE W ATWELL SECRETARY	5.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN ELIZABETH BURKE BOARD MEMBER	5.00	X						0	0	0
STEPHEN ACKERMAN TREASURER	5.00	X		X				0	0	0
G PENNINGTON EGBERT III BOARD MEMBER	5.00	X						0	0	0
STANLEY FAHN BOARD MEMBER	5.00	X						0	0	0
RICHARD D FIELD BOARD MEMBER	5.00	X						0	0	0
STEPHANIE GOLDMAN ROSEN BOARD MEMBER	5.00	X						0	0	0
ARLENE LEVINE BOARD MEMBER	5.00	X						0	0	0
PAUL H NATHAN BOARD MEMBER	5.00	X						0	0	0
JENA E ABERNATHY BOARD MEMBER	5.00	X						0	0	0
PAUL R BLOM BOARD MEMBER	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MADISON PONDER HARRISON BOARD MEMBER	5.00	X						0	0	0
ROBERTO LPALENZUELA BOARD MEMBER	5.00	X						0	0	0
MARCIA MONDAVI BORGER BOARD MEMBER	5.00	X						0	0	0
JOSHUA RASKIN BOARD MEMBER	5.00	X						0	0	0
JOHN D THOMOPOULOS BOARD MEMBER	5.00	X						0	0	0
JAMES FT MONHART BOARD MEMBER	5.00	X						0	0	0
MARSHALL R BURACK BOARD MEMBER	5.00	X						0	0	0
PETER GOLDMAN BOARD MEMBER	5.00	X						0	0	0
PAOLO FRESCO BOARD MEMBER	5.00	X						0	0	0
THE HONORABLE JOHNNY ISAKSON BOARD MEMBER	5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN L LEHR PRESIDENT & CHIEF EXECUTIV	40.00			X				411,904	0	29,487
CURTIS DE GREFF SVP & CHIEF FINANCIAL OFFI	40.00			X				198,951	0	26,940
LEILANI PEARL VP, CHIEF COMMUNICATIONS O	40.00				X			177,888	0	17,786
VERONICA TODARO SVP & CHIEF OPERATING OFFI	40.00				X			230,610	0	34,511
JAMES BECK VP & CHIEF SCIENTIFIC OFFI	40.00				X			219,928	0	12,196
YASNAHIA CORTORREAL VP OF HUMAN RESOURCES AND	40.00				X			164,840	0	16,726
KAYLN HENKEL VP OF FIELD DEVELOPMENT	40.00				X			165,141	0	24,265
ELIZABETH POLLARD VP OF EDUCATION	40.00				X			150,461	0	30,503
SEAN KRAMER SENIOR VICE PRESIDENT, CHI	40.00				X			237,040	0	25,117
KAMA SANGUINETTI VP, DEVELOPMENT INITIATIVE	40.00					X		135,721	0	15,678

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHERINE GRISWOLD NATIONAL DIRECTOR, MAJOR G	40.00					X		140,432	0	30,002
KELLY AUSTIN NATIONAL DIRECTOR, DEVELOP	40.00					X		112,063	0	22,295
SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	40.00					X		135,038	0	29,732
CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGEMENT OFFICER	40.00					X		136,758	0	29,818

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION INC

Employer identification number
13-1866796

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **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 331/3% 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 331/3% 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	9,221,738	24,858,832	28,891,308	31,477,172	40,380,698	134,829,748
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	9,221,738	24,858,832	28,891,308	31,477,172	40,380,698	134,829,748
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						134,829,748

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	9,221,738	24,858,832	28,891,308	31,477,172	40,380,698	134,829,748
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	173,821	550,589	559,433	724,044	738,813	2,746,700
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						137,576,448

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 2019 (line 6, column (f) divided by line 11, column (f))	**14**	98.000 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	97.920 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 line 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 year **(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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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):	1		
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)

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 13-1866796

Name: PARKINSON'S FOUNDATION INC

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).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 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		658,743	224,264	434,479
d Equipment		1,528,692	884,487	644,205
e Other		318,656	51,603	267,053
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,345,737

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	453,881

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 ☑

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	40,962,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-195,674		
b	Donated services and use of facilities	2b	888,553		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,824		
e	Add lines **2a** through **2d**			2e	711,703
3	Subtract line **2e** from line **1**			3	40,250,917
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	40,250,917

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	38,983,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	888,553		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	888,553
3	Subtract line **2e** from line **1**			3	38,095,193
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	38,095,193

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1866796
Name: PARKINSON'S FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND AS SESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE F ACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENA LTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTE REST EXPENSE, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 18,824.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION INC

Employer identification number
13-1866796

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

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

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

3 Activites 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 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
See Add'l Data					
3a Sub-total	0	0			1,433,972
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,433,972

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)
See Add'l Data								

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 . . . . . ▶ 20

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 13-1866796

Name: PARKINSON'S FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA-(INCLUDING CANADA & MEXICO, BUT NOT THE UNITED STATES)	0	0	GRANTMAKING	MEDICAL RESEARCH AND PATIENT CARE	425,287
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING	MEDICAL RESEARCH	745,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING	MEDICAL AND CLINICAL RESEARCH	243,685
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA CAMBODIA	0	0	GRANTMAKING	MEDICAL RESEARCH	20,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	250,000	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	100,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	100,000	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	100,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	80,000	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	80,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	70,000	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	87,667	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	74,191	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	60,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	83,685	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	60,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	50,000	CHECK			
		MEDICAL RESEARCH (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	60,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,000	CHECK			
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,000	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	20,000	CHECK			
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	13,429	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	5,000	CHECK			
		MEDICAL RESEARCH - (SEE SCHEDULE O)	MEDICAL RESEARCH - (SEE SCHEDULE O)	100,000	CHECK			

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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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION INC

Employer identification number
13-1866796

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **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
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVE NW SUITE 301 WASHINGTON, DC 20036	DIRECT MAIL LIST MANAGEMENT		No	4,365,171	1,956,614	2,408,556
Total . . . . . ▶				4,365,171	1,956,614	2,408,556

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

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

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

		(a) Event #1 NEW YORK GALA (event type)	(b) Event #2 CELEBRATE SPRING NEW YORK (event type)	(c) Other events 26 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	290,397	102,251	2,663,497	3,056,145
	2 Less: Contributions	233,285	80,396	2,557,468	2,871,149
	3 Gross income (line 1 minus line 2)	57,112	21,855	106,029	184,996
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	558	2,690	15,323	18,571
	6 Rent/facility costs	10,012	773	6,683	17,468
	7 Food and beverages	51,974	28,745	32,143	112,862
	8 Entertainment	3,770	150	54,820	58,740
	9 Other direct expenses	90,199	25,164	730,586	845,949
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,053,590
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-868,594

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 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.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311022310

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION INC

Employer identification number
13-1866796

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PATIENT CARE					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ALL GRANT RECIPIENTS (DOMESTIC & FOREIGN) MAKE A FULL WRITTEN REPORT OF THE UTILIZATION OF FUNDS AWARDED BY PF.

Additional Data

Software ID:
Software Version:
EIN: 13-1866796
Name: PARKINSON'S FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YALE UNIVERSITY 25 SCIENCE PARK 150 MUNSON STREET 3RD FLOOR NEW HAVEN, CT 065208327	06-0646973		500,000				MEDICAL RESEARCH
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55415	41-1717098		125,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RUSH UNIVERSITY MEDICAL CENTER 1725 WEST HARRISON STREET SUITE 306 306 CHICAGO, IL 60612	36-2174823		103,750				MEDICAL RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL & CLINICAL RESEARCH 1325 4TH AVE SUITE 1310 SEATTLE, WA 98101	91-1452438		100,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256		98,530				MEDICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MAIL CODE 0009 LA JOLLA, CA 920930009	95-6006144		95,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHWESTERN MEMORIAL FOUNDATION 251 E HURON 541 N FAIRBANKS CHICAGO, IL 60611	36-3155315		80,000				PATIENT EDUCATION
NEW YORK UNIVERSITY PO BOX 415026 BOSTON, MA 022415026	13-5562308		78,750				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHWESTERN UNIVERSITY ASRSP CASH MANAGEMENT 633 CLARK STREET CROWN G-547 EVANSTON, IL 60208	36-2167817		75,000				MEDICAL RESEARCH
UNIVERSITY OF ILLINOIS 506 WRIGHT STREET 209 HAB MC 339 URBANA, IL 61801	37-6000511		75,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD OP-32 OP-32 PORTLAND, OR 97239	93-1176109		71,250				MEDICAL RESEARCH
UNIVERSITY OF PITTSBURGH MARK STOFKO PO BOX 371220 PITTSBURGH, PA 15251	25-0965591		67,500				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878		66,667				MEDICAL RESEARCH
NORTHWESTERN UNIVERSITY ATTN TANYA SIMUNI MD 710 N LAKE SHORE DRIVE ABBOTT HALL 11TH FLOOR CHICAGO, IL 60611	36-2167817		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNC DEPARTMENT OF NEUROLOGY 2185V PHYSICIANS OFFICE BUILDING 170 MANNING DRIVE CHAPEL HILL, NC 27599	56-6057494		60,000				MEDICAL RESEARCH
UNIVERSITY OF MIAMI PARKINSONS DISEASE MVMT DISORDERS CTR C/O CARLOS SINGER MD1120 NW 14 MIAMI, FL 33136	59-0624458		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA USCF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	95-6006144		60,000				MEDICAL RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER ATTN STEVE TODD PO BOX 121236 DALLAS, TX 75312	35-2528741		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SOUTH FLORIDA ATTN ROBERT HAUSER MD MBA 4001 E FLETCHER AVENUE 6TH FLOOR TAMPA, FL 33613	59-3102112		60,000				MEDICAL RESEARCH
THE TRUSTEES OF INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION PO BOX 78000 DETROIT, MI 482780867	35-6001673		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE ATTN JOSEPH JANKOVIC MD 7200 CAMBRIDGE STREET SUITE 9A HOUSTON, TX 77030	74-1613878		60,000				MEDICAL RESEARCH
DUKE UNIVERSITY NICOLE CALAKOS PHD MD 932 MORREENE ROAD DURHAM, NC 27705	56-0532129		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC C/O LYNN NORVELL PO BOX 94552 ATLANTA, GA 303945552	58-1418202		60,000				MEDICAL RESEARCH
JEFFERSON COMPREHENSIVE PARKINSONS DISEASE CENTER 900 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD OP-32 PORTLAND, OR 972393098	23-7083114		60,000				MEDICAL RESEARCH
EMORY UNIVERSITY PO BOX 935084 3835 ATLANTA AVENUE HAPEVILLE, GA 30354	58-0566256		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SOUTHERN CALIFORNIA 3500 SFIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394		60,000				MEDICAL RESEARCH
UNIVERSITY OF COLORADO MOVEMENT DISORDERS CENTER PO BOX 910238 DENVER, CO 802910238	84-6000555		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FLORIDA 1149 NEWELL DRIVE PO BOX 100236 GAINESVILLE, FL 32610	59-6002052		60,000				MEDICAL RESEARCH
MUHAMMAD ALI PARKINSON CENTER 240 W THOMAS ROAD SUITE 302 PHOENIX, AZ 85013	94-1196203		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LELAND STANFORD JUNIOR UNIVERSITY STANFORD UNIVERSITY LOCKBOX PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365		55,000				MEDICAL RESEARCH
THE CLEVELAND CLINIC FOUNDATION CENTER FOR NEUROLOGICAL RESTORATION 9500 EUCLID AVENUE S-31 CLEVELAND, OH 44195	34-0714585		55,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VAN ANDEL RESEARCH INSTITUTE SPONSORED RESEARCH ANALYST 333 BOSTWICK AVE NE GRAND RAPIDS, MI 45903	52-2000823		55,000				MEDICAL RESEARCH
NORTHWESTERN UNIVERSITY ATTN TANYA SIMUNI MD 710 N LAKE SHORE DRIVE ABBOTT HALL 11TH FLOOR CHICAGO, IL 60611	36-2167817		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUKE UNIVERSITY MICHAEL TADROSS PHD BRYAN RESEARCH BUILDING 311 RESEARCH DRIVE DURHAM, NC 27710	56-0532129		50,000				MEDICAL RESEARCH
UNIVERSITY OF PENNSYLVANIA BASW 330 SOUTH NINTH STREET 3RD FLOOR PHILADELPHIA, PA 191076153	23-1352685		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CALIFORNIA MARKITA LANDRY PHD 476 STANLEY HALLQB33220 BERKELEY, CA 94720	94-6002123		50,000				MEDICAL RESEARCH
NATIONAL OPINION RESEARCH CENTER (NORC) 55 EAST MONROE STREET 20 FL CHICAGO, IL 60603	36-2167808		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 748872 LOS ANGELES, CA 900744872	95-6006144		50,000				MEDICAL RESEARCH
UNIVERSITY OF CALIFORNIA 208 STANLEY HALL BERKELEY, CA 947203220	94-6002123		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THOMAS JEFFERSON UNIVERSITY 170 S INDEPENDENCE MALL WEST SUITE 925 BOX 21 PHILADELPHIA, PA 19107	23-1352651		47,500				MEDICAL RESEARCH
TEXAS A & M HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH SUITE 300 COLLEGE STATION, TX 778454375	74-2907553		40,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH AB 990 BIRMINGHAM, AL 352940111	63-6005396		40,000				MEDICAL RESEARCH
THE LEWIN GROUP PO BOX 822583 PHILADELPHIA, PA 191822583	56-1970224		39,591				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FLORIDA 2004 MOWRY ROAD PO BOX 100322 GAINESVILLE, FL 326100219	59-6002052		37,928				CLINICAL RESEARCH
UNIVERSITY OF IOWA PARKINSONS DISEASE CLINIC 200 HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813		37,500				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL INSTITUTE NEURODEGENERATIVE DISORDERS 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655		30,000				MEDICAL RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BR-264C/O RUSSEL LEROY BOSTON, MA 022155491	04-2103881		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL CINDY WANG PO BOX 414876 MGH - RESEARCH FINANCE BOSTON, MA 022414876	04-3230035		30,000				MEDICAL RESEARCH
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW 7PHC WASHINGTON, DC 200072292	52-2339873		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CLEVELAND CLINIC FOUNDATION CTR FOR NEUROLOGICAL RESTORATION 9500 EUCLID AVENUE S-31 CLEVELAND, OH 44195	34-0714585		30,000				MEDICAL RESEARCH
PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		30,000				MEDICAL RESEARCH
PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKINSON'S DISEASE & MOVEMENT DISORDERS C/O SUZANNE REICHWEIN PENNSYLVANIA HOSPITAL 330 S 9TH STREET PHILADELPHIA, PA 19107	23-1352688		30,000				MEDICAL RESEARCH
RUSH UNIVERSITY MEDICAL CENTER COMMUNITY GRANTS 1700 W VAN BUREN ST SUITE 300 CHIACGO, IL 60612	36-2174823		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKINSON'S DISEASE & MOVEMENT DISORDERS 330 SOUTH 9TH STREET PHILADELPHIA, PA 19107	23-1352688		30,000				MEDICAL RESEARCH
MASSACHUSETTS GENERAL HOSPITAL ALBERT HUNG MD PO BOX 414876 BOSTON, MA 022414876	04-3230035		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER 330 BROOKLINE AVENUE BOSTON, MA 022155491	04-2103881		30,000				MEDICAL RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST SUITE 755 CHICAGO, IL 60612	36-2174823		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWA GRANT ACCOUNTING OFFICE 118 S CLINTON ST IOWA CITY, IA 52242	42-6004813		30,000				MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY JHU CENTRAL LOCKBOX 12529 COLLECTIO S CENTER DRIVE CHICAGO, IL 60693	52-0595110		25,309				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC 0357 PACIFIC HALL 3212B LA JOLLA, CA 92093	95-6006144		25,000				MEDICAL RESEARCH
GEORGIA TECH RESEARCH CORPORATION ATTN BRIAN JAMES 505 10TH STREET NW NW ATLANTA, GA 30318	58-0603146		25,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PENNSYLVANIA MR JIM CLAVIN PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685		25,000				MEDICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 8950 VILLA LA JOLLA DRIVE SUITE C112 LA JOLLA, CA 92037	95-6006144		25,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUKE UNIVERSITY MS SHARON BROOKS 2200 WEST MAIN ST SUITE 300 DURHAM, NC 27705	56-0532129		25,000				MEDICAL RESEARCH
UNIVERSITY OF FLORIDA CONTRACTS GRANTS PO BOX 113001 GAINESVILLE, FL 32611	59-6002052		24,603				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER ATTN THOMAS DAVIS MD DEPT 1236 - PO BOX 121236 DALLAS, TX 75312	35-2528741		19,867				CLINICAL RESEARCH
MOTORVATION FOUNDATION INC 11254 PIAZZALE ST LAS VEGAS, NV 89141	81-2989803		18,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCORE POWER TRAINING FOR PARKINSONS PARKINSONS FITNESS 46 BRITTANIA CIR CIR SALEM, MA 01970	46-1159035		16,750				COMMUNITY ENGAGEMENT & ADVOCACY
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON STREET 3RD FLOOR CHICAGO, IL 60612	36-2174823		16,667				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEMORIAL MEDICAL CENTER FOUNDATION 2801 ATLANTIC AVENUE LONG BEACH, CA 90806	95-6105984		16,625				COMMUNITY ENGAGEMENT & ADVOCACY
SHIRLEY RYAN ABILITYLAB 355 E ERIE CHICAGO, IL 60611	36-2256036		16,613				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PENNSYLVANIA 330 SOUTH NINTH STREET 3RD FLOOR PHILADELPHIA, PA 191076153	23-1352685		15,773				CLINICAL RESEARCH
ROCK STEADY BOXING CLEVELAND 18626 DETROIT AVENUE LAKEWOOD, OH 44107	46-2799361		15,600				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MUHAMMAD ALI PARKINSON CENTER 124 W THOMAS RD SUITE 250 PHOENIX, AZ 85013	94-1196203		15,000				MEDICAL RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 972394244	93-1176109		14,638				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028		14,000				COMMUNITY ENGAGEMENT & ADVOCACY
THE BOARD OF REGENTS OF THE UNIV OF WISCONSIN SYS 21 N PARK ST STE 6401 MADISON, WI 537151218	39-6006492		13,750				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARROW NEUROLOGICAL FOUNDATION C/O DIGNITY HEALTH-ST JOSEPHS HOSPITAL FILE 57431 LOS ANGELES, CA 900748781	86-0174371		13,393				CLINICAL RESEARCH
NEURO CHALLENGE FOUNDATION 722 APEX RD UNIT A SARASOTA, FL 34240	26-2311656		12,788				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE ATTN JOSEPH JANKOVIC MD 7200 CAMBRIDGE STREET SUITE 9A HOUSTON, TX 77030	74-1613878		12,785				CLINICAL RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA USCF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	95-6006144		12,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY SPONSORED RESEARCH ANALYST 333 BOSTWICK AVE NE PORTLAND, OR 972394244	93-1176109		12,500				COMMUNITY ENGAGEMENT & ADVOCACY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR MAIL CODE 0886 LA JOLLA, CA 92093	95-6006144		12,112				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425 SAN FRANCISCO, CA 94143	95-6006144		12,000				COMMUNITY ENGAGEMENT & ADVOCACY
NORTHWESTERN UNIVERSITY C/O PEG MORRISROE ASRSP CASH MANAGEMENT633 CLARK CROWN G-547 EVANSTON, IL 60208	36-2167817		11,750				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MIAMI ATTN CARLOS SINGER MD PO BOX 405803 405803 ATLANTA, GA 30384	59-0624458		11,733				CLINICAL RESEARCH
PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL 6701 COUNTRY CLUB DR GOLDEN VALLEY, MN 55427	41-0132080		11,733				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER 330 BROOKLINE AVENUE BR-264C/O RUSSEL LEROY BOSTON, MA 022155491	04-2103881		11,700				COMMUNITY ENGAGEMENT & ADVOCACY
NORTHWESTERN UNIVERSITY ATTN TANYA SIMUNI MD 710 N LAKE SHORE DRIVE ABBOTT HALL 11TH FLOOR CHICAGO, IL 60611	36-2167817		11,235				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RUSH COPLEY FOUNDATION C/O MARYLL MOON 2000 OGDEN AVE AURORA, IL 60504	36-3093877		11,070				COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF FLORIDA IRENE MALATY MD 123 GRINTER HALL BO 113001 GAINESVILLE, FL 32611	59-6002052		10,986				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	91-0983214		10,950				COMMUNITY ENGAGEMENT & ADVOCACY
DREXEL NEUROLOGY TD BANK BOX 95000-1090 PHILADELPHIA, PA 191951090	23-1352630		10,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKINSON ASSOCIATION OF THE ROCKIES 1325 S COLORADO BLVD STE 204B DENVER, CO 80222	74-2212593		10,500				COMMUNITY ENGAGEMENT & ADVOCACY
ROCK STEADY BOXING WINDY CITY LTD C/O ERIC JOHNSON 158 S WAUKEGAN ROADMOVEMENT REVOLUTION DEERFIELD, IL 60015	47-3661606		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGIA HEALTH SCIENCES FOUNDATION INC 2020 SYMPOSIUM DR MORGAN 1429 HARPER ST HR1111 AUGUSTA, GA 30912	35-2310573		10,000				MEDICAL RESEARCH
ORANGE COAST MEMORIAL MEDICAL CENTER 18111 BROOKHURST STREET SUITE 4100 FOUNTAIN VALLEY, CA 92708	33-0687414		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 937042216	77-0478025		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
CENTRAL TEXAS ADVOCATES FOR PARKINSON'S 3890 S GENERAL BRUCE STE 103 PMB 234 TEMPLE, TX 76502	82-4050031		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARKINSONS ASSOCIATION OF ORANGE COUNTY 7700 IRVINE CENTER DRIVE SUITE 800 IRNINE, CA 92618	47-3861578		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
TREMBLE CLEFS ARIZONA C/O JIM HISTAND 18402 LISBON LANE SURPRISE, AZ 85788	82-5412582		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALVIN CHIN'S MARTIAL ARTS ACADEMY INC 66 WINCHESTER ST NEWTON HIGHLANDS, MA 02461	04-3297589		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
ELON UNIVERSITY DEPT OF PHYSICAL THERAPY EDU 2085 CAMPUS BOX ELON, NC 27244	56-0532303		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DAVID POSNACK JEWISH COMMUNITY CENTER 5850 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-2075982		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
ROGUE PHYSICAL THERAPY & WELLNESS 18030 MAGNOLIA ST FOUNTAIN VALLEY, CA 92708	82-0981098		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH FAMILY & CHILDREN SERVICES PO BOX 159004 SAN FRANCISCO, CA 941159004	94-1156528		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST STE 260 CHICO, CA 95928	68-0161455		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUNDING JOY MUSIC THERAPY INC 1314 SOUTH KING ST 711 HONOLULU, HI 96814	82-0569936		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
AMERICAN DANCE FESTIVAL INC PO BOX 90772 DURHAM, NC 27708	06-0932294		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RX BALLROOM DANCE 28 AGAVE CT LADERA RANCH, CA 92694	83-3614276		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
GEORGETOWN UNIVERSITY 3115 WISCONSIN AVENUE SUITE 603 WASHINGTON, DC 200072292	53-0196603		9,575				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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USA DANCE USA DANCE ANTELOPE VALLEY 2541 SPARKLING WATER COURT PALMDALE, CA 93550	54-1294098		9,500				COMMUNITY ENGAGEMENT & ADVOCACY
YMCA OF METRO JACKSONMETROPOLITAN YMCAS OF MS 690 LIBERTY ROAD FLOWOOD, MS 39232	64-0303099		9,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STANFORD NEUROSCIENCE SUPPORTIVE CARE PROGRAM 213 QUARRY ROAD PALO ALTO, CA 94305	94-6174066		9,500				COMMUNITY ENGAGEMENT & ADVOCACY
MUHAMMAD ALI PARKINSON CENTER 240 W THOMAS ROAD SUITE 302 PHOENIX, AZ 85013	94-1196203		9,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD OP-32 PORTLAND, OR 972393098	93-1176109		9,492				CLINICAL RESEARCH
MEDICAL COLLEGE OF WISCONSIN INC C/O KATHERINE THOMPSON PO BOX 26509 26509 MILWAUKEE, WI 53130	39-0806261		9,335				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEMORIAL FOUNDATION INC ATTN LISA YALKUT GRANT COORDINATOR 32711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218		9,000				COMMUNITY ENGAGEMENT & ADVOCACY
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD MC 9029 DALLAS, TX 752358876	75-6002868		9,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HOSPITAL GROUPJFK MEDICAL CENTER JFK MEDICAL CENTER 65 JAMES STREET EDISON, NJ 08820	22-6019101		9,000				COMMUNITY ENGAGEMENT & ADVOCACY
TEXAS CHRISTIAN UNIVERSITY TCU BOX 298625 FORT WORTH, TX 76129	75-0827465		9,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SOUTHWESTERN INDIANA INC C/O SALLY KROEGER 222 NW SIXTH ST EVANSVILLE, IN 47708	35-0869074		8,985				COMMUNITY ENGAGEMENT & ADVOCACY
ASCENSION GENESYS FOUNDATION ONE GENESYS PKWY GRAND BLANC, MI 48439	38-3591148		8,904				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UC SAN DIEGO MOVEMENT DISORDER CENTER CASHIERS OFFICE 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	33-0599494		8,715				CLINICAL RESEARCH
PARKINSON'S INSTITUTE & CLINICAL CENTER CHRISTOPHER WAY MD 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594		8,662				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA REGENTS UNIVERSITY DEPT OF NEUROLOGY HF-1154 1429 HARPER STREET AUGUSTA, GA 309121450	35-2310573		8,662				CLINICAL RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE KS 228 BOSTON, MA 02215	04-2103881		8,616				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INVERTIGO DANCE THEATRE C/O DAVID MACK 11166 LUCERNE AVE CULVER CITY, CA 90230	26-2085983		8,500				COMMUNITY ENGAGEMENT & ADVOCACY
SLAM SPEECH LANGUAGE MUSIC LAB AT OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986		8,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUNTSVILLE HOSPITAL FOUNDATION 801 CLINTON AVENUE EAST HUNTSVILLE, AL 35801	63-0752604		8,500				COMMUNITY ENGAGEMENT & ADVOCACY
SAN JOSE TAIKO GROUP 565 N 5TH STREET SAN JOSE, CA 95112	94-2801727		8,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONIKA GROSS 5 GROVE GARDEN AVE CANDLER, NC 28715	81-2613711		8,500				COMMUNITY ENGAGEMENT & ADVOCACY
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823		8,423				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PENOBSCOT BAY YMCA PO BOX 840 ROCKPORT, ME 04856	01-0211813		8,252				COMMUNITY ENGAGEMENT & ADVOCACY
PARKINSON ASSOCIATION OF THE ROCKIES ATTN CHERYL SIEFERT 1325 S COLORADO BLVD STE 204-B DENVER, CO 80222	74-2212593		8,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BR RYALL YMCA YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DRIVE GLEN ELLYN, IL 60137	36-2470895		8,000				COMMUNITY ENGAGEMENT & ADVOCACY
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST SUITE 600 CHARLESTON, SC 29403	57-1068509		8,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALFORD YOUTH & COMMUNITY CENTER 126 NORTH STREET WATERVILLE, ME 04901	04-3341661		8,000				COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297		8,000				PROFESSIONAL TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH HOME FAMILY 10 LINK DR ROCKLEIGH, NJ 07647	26-0493240		8,000				COMMUNITY ENGAGEMENT & ADVOCACY
ADAPTIVE PHYSICAL EDUCATION PROGRAM 1455 MADISON AVE REDWOOD CITY, CA 94061	46-3037547		7,853				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TREMBLE CLEFS SAN DIEGO 6549 MISSION GORGE RD 177 SAN DIEGO, CA 92120	81-1192837		7,575				COMMUNITY ENGAGEMENT & ADVOCACY
MICHAEL ANN RUSSELL JCC ATTN CHRISTINE KISMAN ACCT DEPT 18900 NE 25TH AVE NORTH MIAMI BEACH, FL 33180	59-2791269		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHWESTERN UNIVERSITY PARKINSON' S MOV DIS CTR 1118 710 NORTH LAKE SHORE DR CHICAGO, IL 60611	32-2167817		7,500				MEDICAL RESEARCH
YMCA OF WESTERN NORTH CAROLINA INC 40 N MERRIMON AVE SUITE 309 ASHEVILLE, NC 28804	56-0530013		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER PO BOXY 183010 COLUMBUS, OH 432183010	31-6025986		7,500				COMMUNITY ENGAGEMENT & ADVOCACY
MONIKA GROSS THE POISE PROJECT 5 GROVE GARDEN AVE CANDLER, NC 28715	81-2613711		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAMPA JCC & FEDERATION 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	23-7182057		7,500				COMMUNITY ENGAGEMENT & ADVOCACY
INMOTION 4829 GALAXY PARKWAY SUITE M WARRENSVILLE HEIGHTS, OH 44128	46-4102770		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH HOME OF EASTERN PA 1101 VINE ST SCRANTON, PA 18510	24-0798701		7,500				COMMUNITY ENGAGEMENT & ADVOCACY
BANGOR REGION YMCA 17 SECOND STREET BANGOR, ME 04401	01-0211485		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRINCETON BALLET SOCIETY 80 ALBANY ST 2ND FLOOR NEW BRUNSWICK, NJ 08901	21-0732575		7,000				COMMUNITY ENGAGEMENT & ADVOCACY
RUTGERS THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086		7,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDIANA UNIVERSITY 355 W 16 ST INDIANAPOLIS, IN 46202	35-6001673		7,000				MEDICAL RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM SLOT 545 LITTLE ROCK, AR 722057199	71-6046242		6,962				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AUM HOME SHALA ATTN MELINDA ATKINS 3104 FLORIDA AVE MIAMI, FL 33133	27-0334306		6,900				COMMUNITY ENGAGEMENT & ADVOCACY
MISSISSIPPI GULF COAST YMCA 1810 GOVERNMENT ST OCEAN SPRINGS, MS 39564	64-0584648		6,750				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOPE HOSPICE AND COMMUNITY SERVICE INC 9470 HEALTHPARK CIR FORT MYERS, FL 33908	59-2128697		6,300				COMMUNITY ENGAGEMENT & ADVOCACY
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST SIXTH ST CHATTANOOGA, TN 37402	62-0475699		6,250				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INSPIRFIT LLC ATTN NANCY TIMKO 7890 SOUTH QUINY STREET WILLOWBROOK, IL 60527	81-2321915		6,000				COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF TENNESSEE MEDICAL CENTER 1924 ALCOA HIGHWAY BOX 52 KNOXVILLE, TN 37920	31-1626179		6,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTR 5223 HARRY HINES BLVD DALLAS, TX 753908876	75-6002868		5,738				COMMUNITY ENGAGEMENT & ADVOCACY
UNIVERSITY OF PENNSYLVANIA 330 SOUTH NINTH STREET 3RD FLOOR PHILADELPHIA, PA 191076153	23-1352685		5,719				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256		5,650				COMMUNITY ENGAGEMENT & ADVOCACY
MUHAMMAD ALI MOVEMENT DISORDER CLINIC 240 W THOMAS ROAD SUITE 301 PHOENIX, AZ 85013	47-5315579		5,570				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER ATTN STEVE TODD PO BOX 121236 DALLAS, TX 753121236	35-2528741		5,561				CLINICAL RESEARCH
NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER ST STE 800 NEW ORLEANS, LA 70112	23-7122403		5,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST SUNBURY, PA 17801	24-0795634		5,500				COMMUNITY ENGAGEMENT & ADVOCACY
EXERCISABILITIES INC 2530 NORTH BROADWAY ROCHESTER, MN 55906	45-5214117		5,450				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL 6701 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	41-0132080		5,229				CLINICAL RESEARCH
GREENVILLE AREA PARKINSON SOCIETY 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607	26-4792316		5,045				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE ATTN CHRISTINE HUNTER 7200 CAMBRIDGE STREET SUITE 9A BMC 609 HOUSTON, TX 77030	74-1613878		5,000				MEDICAL RESEARCH
EMORY UNIVERSITY PARKINSONS MOVEMENT C/O STEWART FACTOR 12 EXECUTIVE PARK DRIVE NE ATLANTA, GA 30329	58-0566256		5,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLLEEN BRIDGES C/O COLLEEN BRIDGES 2424 21ST AVE SOUTH NASHVILLE, TN 37212	82-2923555		5,000				COMMUNITY ENGAGEMENT & ADVOCACY
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT AVE MAIL CODE L106OPAM PORTLAND, OR 972394244	23-7083114		5,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY MAIL CODE L106OPAM 0690 SW BANCROFT AVE PORTLAND, OR 972394244	23-7083114		5,000				RESEARCH ADVOCACY
BENDER JCC OF GREATER WASHINGTON ATTN ADAM TENNEN CDO 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921		5,000				PATIENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER 330 BROOKLINE AVENUE CLS 638 BOSTON, MA 022155491	04-2103881		5,000				MEDICAL RESEARCH
UNIVERSITY OF COLORADO MOVEMENT DISORDERS CENTER 1635 AURORA CT 4TH FLOOR AURORA, CO 80045	84-6000555		5,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWA GRANT ACCOUNTING OFFICE 118 S CLINTON ST IOWA CITY, IA 52242	42-6004813		5,000				RESEARCH ADVOCACY
MAHEC PO BOX 100136 COLUMBIA, SC 292023136	56-1071426		5,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SHIRLEY RYAN ABILITYLAB ATTN MS LAVETTE OTIS-JONES 355 EAST ERIE ST CHICAGO, IL 60611	36-2256036		1,000,000				MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY ATTN SEGE PRZEDBORSKI MD PHD 630 W 168 ST 5-420 NEW YORK, NY 10032	13-5598093		500,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 UNIVERSITY OF MICHIGAN 5023 BSRB 109 ZINA PITCHER PLACE ANN ARBOR, MI 48109	38-6006309		500,000				MEDICAL RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL PO BOX 113001 GAINESVILLE, FL 32611	59-6002052		400,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983		250,000				MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110		142,821				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NOT IMPOSSIBLE LABS 628 CALIFORNIA AVENUE VENICE, CA 90291	45-1601262		136,787				MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110		135,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLUMBIA UNIVERSITY MEDICAL CENTER PO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-5598093		103,750				MEDICAL RESEARCH
UNIVERSITY OF FLORIDA ATTN TIFFANY SCHMIDT PO BOX 113001 33 TIGERT HALL GAINESVILLE, FL 326113001	59-6002052		88,534				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308		66,667				MEDICAL RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCE BUILDING 1 STE 402 CHARLESTON, SC 29407	57-6000722		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KUMC RESEARCH INSTITUTE ATTN KELLY LYONS PHD 3599 RAINBOW BLVD MAILSTOP 3042 KANSAS CITY, KS 661607702	48-1108830		60,000				MEDICAL RESEARCH
MT SINAI BETH ISRAEL MEDICAL CENTER ATTN CAROL HENRY 1 GUSTAVE LEVY PLACE BOX 1137 NEW YORK, NY 10029	13-5564934		60,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308		60,000				MEDICAL RESEARCH
ADVANCED BIOSTATISTICS CONSULTING LLC ATTN YING HE PHD 18 CIRCLE DRIVE POTSDAM, NY 13676	81-3015635		50,738				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY ROY ALCALAY MD710 WEST 168TH STREET STREET NEW YORK, NY 10032	13-5598093		50,000				MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY 650 W 168TH STREET ROOM 305 NEW YORK, NY 10032	13-5598093		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-3948652		50,000				MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N-4327B BALTIMORE, MD 21211	52-0595110		50,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ROCHESTER MEDICAL CENTER 910 GENESEE STREET STE 200 ROCHESTER, NY 146113847	16-0743209		30,000				MEDICAL RESEARCH
INTERNATIONAL PARKINSON MOVEMENT DISORDER SOC 555 E WELLS STE 1100 MILWAUKEE, WI 53202	06-1263827		30,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 146428673	16-0743209		30,000				MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY C/O JASON PEACOCK PO BOX 29789 NEW YORK, NY 10087	13-5598093		25,081				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KUMC RESEARCH INSTITUTE ATTN KELLY LYONS PHD 3599 RAINBOW BLVD MAILSTOP 3042 KANSAS CITY, KS 661607702	48-1108830		19,173				CLINICAL RESEARCH
UNIVERSITY OF FLORIDA 1864 STADIUM RD ATTN DEPT OF APPLIED PSYCHOLOGY AND KINESIOLOGY GAINESVILLE, FL 32611	59-6002052		13,578				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEACHERS COLLEGE COLUMBIA UNIVERSITY BOX 021 NEW YORK, NY 010276696	13-1624202		12,500				COMMUNITY ENGAGEMENT & ADVOCACY
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE STE 606 MISC 808 CHARLESTON, SC 29403	57-6000722		12,450				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 GREATER ROCHESTER 444 EAST MAIN ST ROCHESTER, NY 14604	16-0743242		10,500				COMMUNITY ENGAGEMENT & ADVOCACY
MEDICAL UNIVERSITY OF SOUTH CAROLINA 208 B RUTLEDGE AVENUE CHARLESTON, SC 29425	57-6000722		10,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAINT BARNABAS MEDICAL CENTER 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	22-1494440		10,000				COMMUNITY ENGAGEMENT & ADVOCACY
DISCALCED INC C/O ANN MARIE RUBIN 3 LAFAYETTE AVE AVE BROOKLYN, NY 11217	13-3577394		10,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 KANSAS MEDICAL CENTER 4330 SHAWNEE MISSION PARKWAY STE 1260 FAIRWAY, KS 66205	48-0547734		9,500				COMMUNITY ENGAGEMENT & ADVOCACY
ROCK STEADY BOXING SYRACUSE C/O PATRICK VAN BEVEREN 7543 SAULSBURY RD TULLY, NY 13159	83-2789189		9,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W 120TH ST MAILBOX 30 NEW YORK, NY 10027	13-1624202		9,000				COMMUNITY ENGAGEMENT & ADVOCACY
DISCALCED INC MARK MORRIS DANCE GROUP 3 LAFAYETTE AVE BROOKLYN, NY 11217	13-3577394		9,000				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEADOWLARK HILLS FOUNDATION 2121 MEADOWLARK HILLS ROAD MANHATTAN, KS 66502	48-1212997		9,000				COMMUNITY ENGAGEMENT & ADVOCACY
SEPHARDIC COMMUNITY YOUTH CENTER INC 1901 OCEAN PARKWAY BROOKLYN, NY 11223	11-2567809		8,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PING PONG PARKINSON 175 TOMKINS AVE PLEASANTVILLE, NY 10570	82-4533145		8,000				COMMUNITY ENGAGEMENT & ADVOCACY
LONG ISLAND UNIVERSITY 700 NORTHERN BLVD BROOKVILLE, NY 11548	11-1633516		7,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH COMMUNITY CENTER OF GREATER KANSAS 5801 W 115TH STR STE 101 OVERLAND PARK, KS 66211	44-0545992		6,500				COMMUNITY ENGAGEMENT & ADVOCACY
ROCHESTER ACCESSIBLE ADVENTURES 2165 BRIGHTON HENRIETTA TOWN LINE ROCHESTER, NY 14623	47-5366589		6,500				COMMUNITY ENGAGEMENT & ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JOHN F KENNEDY MEDICAL CENTER FOUNDATION C/O DEBORAH J SMITH 80 JAMES ST 2ND FLOOR EDISON, NY 08820	22-2315044		6,000				COMMUNITY ENGAGEMENT & ADVOCACY
TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W 120TH STREET BOX 199 NEW YORK, NY 10027	13-1624202		5,000				MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY 722 WEST 168TH ST 4TH FLOOR NEW YORK, NY 10032	13-5598093		60,000				MEDICAL RESEARCH
KUMC RESEARCH INSTITUTE ATTN KELLY LYONS PHD 3599 RAINBOW BLVD MAILSTOP 3042 KANSAS CITY, KS 661607702	48-1108830		15,634				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ROCHESTER MEDICAL CENTER 910 GENESEE STREET STE 200 ROCHESTER, NY 14611	16-0743209		11,250				COMMUNITY ENGAGEMENT & ADVOCACY
THE CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 441935012	34-0714585		35,000				MEDICAL RESEARCH

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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.**

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

OMB No. 1545-0047

2019

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 appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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, 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	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1866796
Name: PARKINSON'S FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1JOHN L LEHR PRESIDENT & CHIEF EXECUTIV	(i)	346,904	65,000	0	20,595	8,892	441,391	0
	(ii)	0	0	0	0	0	0	0
1CURTIS DE GREFF SVP & CHIEF FINANCIAL OFFI	(i)	198,951	0	0	9,948	16,992	225,891	0
	(ii)	0	0	0	0	0	0	0
2LEILANI PEARL VP, CHIEF COMMUNICATIONS O	(i)	177,888	0	0	8,894	8,892	195,674	0
	(ii)	0	0	0	0	0	0	0
3VERONICA TODARO SVP & CHIEF OPERATING OFFI	(i)	230,610	0	0	11,531	22,980	265,121	0
	(ii)	0	0	0	0	0	0	0
4JAMES BECK VP & CHIEF SCIENTIFIC OFFI	(i)	219,928	0	0	10,996	1,200	232,124	0
	(ii)	0	0	0	0	0	0	0
5YASNAHIA CORTORREAL VP OF HUMAN RESOURCES AND	(i)	164,840	0	0	8,242	8,484	181,566	0
	(ii)	0	0	0	0	0	0	0
6KAYLN HENKEL VP OF FIELD DEVELOPMENT	(i)	144,241	20,900	0	8,257	16,008	189,406	0
	(ii)	0	0	0	0	0	0	0
7ELIZABETH POLLARD VP OF EDUCATION	(i)	150,461	0	0	7,523	22,980	180,964	0
	(ii)	0	0	0	0	0	0	0
8SEAN KRAMER SENIOR VICE PRESIDENT, CHI	(i)	216,240	20,800	0	11,852	13,265	262,157	0
	(ii)	0	0	0	0	0	0	0
9KAMA SANGUINETTI VP, DEVELOPMENT INITIATIVE	(i)	135,721	0	0	6,786	8,892	151,399	0
	(ii)	0	0	0	0	0	0	0
10KATHERINE GRISWOLD NATIONAL DIRECTOR, MAJOR G	(i)	130,232	10,200	0	7,022	22,980	170,434	0
	(ii)	0	0	0	0	0	0	0
11SHEERA ROSENFELD VP, STRATEGIC INITIATIVES	(i)	135,038	0	0	6,752	22,980	164,770	0
	(ii)	0	0	0	0	0	0	0
12CHRISTIANA EVERS VP, CHIEF COMMUNITY ENGAGEMENT OFFIC	(i)	136,758	0	0	6,838	22,980	166,576	0
	(ii)	0	0	0	0	0	0	0

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

OMB No. 1545-0047

2019

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	43	830,020	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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKINSON'S FOUNDATION INC

Employer identification number
13-1866796

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE COMPLETED AND SIGNED BY EACH BOARD MEM BER, OFFICER AND KEY EMPLOYEE OF THE FOUNDATION ANNUALLY. ANY KNOWN OR REASONABLY FORESEEA BLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING AS SOON AS POSSI BLE TO THE CFO, CEO, OR A MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE DISCLOSURE S TATEMENT MUST BE COMPLETED, EXECUTED AND FILED WITH THE FOUNDATION BY ALL INDIVIDUALS SEEK ING TO SERVE THE FOUNDATION AS A BOARD MEMBER, OFFICER OR KEY EMPLOYEE PRIOR TO SUCH INDIV IDUALS COMMENCING HIS OR HER SERVICE TO THE FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT AND CEO'S COMPENSATION WAS ESTABLISHED USING COMPARABLE MARKET DATA, BASED O N 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 COMMIT TEE APPROVED THE LEVEL OF HIS COMPENSATION. ALL OF THE KEY EMPLOYEES OF THE FOUNDATION HAV E HAD THEIR SALARIES SET BASED ON MARKET REMUNERATION LEVELS VERIFIED BY INDEPENDENT EXPER TS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 A ND TAX RETURN ARE ALSO AVAILABLE FOR DOWNLOAD FROM THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 2,431,678. MANAGEMENT AND GENERAL EX PENSES 128,481. FUNDRAISING EXPENSES 257,410. TOTAL EXPENSES 2,817,569. OUTSIDE SERVICES: PROGRAM SERVICE EXPENSES 1,148,863. MANAGEMENT AND GENERAL EXPENSES 43,602. FUNDRAISING EX PENSES 685,550. TOTAL EXPENSES 1,878,015.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 18,824.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACC OUNTING FIRM THAT AUDITS THE FOUNDATION'S FINANCIAL STATEMENTS AND THE OVERSIGHT OF THE AN NUAL AUDIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 LIV ING WITH PARKINSON'S. ENSURING BETTER CARE FOR EVERYONE - WE SET STANDARDS FOR EXPERT PARK INSON'S CARE THROUGH OUR GLOBAL NETWORK OF 48 CENTERS OF EXCELLENCE. - WE IMPROVE THE QUAL ITY OF LIFE FOR PEOPLE WITH PD BY TRACKING THE CARE THAT THEY RECEIVE AT OUR CENTERS. OVER 12,000 PATIENTS ARE ENROLLED IN OUR PARKINSON'S OUTCOMES PROJECT, THE LARGEST CLINICAL ST UDY OF PD. ACCORDING TO OUR STUDY,REGULAR PARKINSON'S TREATMENT FROM A NEUROLOGIST COULD S AVE THOUSANDS OF LIVES EACH YEAR. - WE ARE WORKING TO CLOSE THE GAP IN PARKINSON'S PROFESS IONAL TRAINING BY EDUCATING NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH L ANGUAGE THERAPISTS AND SOCIAL WORKERS SO THEY CAN PROVIDE BETTER CARE. EDUCATING AND EMPOW ERING THE PARKINSON'S COMMUNITY - WE EDUCATE AND EMPOWER PEOPLE WITH PD THROUGH OUR NATION AL NETWORK OF STAFF AND VOLUNTEERS. WE WERE THE FIRST ORGANIZATION TO FORM A PARKINSON'S A DVISORY COUNCIL AND THE FIRST TO TRAIN PEOPLE WITH PD TO PARTNER WITH SCIENTISTS ON RESEAR CH. - 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 25,000 CALLS ANNUALLY. - WE BRING LOC AL 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 PROG RAMS 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 M ECHANISMS 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 SCI ENTISTS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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/

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1)NATIONAL PARKINSON FOUNDATION INC 200 SE 1ST STREET MIAMI, FL 33131 59-0968031	PREVIOUS PARKINSON FOUNDATION ENTITY	FL	501(C)(3)	LINE 10			No

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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) Section 512(b)(13) controlled entity? 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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation