

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 9/01, 2022, and ending 8/31, 2023

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

C **PARKINSON'S ASSOCIATION**
 PO BOX 1633
 SOLANA BEACH, CA 92075

D Employer identification number
33-0355142

E Telephone number
(858) 999-5671

F Name and address of principal officer:
SAME AS C ABOVE

G Gross receipts \$ 464,430.

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.

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

J Website: PARKINSONSASSOCIATION.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1989 **M** State of legal domicile: CA

H(c) Group exemption number

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OPTIMIZE QUALITY OF LIFE FOR PEOPLE AFFECTED BY PARKINSON'S DISEASE THROUGH PROGRAMS AND SERVICES THAT ENHANCE MIND, MOVEMENT AND MORALE.</u>		
	2 Check this box <input type="checkbox"/> 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).....	5	2
	6 Total number of volunteers (estimate if necessary).....	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	555,625.	372,808.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	4,540.	5,888.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-965.	6,091.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	-17,445.	-31,768.
		541,755.	353,019.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	15,942.	17,947.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	117,584.	211,170.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25).....	31,168.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	110,665.	106,093.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	244,191.	335,210.	
19 Revenue less expenses. Subtract line 18 from line 12.....	297,564.	17,809.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	557,186.	576,907.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	15,546.	17,458.
		541,640.	559,449.

Part II Signature Block

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

Sign Here
 Signature of officer: Marty Acevedo Date: 01/11/2024
 Name and title: MARTY ACEVEDO PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: MICHELLE HUXHOLD Preparer's signature: MICHELLE HUXHOLD Date: 12/14/23 Check if self-employed PTIN: P00290272
 Firm's name: HUXHOLD & ASSOCIATES Firm's EIN: 33-0659157
 Firm's address: 250 W CREST ST, SUITE A Phone no.: (760) 741-8802
ESCONDIDO, CA 92025

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