

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 9/01, 2023, and ending 8/31, 2024

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. G Gross receipts \$ 538,166. H(a) Is this a group return for subordinates? Yes No X. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: PARKINSONSASSOCIATION.ORG. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1989. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OPTIMIZE QUALITY OF LIFE FOR PEOPLE AFFECTED BY PARKINSON'S DISEASE THROUGH PROGRAMS AND SERVICES THAT ENHANCE MIND, MOVEMENT AND MORALE. 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) 16. 4 Number of independent voting members of the governing body (Part VI, line 1b) 16. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2. 6 Total number of volunteers (estimate if necessary) 150. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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, Date, PRESIDENT.

Paid Preparer Use Only: Print/Type preparer's name MICHELLE HUXHOLD, Preparer's signature MICHELLE HUXHOLD, Date 1/30/25, Check self-employed, PTIN P00290272, Firm's name HUXHOLD & ASSOCIATES, Firm's address 250 W CREST ST, SUITE A, ESCONDIDO, CA 92025, Firm's EIN 33-0659157, Phone no. (760) 741-8802.

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