

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

Form 990 header section containing organization name (THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH), EIN (13-4141945), address (GRAND CENTRAL STA PO BOX 4777 NEW YORK, NY 10163-4777), principal officer (TODD SHERER), and website (WWW.MICHAELJFOX.ORG).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown for 2016.

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.

Signature block for officer Joanne Martz, CFAO, dated 8/25/17.

Preparer information for Candice Meth, CPA, dated 8/23/2017, including firm name (EISNERAMPER LLP) and address.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number (EIN) or 13-4141945
	Number, street, and room or suite no. If a P.O. box, see instructions. GRAND CENTRAL STA PO BOX 4777	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163-4777	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHEN GRUBB - MJFF

- The books are in the care of ▶ GRAND CENTRAL STA PO BOX 4777 NEW YORK NY 10163-4777

Telephone No. ▶ 212 509-0995 Fax No. ▶ 212 509-1022

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

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2016 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH IS DEDICATED TO ENSURING THE DEVELOPMENT OF BETTER TREATMENTS, AND ULTIMATELY A CURE, FOR PARKINSON'S DISEASE THROUGH AN AGRESSIVELY FUNDED RESEARCH AGENDA.

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 \$ 89,280,083. including grants of \$ 74,475,951.) (Revenue \$)
TO FUND RESEARCH FOCUSED ON DEVELOPING A CURE FOR PARKINSON'S DISEASE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 89,280,083.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (41), 1b (41), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

STEPHEN GRUBB - MJFF GRAND CENTRAL STA PO BOX 4777 NEW YORK, NY 10163-4777 (212) 509-0995

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MICHAEL J. FOX FOUNDER	2.00 0.	X						0.	0.	0.
(2) JEFFREY KEEFER CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) ROBERT W. SHACKLETON VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(4) FRED G. WEISS TREASURER	2.00 0.	X		X				0.	0.	0.
(5) HOLLY S. ANDERSEN, MD MEMBER	2.00 0.	X						0.	0.	0.
(6) GLENN BATCHELDER MEMBER	2.00 0.	X						0.	0.	0.
(7) MARK BOOTH MEMBER	2.00 0.	X						0.	0.	0.
(8) JON BROOKS MEMBER	2.00 0.	X						0.	0.	0.
(9) BARRY J. COHEN MEMBER	2.00 0.	X						0.	0.	0.
(10) DONNY DEUTSCH MEMBER	2.00 0.	X						0.	0.	0.
(11) DAVID EINHORN MEMBER	2.00 0.	X						0.	0.	0.
(12) KAREN FINERMAN MEMBER	2.00 0.	X						0.	0.	0.
(13) LEE FIXEL MEMBER	2.00 0.	X						0.	0.	0.
(14) NELLE FORTENBERRY MEMBER	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) WILLIE GEIST MEMBER	2.00 0.	X					0.	0.	0.	
(16) DAVID GLICKMAN MEMBER	2.00 0.	X					0.	0.	0.	
(17) DAVID GOLUB MEMBER	2.00 0.	X					0.	0.	0.	
(18) MARK L. HART III MEMBER	2.00 0.	X					0.	0.	0.	
(19) SKIP IRVING MEMBER	2.00 0.	X					0.	0.	0.	
(20) EDWARD KALIKOW MEMBER	2.00 0.	X					0.	0.	0.	
(21) AMAR KUCHINAD MEMBER	2.00 0.	X					0.	0.	0.	
(22) EDWIN A. LEVY MEMBER	2.00 0.	X					0.	0.	0.	
(23) MARC S. LIPSCHULTZ MEMBER	2.00 0.	X					0.	0.	0.	
(24) OFER NEMIROVSKY MEMBER	2.00 0.	X					0.	0.	0.	
(25) ANDREW J. O'BRIEN MEMBER	2.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,615,752.	0.	255,549.	
d Total (add lines 1b and 1c)							3,615,752.	0.	255,549.	

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 **28**

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

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			
(26) DOUGLAS I. OSTROVER MEMBER	2.00 0.	X					0.	0.	0.	
(27) TRACY POLLAN MEMBER	2.00 0.	X					0.	0.	0.	
(28) GEORGE E. PRESCOTT MEMBER	2.00 0.	X					0.	0.	0.	
(29) RYAN REYNOLDS MEMBER	2.00 0.	X					0.	0.	0.	
(30) FREDERICK E. ROWE, JR. MEMBER	2.00 0.	X					0.	0.	0.	
(31) LILY SAFRA MEMBER	2.00 0.	X					0.	0.	0.	
(32) CAROLYN SCHENKER MEMBER	2.00 0.	X					0.	0.	0.	
(33) CURTIS SCHENKER MEMBER	2.00 0.	X					0.	0.	0.	
(34) RICHARD J. SCHNALL MEMBER	2.00 0.	X					0.	0.	0.	
(35) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00 0.	X					0.	0.	0.	
(36) GEORGE STEPHANOPOULOS MEMBER	2.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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			
(37) BONNIE STRAUSS MEMBER	2.00 0.	X					0.	0.	0.	
(38) RICK TIGNER MEMBER	2.00 0.	X					0.	0.	0.	
(39) GEORGE WHELEN MEMBER	2.00 0.	X					0.	0.	0.	
(40) PETER ZAFFINO MEMBER	2.00 0.	X					0.	0.	0.	
(41) ANDREW CREIGHTON MEMBER	2.00 0.	X					0.	0.	0.	
(42) TODD SHERER CEO	40.00 0.			X			638,209.	0.	33,944.	
(43) JOANNE MARTZ CHIEF FIN AND ADMIN OFFICER	40.00 0.			X			375,989.	0.	28,289.	
(44) DEBORAH W. BROOKS CO-FOUNDER & EXEC. VICE CHAIR	40.00 0.				X		686,490.	0.	33,944.	
(45) SOHINI CHOWDHURY SVP, RESEARCH PARTNERSHIPS	40.00 0.				X		313,248.	0.	15,900.	
(46) MICHELE GOLOMBUSKI VP, DEVELOPMENT	40.00 0.				X		193,248.	0.	17,652.	
(47) KRISTIN PATE VP, DEVELOPMENT	40.00 0.				X		195,385.	0.	11,723.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(48) HOLLY TEICHHOLTZ SVP, COMM & CONTENT STRATEGIES	40.00 0.					X		237,523.	0.	26,817.
(49) BRIAN K. FISKE SVP, RESEARCH PROGRAMS	40.00 0.					X		271,992.	0.	28,289.
(50) MARK A. FRASIER SVP, RESEARCH PROGRAMS	40.00 0.					X		263,935.	0.	15,900.
(51) EMILY MOYER SVP, MARKETING & DIGITAL STR	40.00 0.					X		231,443.	0.	24,536.
(52) RACHEL DOLHUN VP, MEDICAL COMMUNICATIONS	40.00 0.					X		208,290.	0.	18,555.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 28

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	6,150,325.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	107,786,373.				
	g	Noncash contributions included in lines 1a-1f. \$		41,103,707.				
	h	Total. Add lines 1a-1f		113,936,698.				
Program Service Revenue	2a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		114,023.		114,023.		
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0.				
	6a	Gross rents	(i) Real	286,452.				
			(ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)		286,452.				
	d	Net rental income or (loss).		286,452.		286,452.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	42,354,772.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses		42,364,439.		
			c	Gain or (loss)		-9,667.		
	d	Net gain or (loss)		-9,667.		-9,667.		
	8a	Gross income from fundraising events (not including \$ 6,150,325. of contributions reported on line 1c). See Part IV, line 18	a	1,055,788.				
b			Less: direct expenses		1,055,788.			
c			Net income or (loss) from fundraising events		0.			
9a	Gross income from gaming activities. See Part IV, line 19	a	0.					
		b	Less: direct expenses		0.			
		c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a	21,600.					
		b	Less: cost of goods sold		26,408.			
		c	Net income or (loss) from sales of inventory		-4,808.		-4,808.	
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE	900099	30,002.		30,002.			
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d		30,002.					
12	Total revenue. See instructions		114,352,700.		-4,808.	420,810.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	53,568,539.	53,568,539.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,907,412.	20,907,412.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,544,021.	1,333,067.	371,427.	839,527.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,140,530.	5,311,169.	1,484,188.	3,345,173.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	664,189.	359,079.	89,196.	215,914.
9 Other employee benefits	1,090,063.	575,828.	161,228.	353,007.
10 Payroll taxes	873,149.	449,296.	123,180.	300,673.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	203,039.	183,878.	716.	18,445.
c Accounting	68,000.		68,000.	
d Lobbying	1,002.		1,002.	
e Professional fundraising services. See Part IV, line 17.	65,000.			65,000.
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,311,261.	947,827.	20,603.	342,831.
12 Advertising and promotion	1,094,060.	767,946.	1,255.	324,859.
13 Office expenses	751,500.	494,300.	8,213.	248,987.
14 Information technology	941,509.	528,984.	38,093.	374,432.
15 Royalties	0.			
16 Occupancy	2,760,681.	1,608,572.	350,891.	801,218.
17 Travel	1,359,683.	1,112,022.	4,161.	243,500.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	807,628.	564,033.	6,778.	236,817.
20 Interest	67,789.		67,789.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	323,463.	170,065.	46,712.	106,686.
23 Insurance	88,904.	59,753.	7,873.	21,278.
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 OTHER EXPENSES	571,444.			571,444.
b DONATION PROCESSING	1,188,480.	17,829.	47,955.	1,122,696.
c DUES AND SUBSCRIPTIONS	170,270.	130,280.	3,727.	36,263.
d MISCELLANEOUS EXPENSE	8,820.	5,092.	1,741.	1,987.
e All other expenses	357,470.	185,112.	65.	172,293.
25 Total functional expenses. Add lines 1 through 24e	101,928,056.	89,280,083.	2,904,943.	9,743,030.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	49.	1	447.
	2	Savings and temporary cash investments	107,311,685.	2	102,834,509.
	3	Pledges and grants receivable, net	16,242,283.	3	20,919,938.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	38,257.	8	28,256.
	9	Prepaid expenses and deferred charges	578,045.	9	1,200,352.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,804,577.		
	b	Less: accumulated depreciation	10b 1,762,632.	10c	1,041,945.
	11	Investments - publicly traded securities	1,807,225.	11	11,999,431.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,064,909.	15	616,319.
16	Total assets. Add lines 1 through 15 (must equal line 34)	128,893,606.	16	138,641,197.	
Liabilities	17	Accounts payable and accrued expenses	3,001,951.	17	2,639,937.
	18	Grants payable	75,487,583.	18	72,524,991.
	19	Deferred revenue	152,800.	19	7,000.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	1,150,196.	24	1,150,196.
	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	962,385.	25	1,751,970.
	26	Total liabilities. Add lines 17 through 25	80,754,915.	26	78,074,094.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	30,195,017.	27	37,677,949.
	28	Temporarily restricted net assets	17,943,674.	28	22,889,154.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	48,138,691.	33	60,567,103.	
34	Total liabilities and net assets/fund balances.	128,893,606.	34	138,641,197.	

Part XI Reconciliation 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	114,352,700.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,928,056.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,424,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,138,691.
5	Net unrealized gains (losses) on investments	5	3,768.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,567,103.

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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? 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH**

Employer identification number
13-4141945

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,327,249.	90,718,569.	82,902,812.	98,279,060.	113,936,698.	473,164,388.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	87,327,249.	90,718,569.	82,902,812.	98,279,060.	113,936,698.	473,164,388.
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).						198,805,721.
6 Public support. Subtract line 5 from line 4.						274,358,667.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	87,327,249.	90,718,569.	82,902,812.	98,279,060.	113,936,698.	473,164,388.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,221.	38,242.	-5,160.	-16,431.	104,356.	145,228.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	21,757.	37,124.	45,024.	1,229,015.	25,194.	1,358,114.
11 Total support. Add lines 7 through 10						474,667,730.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	57.80 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	58.03 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

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

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

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

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

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	21,757.	37,124.	15,024.	1,229,015.	25,691.	1,328,611.
TOTALS	<u>21,757.</u>	<u>37,124.</u>	<u>15,024.</u>	<u>1,229,015.</u>	<u>25,691.</u>	<u>1,328,611.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization

THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number

13-4141945

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 30,337,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 4,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 9,281,222.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	DONATED SECURITIES _____ _____ _____	\$ 14,820,499.	05/19/2016
1	DONATED SECURITIES _____ _____ _____	\$ 15,276,088.	05/26/2016
6	DONATED SECURITIES _____ _____ _____	\$ 9,281,221.	12/09/2016
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		727.
e Publications, or published or broadcast statements?	X		275.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,002.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

NARRATIVE OF LOBBYING ACTIVITIES

THE FOUNDATION HAS HIRED PERSONNEL TO LOBBY ON BEHALF OF THE FOUNDATION
 IN ORDER TO ASSIST IN MATTERS PERTAINING TO THE FUNDING AND RESEARCH FOR
 A CURE OF PARKINSON'S DISEASE.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH

Employer identification number 13-4141945

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,187,378.	1,394,041.	793,337.
d Equipment		462,856.	298,578.	164,278.
e Other		154,343.	70,013.	84,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,041,945.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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) DEFERRED RENT	1,282,264.
(3) INTEREST PAYABLE	469,706.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,751,970.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART X, QUESTION 2:

THE FOUNDATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE THE FOUNDATION HAS ALWAYS RECORDED THE POTENTIAL LIABILITY FOR UNRELATED BUSINESS INCOME TAXES RELATED TO ITS MERCHANDISE SALES, AND DUE TO ITS GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS.

PART XI AND XII, LINE 2D:

RECONCILIATION OF REVENUE AND EXPENSES:

AMOUNTS REPRESENT REVENUES AND EXPENSES ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH**

Employer identification number
13-4141945

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC		9.	GRANTMAKING		1,342,652.
(2) EUROPE		115.	GRANTMAKING		15,798,881.
(3) MIDDLE EAST AND NORTH AFRICA		7.	GRANTMAKING		727,524.
(4) NORTH AMERICA		20.	GRANTMAKING		2,462,557.
(5) SOUTH ASIA		6.	GRANTMAKING		575,798.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,		157.			20,907,412.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		157.			20,907,412.

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

Schedule F (Form 990) 2016

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	32,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	600,000.	WIRE			
(3)			NORTH AMERICA	PARKINSON'S	829,586.	WIRE			
(4)			NORTH AMERICA	PARKINSON'S	237,499.	WIRE			
(5)			NORTH AMERICA	PARKINSON'S	12,720.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	698,850.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	197,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	78,091.	WIRE			
(9)			SOUTH AMERICA	PARKINSON'S	210,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	689,675.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	146,840.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	54,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	28,342.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	37,188.	WIRE			
(15)			NORTH AMERICA	PARKINSON'S	218,964.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	129,289.	WIRE			

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.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	26,400.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	10,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	71,965.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	425,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	376,500.	WIRE			
(6)			NORTH AMERICA	PARKINSON'S	21,300.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	287,763.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	103,480.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	34,924.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	68,125.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	12,532.	WIRE			
(12)			SOUTH ASIA	PARKINSON'S	99,895.	WIRE			
(13)			SOUTH ASIA	PARKINSON'S	99,895.	WIRE			
(14)			SOUTH ASIA	PARKINSON'S	99,895.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	393,656.	WIRE			
(16)			EUROPE	PARKINSON'S	21,230.	WIRE			

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 ▲

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	11,000.	WIRE			
(2)			SOUTH ASIA	PARKINSON'S	126,308.	WIRE			
(3)			SOUTH ASIA	PARKINSON'S	102,813.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	158,363.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	136,371.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	112,503.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	64,551.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	255,684.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	364,418.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	288,775.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	47,190.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	5,500.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	210,791.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	99,990.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	49,335.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	99,529.	WIRE			

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 ▲

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	64,694.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	9,124.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	399,563.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	10,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	349,500.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	67,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	40,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	246,835.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	131,101.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	100,265.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	512,477.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	215,000.	WIRE			
(13)			NORTH AMERICA	PARKINSON'S	100,958.	WIRE			
(14)			NORTH AMERICA	PARKINSON'S	99,990.	WIRE			
(15)			NORTH AMERICA	PARKINSON'S	99,856.	WIRE			
(16)			NORTH AMERICA	PARKINSON'S	96,250.	WIRE			

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.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PARKINSON'S	88,000.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	87,500.	WIRE			
(3)			NORTH AMERICA	PARKINSON'S	13,200.	WIRE			
(4)			EAST ASIA/PACIFIC	PARKINSON'S	49,930.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	90,866.	WIRE			
(6)			NORTH AMERICA	PARKINSON'S	10,000.	WIRE			
(7)			EAST ASIA/PACIFIC	PARKINSON'S	198,348.	WIRE			
(8)			EAST ASIA/PACIFIC	PARKINSON'S	156,429.	WIRE			
(9)			EAST ASIA/PACIFIC	PARKINSON'S	52,362.	WIRE			
(10)			EAST ASIA/PACIFIC	PARKINSON'S	50,217.	WIRE			
(11)			EAST ASIA/PACIFIC	PARKINSON'S	36,251.	WIRE			
(12)			NORTH AMERICA	PARKINSON'S	104,303.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	21,260.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	16,875.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	5,449.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	84,300.	WIRE			

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.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	31,400.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	9,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	8,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	628,200.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	153,893.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	125,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	36,990.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	590,700.	WIRE			
(9)			SOUTH ASIA	PARKINSON'S	46,992.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	40,134.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	256,563.	WIRE			
(12)			EAST ASIA/PACIFIC	PARKINSON'S	86,162.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	253,828.	WIRE			
(14)			EAST ASIA/PACIFIC	PARKINSON'S	662,995.	WIRE			
(15)			EAST ASIA/PACIFIC	PARKINSON'S	49,958.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	10,000.	WIRE			

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PARKINSON'S	103,513.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	15,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	63,302.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	98,991.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	146,616.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	39,531.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	35,265.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	25,938.	WIRE			
(9)			NORTH AMERICA	PARKINSON'S	99,918.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	264,150.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	137,500.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	119,194.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	97,924.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	96,234.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	88,618.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	11,508.	WIRE			

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.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	10,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	252,677.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	10,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	444,415.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	107,544.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	299,883.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	243,602.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	100,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	740,619.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	52,800.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	29,700.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	13,035.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	28,050.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	15,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	109,274.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	253,000.	WIRE			

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	180,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	100,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	33,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	197,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	937,722.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	173,250.	WIRE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 116.

31.

Schedule F (Form 990) 2016

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F - PART I, LINE 1

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES:

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH. GOALS AND MILESTONES ARE DESCRIBED WITHIN EACH GRANT AWARD. MOST GRANT AWARDS ARE ALLOCATED IN MULTIPLE PAYMENTS WITH KEY BENCHMARKS SET AT THE TIME OF THE GRANT AWARD. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN GRANTEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. PROGRESS IS VERIFIED BEFORE ADDITIONAL PAYMENTS ARE MADE.

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH**

Employer identification number
13-4141945

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?		(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
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					5,726,328.	65,000.	5,661,328.

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

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	(b) Event #2	(c) Other events	(d) Total events	
		FUNNY THING (event type)	BREAKING PAR (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	5,726,328.	1,098,685.	381,100.	7,206,113.
	2	Less: Contributions	4,926,192.	903,955.	320,178.	6,150,325.
	3	Gross income (line 1 minus line 2).	800,136.	194,730.	60,922.	1,055,788.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	10,632.	30,720.	13,883.	55,235.
	6	Rent/facility costs	499,409.	164,010.	30,990.	694,409.
	7	Food and beverages				
	8	Entertainment	54,200.		16,049.	70,249.
	9	Other direct expenses	235,895.			235,895.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,055,788.
11	Net income summary. Subtract line 10 from line 3, column (d)					

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

10 a 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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER

EVENT ASSOCIATES, INC.

162 WEST 56 STREET, STE 405
NEW YORK
NY 10019

DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?
YES NO

X

ACTIVITY

EVENT STRATEGY

GROSS RECEIPTS FROM ACTIVITY

5,726,328.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER

65,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION

5,661,328.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE MICHAEL J. FOX FOUNDATION Employer identification number 13-4141945
FOR PARKINSON'S RESEARCH

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.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCENTURE 161 NORTH CLARK STREET CHICAGO, IL 60601	36-4296414	PUBLIC SECTOR	9,689.				PARKINSON'S RESEARCH
(2) ALBERT EINSTEIN SCHOOL OF MEDICINE 1300 MORRIS PARK AVENUE, BELLEFIER 1102	13-1624225	501 (C) (3)	244,265.				PARKINSON'S RESEARCH
(3) ALBERT EINSTEIN SCHOOL OF MEDICINE 1300 MORRIS PARK AVENUE, BELLEFIER 1102	13-1624225	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(4) ALTURA 25950 ACERO #260 MISSION VIEJO, CA 92691	33-0920460	PUBLIC SECTOR	362,896.				PARKINSON'S RESEARCH
(5) AMAZON WEB SERVICES LLC 410 TERRY AVENUE NORTH SEATTLE, WA 98109	20-4938068	PUBLIC SECTOR	144,000.				PARKINSON'S RESEARCH
(6) AMAZON WEB SERVICES LLC 410 TERRY AVENUE NORTH SEATTLE, WA 98109	20-4938068	PUBLIC SECTOR	51,000.				PARKINSON'S RESEARCH
(7) AMAZON WEB SERVICES LLC 410 TERRY AVENUE NORTH SEATTLE, WA 98109	20-4938068	PUBLIC SECTOR	8,983.				PARKINSON'S RESEARCH
(8) ARIZONA STATE UNIVERSITY 427 EAST TYLER MALL LIFE TEMPE, AZ 85287	86-0196696	501 (C) (3)	280,966.				PARKINSON'S RESEARCH
(9) ATCC 10801 UNIVERSITY BLVD. MANASSAS, VA 20110	53-0196548	PUBLIC SECTOR	94,000.				PARKINSON'S RESEARCH
(10) ATCC 10801 UNIVERSITY BLVD. MANASSAS, VA 20110	53-0196548	PUBLIC SECTOR	14,200.				PARKINSON'S RESEARCH
(11) AVID RADIOPHARMACEUTICALS, INC. 3624 MARKET STREET, 5TH FLOOR	20-1811104	PUBLIC SECTOR	1,998,920.				PARKINSON'S RESEARCH
(12) BANNER HEALTH INSTITUTE 901 E. WILLETTA STREET PHOENIX, AZ 85006	86-0768795	501 (C) (3)	173,158.				PARKINSON'S RESEARCH

- 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 **▶▶**

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

SCHEDULE I
(Form 990)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

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

Employer identification number
13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501 (C) (3)	25,002.				PARKINSON'S RESEARCH
(2) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	75,620.				PARKINSON'S RESEARCH
(3) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	71,455.				PARKINSON'S RESEARCH
(4) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	63,365.				PARKINSON'S RESEARCH
(5) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	60,230.				PARKINSON'S RESEARCH
(6) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	59,945.				PARKINSON'S RESEARCH
(7) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	52,440.				PARKINSON'S RESEARCH
(8) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	49,020.				PARKINSON'S RESEARCH
(9) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	47,785.				PARKINSON'S RESEARCH
(10) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	44,745.				PARKINSON'S RESEARCH
(11) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	37,715.				PARKINSON'S RESEARCH
(12) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	31,920.				PARKINSON'S RESEARCH

- 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 ▶

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE MICHAEL J. FOX FOUNDATION Employer identification number 13-4141945
FOR PARKINSON'S RESEARCH

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAYLOR MIRACA GENETICS LABORATORIES, LLC PO BOX 847228 DALLAS, TX 75284	47-2290309	PUBLIC SECTOR	28,215.				PARKINSON'S RESEARCH
(2) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501 (C) (3)	120,222.				PARKINSON'S RESEARCH
(3) BIOLEGEND 9727 PACIFIC HEIGHTS BLVD	73-1647967	PUBLIC SECTOR	193,760.				PARKINSON'S RESEARCH
(4) BIOLEGEND 9727 PACIFIC HEIGHTS BLVD	73-1647967	PUBLIC SECTOR	95,700.				PARKINSON'S RESEARCH
(5) BIOLEGEND 9727 PACIFIC HEIGHTS BLVD	73-1647967	PUBLIC SECTOR	11,000.				PARKINSON'S RESEARCH
(6) BIOMEDICAL RESEARCH FORUM, LLC 1 MAIN STREET, 13TH FLOOR	45-4469809	PUBLIC SECTOR	230,000.				PARKINSON'S RESEARCH
(7) BIOSCALE 1 FORTUNE DRIVE BILLERICA, MA 01921	01-0676008	PUBLIC SECTOR	164,855.				PARKINSON'S RESEARCH
(8) BOSTON MEDICAL CENTER 660 HARRISON AVE, 2ND FLOOR	04-3314093	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(9) BRIGHAM & WOMEN'S HOSPITAL 101 HUNTINGTON AVE, SUITE 210	04-2312909	501 (C) (3)	478,504.				PARKINSON'S RESEARCH
(10) BRIGHAM & WOMEN'S HOSPITAL 101 HUNTINGTON AVE, SUITE 210	04-2312909	501 (C) (3)	223,142.				PARKINSON'S RESEARCH
(11) BRIGHAM & WOMEN'S HOSPITAL 101 HUNTINGTON AVE, SUITE 210	04-2312909	501 (C) (3)	100,001.				PARKINSON'S RESEARCH
(12) BRIGHAM & WOMEN'S HOSPITAL 101 HUNTINGTON AVE, SUITE 210	04-2312909	501 (C) (3)	24,508.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

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

2016

Open to Public Inspection

SCHEDULE I (Form 990)

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

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Department of the Treasury
Internal Revenue Service

Name of the organization: **THE MICHAEL J. FOX FOUNDATION**
FOR PARKINSON'S RESEARCH
Employer identification number: **13-4141945**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROAD INSTITUTE OF MIT 415 MAIN STREET CAMBRIDGE, MA 02114	26-3428781	501 (C) (3)	310,750.				PARKINSON'S RESEARCH
(2) BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(3) CALASTA PHARMACEUTICALS, INC. 11494 SORRENTO VALLEY ROAD	27-0641400	PUBLIC SECTOR	525,800.				PARKINSON'S RESEARCH
(4) CASE WESTERN RESERVE UNIVERSITY 2109 ADELBERT ROAD CLEVELAND, OH 44106	34-1018992	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(5) CHARLES WHITE 5323 HARRY HINES BLVD.	527-04-8405	PRIVATE SECTOR	20,000.				PARKINSON'S RESEARCH
(6) CHILDREN'S HOSPITAL BOSTON 3 BLACKFAN CIRCLE, ROOM 3099	04-2774441	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(7) CHRISTOPHER HESS 1215 SW 104TH STREET GAINESVILLE, FL 32607	15-8822923	PRIVATE SECTOR	10,000.				PARKINSON'S RESEARCH
(8) CHRISTOPHER S. COFFEY 1247 LAKE SHORE DRIVE IOWA CITY, IA 52246	410-13-8524	PRIVATE SECTOR	10,000.				PARKINSON'S RESEARCH
(9) CIRCUIT THERAPEUTICS, INC 1505 O'BRIEN DRIVEIVE MENLO PARK, CA 94025	27-4112448	PUBLIC SECTOR	250,000.				PARKINSON'S RESEARCH
(10) CLEVELAND CLINIC 9500 EUCLID AVENUE, S31 CLEVELAND, OH 44195	34-0714585	501 (C) (3)	442,289.				PARKINSON'S RESEARCH
(11) COGNITION THERAPEUTICS 2403 SIDNEY STREET, SUITE 261	13-4365359	PUBLIC SECTOR	164,996.				PARKINSON'S RESEARCH
(12) COLUMBIA UNIVERSITY 154 HAVEN AVE, ROOM R201H	13-5598093	501 (C) (3)	177,316.				PARKINSON'S RESEARCH

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 ▶▶

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2016

Open to Public Inspection

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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH
Employer identification number: 13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSITY 154 HAVEN AVE, ROOM R201H	13-5598093	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(2) COLUMBIA UNIVERSITY 154 HAVEN AVE, ROOM R201H	13-5598093	501 (C) (3)	10,000.				PARKINSON'S RESEARCH
(3) COVANCE 8211 SCICOR DRIVE INDIANAPOLIS, IN 46214	22-3265977	PUBLIC SECTOR	785,326.				PARKINSON'S RESEARCH
(4) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BP412	04-2263040	501 (C) (3)	109,296.				PARKINSON'S RESEARCH
(5) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BP412	04-2263040	501 (C) (3)	90,769.				PARKINSON'S RESEARCH
(6) DELOITTE CONSULTING LLP 1750 TYSON'S BOULEVARD SUITE 800	06-1454513	PUBLIC SECTOR	460,000.				PARKINSON'S RESEARCH
(7) DELOITTE CONSULTING LLP 1750 TYSON'S BOULEVARD SUITE 800	06-1454513	PUBLIC SECTOR	99,682.				PARKINSON'S RESEARCH
(8) DIGNITY HEALTH DBA ST. JOSEPH'S HOSPITAL AN 350 W. THOMAS ROAD PHOENIX, AZ 85013	86-0096787	501 (C) (3)	124,610.				PARKINSON'S RESEARCH
(9) DUXGU TOSUN-TURGUT 200 BRENTWOOD AVE SAN FRANCISCO, CA 94127	217-55-8498	PRIVATE SECTOR	25,000.				PARKINSON'S RESEARCH
(10) EMD MILLIPORE CORPORATION 10394 PACIFIC CENTER COURT	04-2170233	PUBLIC SECTOR	15,000.				PARKINSON'S RESEARCH
(11) EMORY UNIVERSITY 615 MICHAEL ST. ATLANTA, GA 30322	58-0566256	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(12) EPI TOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	83,053.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

**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.
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Name of the organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH Employer identification number 13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	83,053.				PARKINSON'S RESEARCH
(2) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	63,478.				PARKINSON'S RESEARCH
(3) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	63,478.				PARKINSON'S RESEARCH
(4) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	27,104.				PARKINSON'S RESEARCH
(5) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	11,987.				PARKINSON'S RESEARCH
(6) EPITOMICS 863 MITTEN ROAD, SUITE 103	94-3409030	PUBLIC SECTOR	11,987.				PARKINSON'S RESEARCH
(7) EVOTEC 380 OYSTER POINT, BLVD. #1	94-3353740	PUBLIC SECTOR	389,850.				PARKINSON'S RESEARCH
(8) EVOTEC 380 OYSTER POINT, BLVD. #1	94-3353740	PUBLIC SECTOR	7,109.				PARKINSON'S RESEARCH
(9) FLORIDA INTERNATIONAL UNIVERSITY 11200 S.W. 8TH STREET MIAMI, FL, FL 33199	65-0177616	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(10) FPRT BIO INC. 2910 GLENDALE DRIVE COLLEYSVILLE, TX 76034	45-4804420	PUBLIC SECTOR	36,858.				PARKINSON'S RESEARCH
(11) FREDERICK DUBOIS BOWMAN, PHD 2828 BROADWAY NEW YORK, NY 10025	322-78-7654	PRIVATE SECTOR	51,120.				PARKINSON'S RESEARCH
(12) FULFILLMENT PLUS, INC.11742 889 WAVERLY AVENUE HOLTSVILLE, NY 11742	11-2669334	PUBLIC SECTOR	25,000.				PARKINSON'S RESEARCH

- 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 ▶

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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.

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Name of the organization
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GENZYME CORPORATION 5 MOUNTAIN ROAD FRAMINGHAM, MA 01701	06-1047163	PUBLIC SECTOR	925,500.				PARKINSON'S RESEARCH
(2) GENZYME CORPORATION 5 MOUNTAIN ROAD FRAMINGHAM, MA 01701	06-1047163	PUBLIC SECTOR	190,000.				PARKINSON'S RESEARCH
(3) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW, SUITE 1100	53-0196603	501 (C) (3)	391,350.				PARKINSON'S RESEARCH
(4) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW, SUITE 1100	53-0196603	501 (C) (3)	289,401.				PARKINSON'S RESEARCH
(5) GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST NW, SUITE 1100	53-0196603	501 (C) (3)	59,150.				PARKINSON'S RESEARCH
(6) GNS HEALTHCARE 196 BROADWAY CAMBRIDGE, MA 02139	27-1667187	PUBLIC SECTOR	190,000.				PARKINSON'S RESEARCH
(7) GREENHIRE 630 ALLENDALE ROAD, SUITE 250	26-4311202	PUBLIC SECTOR	177,550.				PARKINSON'S RESEARCH
(8) HALE BIOCHEMICAL CONSULTING LLC 6341 WYATT LANE KIAMATH FALLS, OR 97601	49-4642074	PUBLIC SECTOR	8,000.				PARKINSON'S RESEARCH
(9) HEALTH ADVANCES, LLC 9 RIVERSIDE ROAD WATERTOWN, MA 02493	04-3545579	PUBLIC SECTOR	225,000.				PARKINSON'S RESEARCH
(10) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C) (3)	180,000.				PARKINSON'S RESEARCH
(11) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C) (3)	177,320.				PARKINSON'S RESEARCH
(12) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C) (3)	50,000.				PARKINSON'S RESEARCH

- 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

Schedule I (Form 990) (2016)

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

2016

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SCHEDULE I (Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

Employer identification number
13-4141945

Name of the organization
THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ILLUMINA 5200 ILLUMINA WAY SAN DIEGO, CA 92122	33-0804655	PUBLIC SECTOR	116,522.				PARKINSON'S RESEARCH
(2) IMAGO PHARMACEUTICALS 435 HENLEY ST -4971 JACKSON, WY 83001	47-1913512	PUBLIC SECTOR	741,528.				PARKINSON'S RESEARCH
(3) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST INDIANA UNIVERSITY	35-6001673	501 (C) (3)	542,601.				PARKINSON'S RESEARCH
(4) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST INDIANA UNIVERSITY	35-6001673	501 (C) (3)	218,724.				PARKINSON'S RESEARCH
(5) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST INDIANA UNIVERSITY	35-6001673	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(6) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST INDIANA UNIVERSITY	35-6001673	501 (C) (3)	135,250.				PARKINSON'S RESEARCH
(7) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST INDIANA UNIVERSITY	35-6001673	501 (C) (3)	10,000.				PARKINSON'S RESEARCH
(8) INTERNATIONAL PARKINSON AND MOVEMENT DISORD 555 EAST WELLS STREET, SUITE 1100	06-1263827	PUBLIC SECTOR	115,635.				PARKINSON'S RESEARCH
(9) JADIN JACKSON 710 MEDTRONIC PKWY NE MINNEAPOLIS, MN 55432	516-11-6837	PRIVATE SECTOR	10,000.				PARKINSON'S RESEARCH
(10) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 725 N. WOLFE STREET, HUNTERIAN ROOM 105	52-0595110	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(11) JULIE SCHEIDER 600 S. PAULINA ST CHICAGO, IL 60612	318-64-3456	PRIVATE SECTOR	20,000.				PARKINSON'S RESEARCH
(12) LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLO 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501 (C) (3)	511,744.				PARKINSON'S RESEARCH

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

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**SCHEDULE I
(Form 990)**

**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.
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Name of the organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH Employer identification number 13-4141945

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS GENERAL HOSPITAL 16TH ST, BLDG 114, RM3200	04-2697983	501 (C) (3)	482,385.				PARKINSON'S RESEARCH
(2) MASSACHUSETTS GENERAL HOSPITAL 16TH ST, BLDG 114, RM3200	04-2697983	501 (C) (3)	309,936.				PARKINSON'S RESEARCH
(3) MASSACHUSETTS GENERAL HOSPITAL 16TH ST, BLDG 114, RM3200	04-2697983	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(4) MASSACHUSETTS GENERAL HOSPITAL 16TH ST, BLDG 114, RM3200	04-2697983	501 (C) (3)	50,000.				PARKINSON'S RESEARCH
(5) MAX PLANCK FLORIDA INSTITUTE PO BOX 998 JUPITER, FL 33458-2906	26-2117502	501 (C) (3)	240,761.				PARKINSON'S RESEARCH
(6) MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85254	86-0800150	501 (C) (3)	66,855.				PARKINSON'S RESEARCH
(7) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(8) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C) (3)	90,000.				PARKINSON'S RESEARCH
(9) MCLEAN HOSPITAL/HARVARD MEDICAL SCHOOL 115 MILL STREET BELMONT, MA 02478	04-2697981	501 (C) (3)	625,000.				PARKINSON'S RESEARCH
(10) MCLEAN HOSPITAL/HARVARD MEDICAL SCHOOL 115 MILL STREET BELMONT, MA 02478	04-2697981	501 (C) (3)	282,085.				PARKINSON'S RESEARCH
(11) MCLEAN HOSPITAL/HARVARD MEDICAL SCHOOL 115 MILL STREET BELMONT, MA 02478	04-2697981	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(12) MEMORIAL SLOAN KETERING CANCER CENTER 1275 YORK AVENUE C1273 NEW YORK, NY 10021	13-1924236	501 (C) (3)	125,000.				PARKINSON'S RESEARCH

- 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 ▶▶

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number
13-411945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MESO SCALE DIAGNOSTICS, LLC. 1601 RESEARCH BOULEVARD ROCKVILLE, MD 20850	52-1974952	PUBLIC SECTOR	154,667.				PARKINSON'S RESEARCH
(2) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501 (C) (3)	218,900.				PARKINSON'S RESEARCH
(3) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(4) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501 (C) (3)	110,000.				PARKINSON'S RESEARCH
(5) MITOKININ, LLC 2 WALL STREET, 4TH FLOOR NEW YORK, NY 10005	46-1452912	PUBLIC SECTOR	253,000.				PARKINSON'S RESEARCH
(6) MONDO ROBOT 5445 CONESTOGA COURT, STE 200 MPI RESEARCH, INC.	56-2566768	PUBLIC SECTOR	1,139,550.				PARKINSON'S RESEARCH
(7) MPI RESEARCH, INC. 54943 NORTH MAIN STREET MATTAWAN, MI 49071	38-3400587	PUBLIC SECTOR	154,900.				PARKINSON'S RESEARCH
(8) NATIONAL ACADEMY OF SCIENCES KECK CENTER, ROOM 835 500 5TH STREET, NW	53-0196932	501 (C) (3)	7,500.				PARKINSON'S RESEARCH
(9) NATIONAL ACADEMY OF SCIENCES KECK CENTER, ROOM 835 500 5TH STREET, NW	53-0196932	501 (C) (3)	7,500.				PARKINSON'S RESEARCH
(10) NATIONAL INSTITUTE ON AGING 31 CENTER DR - MSC 2292, BLDG 31, STE 5C35	52-2038294	501 (C) (3)	700,000.				PARKINSON'S RESEARCH
(11) NEUROINITIATIVE 7835 BAYBERRY ROAD JACKSONVILLE, FL 32256 NEW ENGLAND INDEPENDENT REVIEW BOARD, LLC PO BOX 360690 PITTSBURGH, PA 15251	59-3337028	501 (C) (3)	110,000.				PARKINSON'S RESEARCH
(12) NEW ENGLAND INDEPENDENT REVIEW BOARD, LLC	30-0717648	PUBLIC SECTOR	25,000.				PARKINSON'S RESEARCH

- 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

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2016

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

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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Name of the organization: THE MICHAEL J. FOX FOUNDATION
 FOR PARKINSON'S RESEARCH
 Employer identification number: 13-4141945

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
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(1) NEW ENGLAND INDEPENDENT REVIEW BOARD, LLC PO BOX 360690 PITTSBURGH, PA 15251	30-0717648	PUBLIC SECTOR	15,000.				PARKINSON'S RESEARCH
(2) NEW YORK UNIVERSITY 240 EAST 38TH STREET, 20TH FLOOR	13-5562308	501 (C) (3)	125,000.				PARKINSON'S RESEARCH
(3) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	388,593.				PARKINSON'S RESEARCH
(4) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	260,900.				PARKINSON'S RESEARCH
(5) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(6) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(7) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	88,639.				PARKINSON'S RESEARCH
(8) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	23,468.				PARKINSON'S RESEARCH
(9) NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE CHICAGO, IL 60611	36-2167817	501 (C) (3)	25,000.				PARKINSON'S RESEARCH
(10) OREGON HEALTH & SCIENCE UNIVERSITY 3181 S.W. SAM JACKSON PARK ROAD	93-1176109	501 (C) (3)	124,023.				PARKINSON'S RESEARCH
(11) PFIZER INC. 610 MAIN STREET, 507BB-2	14-1396954	PUBLIC SECTOR	57,700.				PARKINSON'S RESEARCH
(12) PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	28,909.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

**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.
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Employer identification number

13-4141945

THE MICHAEL J. FOX FOUNDATION

FOR PARKINSON'S RESEARCH

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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	28,909.				PARKINSON'S RESEARCH
(2) PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	25,671.				PARKINSON'S RESEARCH
(3) PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	15,433.				PARKINSON'S RESEARCH
(4) PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	8,949.				PARKINSON'S RESEARCH
(5) PURDUE UNIVERSITY 715 CLINIC DR. WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	96,494.				PARKINSON'S RESEARCH
(6) QUANTERIX 113 HARTWELL AVE LEXINGTON, MA 02421	20-8957988	PUBLIC SECTOR	203,610.				PARKINSON'S RESEARCH
(7) QUANTERIX 113 HARTWELL AVE LEXINGTON, MA 02421	20-8957988	PUBLIC SECTOR	6,118.				PARKINSON'S RESEARCH
(8) RANCHO BIOSCIENCES, LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	309,120.				PARKINSON'S RESEARCH
(9) RANCHO BIOSCIENCES, LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	88,640.				PARKINSON'S RESEARCH
(10) RANCHO BIOSCIENCES, LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	20,000.				PARKINSON'S RESEARCH
(11) RESET THERAPEUTICS, INC. 260 LITTLEFIELD AVE, SUITE 200	71-1047315	PUBLIC SECTOR	608,545.				PARKINSON'S RESEARCH
(12) RODIN THERAPEUTICS, INC. 400 TECHNOLOGY SQUARE, 10TH FLOOR	46-2300388	PUBLIC SECTOR	395,010.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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2016

Open to Public Inspection

SCHEDULE I (Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MICHAEL J. FOX FOUNDATION

Name of the organization
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064	36-2181973	501 (C) (3)	108,510.				PARKINSON'S RESEARCH
(2) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST, STE 250	36-2174823	501 (C) (3)	180,000.				PARKINSON'S RESEARCH
(3) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST, STE 250	36-2174823	501 (C) (3)	28,875.				PARKINSON'S RESEARCH
(4) RUTGERS UNIVERSITY 65 DAVIDSON RD - ROOM 306	14-62335411	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(5) RUTGERS UNIVERSITY 65 DAVIDSON RD - ROOM 306	14-62335411	501 (C) (3)	33,465.				PARKINSON'S RESEARCH
(6) SAROFI GENZYME 5 THE MOUNTAIN RD FRAMINGHAM, MA 01701	06-1047163	501 (C) (3)	231,500.				PARKINSON'S RESEARCH
(7) SISCAPA ASSAY TECHNOLOGIES 1759 WILLARD ST., NW WASHINGTON, DC 20009	45-2942855	PUBLIC SECTOR	79,300.				PARKINSON'S RESEARCH
(8) SISCAPA ASSAY TECHNOLOGIES 1759 WILLARD ST., NW WASHINGTON, DC 20009	45-2942855	PUBLIC SECTOR	57,150.				PARKINSON'S RESEARCH
(9) SISCAPA ASSAY TECHNOLOGIES 1759 WILLARD ST., NW WASHINGTON, DC 20009	45-2942855	PUBLIC SECTOR	39,280.				PARKINSON'S RESEARCH
(10) SOMALOGIC, INC. 2945 WILDERNESS PLACE BOULDER, CO 80301	52-2195896	PUBLIC SECTOR	100,000.				PARKINSON'S RESEARCH
(11) SOMALOGIC, INC. 2945 WILDERNESS PLACE BOULDER, CO 80301	52-2195896	PUBLIC SECTOR	32,050.				PARKINSON'S RESEARCH
(12) SPAULDING REHABILITATION HOSPITAL 101 HUNTINGTON AVE., SUITE 300	04-2551124	501 (C) (3)	449,952.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. JUDE CHILDREN'S HOSPITAL 332 NORTH LAUDERDALE MEMPHIS, TN 38105	62-0646012	501 (C) (3)	50,000.				PARKINSON'S RESEARCH
(2) STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX 44253, 3440 WAL	94-1156365	501 (C) (3)	824,225.				PARKINSON'S RESEARCH
(3) STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX 44253, 3440 WAL	94-1156365	501 (C) (3)	68,341.				PARKINSON'S RESEARCH
(4) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	198,000.				PARKINSON'S RESEARCH
(5) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	151,680.				PARKINSON'S RESEARCH
(6) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	111,600.				PARKINSON'S RESEARCH
(7) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	44,845.				PARKINSON'S RESEARCH
(8) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	35,707.				PARKINSON'S RESEARCH
(9) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	21,300.				PARKINSON'S RESEARCH
(10) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	19,320.				PARKINSON'S RESEARCH
(11) TACONIC 273 HOVER AVENUE GERMANTOWN, NY 12526	33-0675808	PUBLIC SECTOR	5,640.				PARKINSON'S RESEARCH
(12) TEACHERS COLLEGE, COLUMBIA UNIVERSITY 525 WEST 120TH STREET NEW YORK, NY 10027	13-1624202	501 (C) (3)	913,823.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)

2016

Open to Public Inspection

SCHEDULE I (Form 990)

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.
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Department of the Treasury
Internal Revenue Service

Employer identification number
13-4141945

THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TEMPLE UNIVERSITY 11TH FLOOR WACHMAN HALL, 1805 N. BROAD STRE	23-1365971	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(2) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWAY SOUTH, SUITE 300	74-2245072	501 (C) (3)	99,563.				PARKINSON'S RESEARCH
(3) TGEN FOUNDATION 400 N. FIFTH STREET SUITE 1650	75-3065445	501 (C) (3)	69,246.				PARKINSON'S RESEARCH
(4) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	2,900,000.				PARKINSON'S RESEARCH
(5) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	2,400,000.				PARKINSON'S RESEARCH
(6) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	1,685,000.				PARKINSON'S RESEARCH
(7) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	1,000,000.				PARKINSON'S RESEARCH
(8) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	750,000.				PARKINSON'S RESEARCH
(9) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	550,000.				PARKINSON'S RESEARCH
(10) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	85,198.				PARKINSON'S RESEARCH
(11) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	13,000.				PARKINSON'S RESEARCH
(12) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	11,000.				PARKINSON'S RESEARCH

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SCHEDULE I
(Form 990)

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.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service
Name of the organization
FOR PARKINSON'S RESEARCH

THE MICHAEL J. FOX FOUNDATION
Employer identification number
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- 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
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501 (C) (3)	9,000.				PARKINSON'S RESEARCH
(2) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C) (3)	2,300,000.				PARKINSON'S RESEARCH
(3) THE JACKSON LABORATORY 500 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501 (C) (3)	46,890.				PARKINSON'S RESEARCH
(4) THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501 (C) (3)	39,875.				PARKINSON'S RESEARCH
(5) THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501 (C) (3)	26,778.				PARKINSON'S RESEARCH
(6) THE MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE, SUITE 303, MSC 804	57-6000722	501 (C) (3)	279,241.				PARKINSON'S RESEARCH
(7) THE NEW YORK STEM CELL FOUNDATION 1995 BROADWAY, SUITE 1201	20-2905531	501 (C) (3)	116,500.				PARKINSON'S RESEARCH
(8) THE PARKINSON'S INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594	501 (C) (3)	308,692.				PARKINSON'S RESEARCH
(9) THE PARKINSON'S INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(10) THE PARKINSON'S INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594	501 (C) (3)	99,923.				PARKINSON'S RESEARCH
(11) THE PARKINSON'S INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594	501 (C) (3)	99,022.				PARKINSON'S RESEARCH
(12) THE PARKINSON'S INSTITUTE 675 ALMANOR AVENUE SUNNYVALE, CA 94085	94-3061594	501 (C) (3)	98,571.				PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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SCHEDULE I
(Form 990)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH Employer identification number 13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, SUITE 525	23-2829095	501 (C) (3)	150,000.				PARKINSON'S RESEARCH
(2) THOMSON REUTERS (SCIENTIFIC), LLC 1500 SPRING GARDEN STREET 4TH FL	23-1569117	PUBLIC SECTOR	318,770.				PARKINSON'S RESEARCH
(3) THOMSON REUTERS (SCIENTIFIC), LLC 1500 SPRING GARDEN STREET 4TH FL	23-1569117	PUBLIC SECTOR	122,794.				PARKINSON'S RESEARCH
(4) UN JUNG KANG 154 HAVEN AVE, ROOM R201H	058-56-5219	PRIVATE SECTOR	10,000.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	201,836.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	200,969.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	136,698.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	99,964.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH	63-6005396	501 (C) (3)	10,000.				PARKINSON'S RESEARCH

- 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 ▶

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
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Name of the organization
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Employer identification number
13-4141945

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. Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0953	95-2544535	501 (C) (3)	775,000.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0953	95-2544535	501 (C) (3)	124,990.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0953	95-2544535	501 (C) (3)	28,875.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093-0953	95-2544535	501 (C) (3)	27,066.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	400,846.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	298,809.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	214,148.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	180,000.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	100,579.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	43,438.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM ST, SUITE 425, BOX 0897	94-6036493	501 (C) (3)	15,509.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF FLORIDA 1275 CENTER DRIVE, BMS J-483	59-6002052	501 (C) (3)	138,937.				PARKINSON'S RESEARCH

- 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

SCHEDULE I
(Form 990)

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization
FOR PARKINSON'S RESEARCH

THE MICHAEL J. FOX FOUNDATION

Employer identification number

13-4141945

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

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. Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501 (C) (3)	406,101.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501 (C) (3)	77,290.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF MARYLAND A. V. WILLIAMS BUILDING, ROOM 3437	52-6002033	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF MISSISSIPPI 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	501 (C) (3)	97,596.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER	47-0049123	501 (C) (3)	211,364.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	450,000.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	402,289.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	242,120.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	180,000.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	93,750.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	64,500.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	22,386.				PARKINSON'S RESEARCH

- 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 ▶

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

SCHEDULE I
(Form 990)

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.
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Name of the organization: **THE MICHAEL J. FOX FOUNDATION**
FOR PARKINSON'S RESEARCH
Employer identification number: **13-4141945**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	18,750.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	18,308.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	10,000.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	9,765.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	6,000.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF PENNSYLVANIA 330 S. 9TH STREET, 3RD FLOOR	23-1352685	501 (C) (3)	5,456.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF PITTSBURGH 200 LOthrop STREET, E1051 BIOMEDICAL SCIENC	25-0965591	501 (C) (3)	281,250.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF PITTSBURGH 200 LOthrop STREET, E1051 BIOMEDICAL SCIENC	25-0965591	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF PITTSBURGH 200 LOthrop STREET, E1051 BIOMEDICAL SCIENC	25-0965591	501 (C) (3)	156,250.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD, CU 420694	26-3800000	501 (C) (3)	1,338,009.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD, CU 420694	26-3800000	501 (C) (3)	180,000.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD, CU 420694	26-3800000	501 (C) (3)	99,756.				PARKINSON'S RESEARCH

- 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

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
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Employer identification number: **13-4141945**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ROCHESTER 265 CRITTENDEN BLVD, CU 420694	26-3800000	501 (C) (3)	8,323.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF SOUTH FLORIDA 4001 E. FLETCHER AVE, 6TH FLOOR	59-3102112	501 (C) (3)	145,065.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA ST., SUITE 102	95-1642394	501 (C) (3)	274,822.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA ST., SUITE 102	95-1642394	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA ST., SUITE 102	95-1642394	501 (C) (3)	15,000.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A 7000 FANNIN, UCT 1006 HOUSTON, TX 77030	74-1761309	501 (C) (3)	342,219.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD.	75-6002868	501 (C) (3)	135,768.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE, RM 145	87-6000525	501 (C) (3)	374,998.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF WASHINGTON 1660 S. COLUMBIAN WAY (GRECC)	91-6001537	501 (C) (3)	518,594.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF WASHINGTON 1660 S. COLUMBIAN WAY (GRECC)	91-6001537	501 (C) (3)	351,566.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF WASHINGTON 1660 S. COLUMBIAN WAY (GRECC)	91-6001537	501 (C) (3)	10,000.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF WISCONSIN, MADISON 600 HIGHLAND AVE B6/319 MADISON, WI 53792	39-6006492	501 (C) (3)	249,481.				PARKINSON'S RESEARCH

- 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 ▶

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization: THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH
Employer identification number: 13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501 (C) (3)	200,000.				PARKINSON'S RESEARCH
(2) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(3) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501 (C) (3)	99,732.				PARKINSON'S RESEARCH
(4) VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501 (C) (3)	53,200.				PARKINSON'S RESEARCH
(5) VANDERBILT UNIVERSITY 1161 21ST AVENUE SOUTH	62-0476822	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(6) VENICE OPERATION LLC 1600 MAIN STREET VENICE, CA 90291	46-2774441	PUBLIC SECTOR	49,255.				PARKINSON'S RESEARCH
(7) VERIZON WIRELESS PO BOX 408 NEWARK, NJ 07101	23-2259884	PUBLIC SECTOR	15,000.				PARKINSON'S RESEARCH
(8) VIRGINIA COMMONWEALTH UNIVERSITY 730 E. BROAD ST., SUITE 4100	54-6001758	501 (C) (3)	1,000,000.				PARKINSON'S RESEARCH
(9) VIRGINIA COMMONWEALTH UNIVERSITY 730 E. BROAD ST., SUITE 4100	54-6001758	501 (C) (3)	74,789.				PARKINSON'S RESEARCH
(10) WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVENUE, BOX 8118	43-0653611	501 (C) (3)	187,500.				PARKINSON'S RESEARCH
(11) WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVENUE, BOX 8118	43-0653611	501 (C) (3)	146,905.				PARKINSON'S RESEARCH
(12) WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID AVENUE, BOX 8118	43-0653611	501 (C) (3)	137,500.				PARKINSON'S RESEARCH

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

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

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SCHEDULE I
(Form 990)

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

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization
THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WELLS MEDICAL COLLEGE OF CORNELL UNIVERSITY 525 EAST 68TH STREET, BOX 99	13-1623978	501 (C) (3)	100,000.				PARKINSON'S RESEARCH
(2) WELLS MEDICAL COLLEGE OF CORNELL UNIVERSITY 525 EAST 68TH STREET, BOX 99	13-1623978	501 (C) (3)	25,000.				PARKINSON'S RESEARCH
(3) MICELL STEM CELL BANK 504 S. ROSA RD., SUITE 101	39-1972235	PUBLIC SECTOR	69,340.				PARKINSON'S RESEARCH
(4) ZENDESK, INC 989 MARKET STREET SAN FRANCISCO, CA 94103	26-4411091	PUBLIC SECTOR	14,011.				PARKINSON'S RESEARCH
(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 170.

3 Enter total number of other organizations listed in the line 1 table 98.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
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.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANT FUNDS IN THE UNITED STATES:

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH. GOALS AND MILESTONES ARE DESCRIBED WITHIN EACH GRANT AWARD. MOST GRANT AWARDS ARE ALLOCATED IN MULTIPLE PAYMENTS WITH KEY BENCHMARKS SET AT THE TIME OF THE GRANT AWARD. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
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.

GRANTEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. PROGRESS
 IS VERIFIED BEFORE ADDITIONAL PAYMENTS ARE MADE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE MICHAEL J. FOX FOUNDATION**
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TODD SHERER	(i) 333,209.	(ii) 305,000.	(iii) 0.	15,900.	18,044.	672,153.	0.
2 JOANNE MARTZ	(i) 230,989.	(ii) 145,000.	(iii) 0.	15,900.	12,389.	404,278.	0.
3 DEBORAH W. BROOKS	(i) 336,490.	(ii) 350,000.	(iii) 0.	15,900.	18,044.	720,434.	0.
4 SOHINI CHOWDHURY	(i) 238,248.	(ii) 75,000.	(iii) 0.	15,900.	0.	329,148.	0.
5 MICHELE GOLOMBUSKI	(i) 173,248.	(ii) 20,000.	(iii) 0.	11,723.	5,929.	210,900.	0.
6 HOLLY TEICHHOLTZ	(i) 212,523.	(ii) 25,000.	(iii) 0.	14,428.	12,389.	264,340.	0.
7 BRIAN K. FISKE	(i) 231,992.	(ii) 40,000.	(iii) 0.	15,900.	12,389.	300,281.	0.
8 MARK A. FRASIER	(i) 223,935.	(ii) 40,000.	(iii) 0.	15,900.	0.	279,835.	0.
9 EMTLY MOYER	(i) 206,443.	(ii) 25,000.	(iii) 0.	14,127.	10,409.	255,979.	0.
10 RACHEL DOLHUN	(i) 193,290.	(ii) 15,000.	(iii) 0.	12,626.	5,929.	226,845.	0.
11 KRISTIN PATE	(i) 175,385.	(ii) 20,000.	(iii) 0.	11,723.	0.	207,108.	0.
12	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
14	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
16	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

THE MICHAEL J. FOX FOUNDATION

Schedule J (Form 990) 2016

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.

DETERMINATION OF COMPENSATION FOR OFFICERS

SCHEDULE J, PART I, QUESTION

COMPENSATION DETERMINATION:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES
COMPENSATION OF KEY EMPLOYEES ANNUALLY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH**

Employer identification number
13-4141945

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	95.	41,103,707.	FAIR 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I, LINE #32A

THE FOUNDATION USES AN INDEPENDENT FINANCIAL ADVISOR TO SELL ITS DONATED
SECURITIES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

ORGANIZATION'S MISSION

FORM 990 - PART I, LINE 1 AND PART III, LINE 1:

FINDING THE CURE FOR PARKINSONS TAKES AN ORGANIZATION WITH EXTRAORDINARY VISION. ACTOR MICHAEL J. FOX ESTABLISHED THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH (THE "FOUNDATION"), INCORPORATED IN DELAWARE IN 2000, AFTER PUBLICLY DISCLOSING IN 1998 THAT HE HAD BEEN DIAGNOSED WITH PARKINSON'S DISEASE SEVEN YEARS EARLIER, AT AGE 29.

TODAY, THE MICHAEL J. FOX FOUNDATION IS THE WORLD'S LARGEST PRIVATE FUNDER OF PARKINSON'S RESEARCH. IT IS DEDICATED TO ACCELERATING A CURE FOR PARKINSON'S DISEASE AND IMPROVED THERAPIES FOR THE ESTIMATED FIVE MILLION PEOPLE LIVING WITH THE CONDITION TODAY. THE FOUNDATION PURSUES ITS GOALS THROUGH AN AGGRESSIVELY FUNDED, HIGHLY TARGETED RESEARCH PROGRAM COUPLED WITH ACTIVE GLOBAL ENGAGEMENT OF SCIENTISTS, PARKINSON'S PATIENTS, BUSINESS LEADERS, CLINICAL TRIAL PARTICIPANTS, DONORS AND VOLUNTEERS.

IN ADDITION TO FUNDING MORE THAN \$700,000,000 IN RESEARCH THROUGH THE END OF DECEMBER 31, 2016, THE FOUNDATION HAS FUNDAMENTALLY ALTERED THE TRAJECTORY OF PROGRESS TOWARD A CURE. OPERATING AT THE HUB OF WORLDWIDE PARKINSON'S RESEARCH, THE FOUNDATION FORGES (I) GROUNDBREAKING COLLABORATIONS WITH INDUSTRY LEADERS, ACADEMIC SCIENTISTS AND GOVERNMENT RESEARCH FUNDERS; (II) LEVERAGES NEW TECHNOLOGIES TO AMPLIFY THE PATIENT

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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VOICE IN PARKINSON'S RESEARCH; (III) MOBILIZES PATIENTS AND LOVED ONES TO INCREASE THE FLOW OF PARTICIPANTS INTO CLINICAL TRIALS; AND (IV) COORDINATES COMMUNITY ENGAGEMENT EFFORTS INCLUDING PATIENT POLICY ADVOCACY, EDUCATION AND COMMUNITY BUILDING THROUGH THE GRASSROOTS INVOLVEMENT OF THOUSANDS OF TEAM FOX MEMBERS AROUND THE WORLD.

FROM INCEPTION, THE FOUNDATION HAS INVESTED IN HIGH-RISK, HIGH-REWARD RESEARCH TARGETS - AN APPROACH THAT IN A FEW SHORT YEARS HAS TRANSFORMED THE FIELD OF PARKINSON'S DISEASE RESEARCH. THE FOUNDATION PARTNERS WITH THE PARKINSON'S RESEARCH COMMUNITY, SPEEDING FINANCIAL AND INTELLECTUAL RESOURCES TO THE SCIENTISTS WHO ARE CARRYING OUT PROJECTS WITH THE GREATEST PROMISE TO IMPACT PATIENTS' LIVES IN THE NEAR TERM. THIS INCLUDES STRENGTHENING THE PARKINSON'S DRUG DEVELOPMENT PIPELINE BY PUSHING FORWARD INVESTIGATIONS OF GENETIC AND OTHER DISEASE-MODIFYING TARGETS WITH THE BEST CHANCE OF SLOWING PARKINSON'S DISEASE PROGRESSION, AS WELL AS ADDRESSING PATIENTS' UNMET SYMPTOMATIC NEEDS. TO DATE, THE FOUNDATION HAS EVALUATED WORK ON MORE THAN 600 THERAPEUTIC TARGETS, AND IS SUPPORTING MORE THAN 70 CLINICAL TRIALS.

FORM 990, PAGE 6

GOVERNANCE, MANAGEMENT AND DISCLOSURE:

LINE 2: BOARD MEMBER RELATIONSHIPS

TWO BOARD MEMBERS ARE IN-LAWS AND TWO SETS OF BOARD MEMBERS ARE MARRIED.

Name of the organization THE MICHAEL J. FOX FOUNDATION
FOR PARKINSON'S RESEARCH

Employer identification number
13-4141945

LINE 11A: PROCESS FOR REVIEW OF FORM 990:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, IN ASSOCIATION WITH EXTERNAL AUDITORS, APPROVES THE ANNUAL IRS FORM 990 WHICH IS THEN MADE AVAILABLE TO THE ENTIRE BOARD BEFORE IT IS FILED.

LINE 12A: CONFLICT OF INTEREST POLICY MONITORING:

OFFICERS, DIRECTORS AND KEY EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE INFORMATION IS REVIEWED BY THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND CONFLICTS ARE REVIEWED WITH THE BOARD OF DIRECTORS.

LINE 15: PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION OF KEY EMPLOYEES ANNUALLY.

LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.MICHAELJFOX.ORG.

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, 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,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SCHANER & LUBITZ, PLLC 6931 ARLINGTON ROAD, SUITE 200 BETHESDA, MD 20814	LEGAL SERVICES	192,000.
ERST WEST 34TH STREET LP JPMORGAN LOCKBOX - 4 CHASE METROTECH CTR BROOKLYN, NY 11245	RENT	435,971.
ASHLEY ISER 225 WEST 14TH STREET NEW YORK, NY 10011	CONSULTING	120,768.
SIMPLISSMUS 10 E. 23RD STREET NEW YORK, NY 10010	CONSULTING	125,000.
RUDER FINN, INC. 425 E. 53RD STREET NEW YORK, NY 10022	CONSULTING	263,295.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE MICHAEL J. FOX FOUNDATION

FOR PARKINSON'S RESEARCH

► Attach to Form 990.

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

Employer identification number

13-4141945

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.

(1)	(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	No
(1)	MJFF CANADA 365 BAY STREET, SUITE 899 TORONTO, ONTARIO CA	RESEARCH	CA	501(C)(3)		MJFF (US)		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s).

Table with columns 1a-1s and Yes/No checkboxes. 1a-1e are checked in the 'Yes' column. 1f-1j are checked in the 'No' column. 1k-1o are checked in the 'Yes' column. 1p-1q are checked in the 'No' column. 1r-1s are checked in the 'Yes' column.

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.

Table with columns (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, and (d) Method of determining amount involved. Rows 1-6 are empty.

Part VII **Supplemental Information**

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