

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Form **990**

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 2019 calendar year, or tax year beginning 2019, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>GRAND CENTRAL STA PO BOX 4777</u> City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10163</u>	D Employer identification number <u>13-4141945</u>
	E Telephone number <u>(212) 509-0995</u>	
	F Name and address of principal officer: <u>TODD SHERER</u> <u>GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY 10163</u>	
	G Gross receipts \$ <u>246,800,009.</u>	
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

J Website: ▶ WWW.MICHAELJFOX.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000 **M** State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	43.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43.
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	190.
6 Total number of volunteers (estimate if necessary)	6	20.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-8,419.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-19,157.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	121,421,371.	157,689,137.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,079,355.	1,850,597.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-58,316.	2,153,753.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,442,410.	161,693,487.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,593,850.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,007,470.	22,142,522.
16a Professional fundraising fees (Part IX, column (A), line 11e)		65,000.	65,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>14,121,150.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,843,475.	19,864,277.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		126,509,795.	138,680,919.
19 Revenue less expenses. Subtract line 18 from line 12		-4,067,385.	23,012,568.
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	154,388,217.
	21 Total liabilities (Part X, line 26)	104,409,323.	117,705,686.
	22 Net assets or fund balances. Subtract line 21 from line 20	49,978,894.	73,924,600.

Part II Signature Block

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

Sign Here	Signature of officer	<u>08 Jul 2020</u> Date
	<u>William Fowler, SUP + Assistant Treasurer</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>CANDICE METH</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01306891</u>
	Firm's name ▶ <u>EISNERAMPER LLP</u>			Firm's EIN ▶ <u>13-1639826</u>	
	Firm's address ▶ <u>750 THIRD AVENUE NEW YORK, NY 10017-2703</u>			Phone no. <u>212-949-8700</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA AND TO ENSURING THE DEVELOPMENT OF IMPROVED THERAPIES FOR THOSE LIVING WITH PARKINSON'S TODAY.

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 \$ 118,132,823. including grants of \$ 96,609,120.) (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 on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 118,132,823.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 on 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 (43), 1b (43), 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH W. BROOKS CO-FOUNDER & EXEC. VICE CHAIR	40.00 0.				X		894,800.	0.	22,480.	
(2) TODD SHERER CEO	40.00 0.			X			839,827.	0.	27,453.	
(3) SOHINI CHOWDHURY DEPUTY CEO	40.00 0.			X			421,770.	0.	20,390.	
(4) BRIAN K. FISKE SVP, RESEARCH PROGRAMS	40.00 0.					X	300,839.	0.	17,099.	
(5) MARK A. FRASIER SVP, RESEARCH PROGRAMS	40.00 0.					X	288,082.	0.	16,819.	
(6) HOLLY TEICHHOLTZ SVP, COMM & CONTENT STRATEGIES	40.00 0.					X	280,377.	0.	17,054.	
(7) EMILY MOYER THRU 12/18/19 SVP, MARKETING & DIGITAL STRAT	40.00 0.					X	271,541.	0.	16,859.	
(8) RACHEL DOLHUN VP, MEDICAL COMMUNICATIONS	40.00 0.					X	247,774.	0.	16,475.	
(9) WILLIAM FOWLER SVP, STRAT, FIN & OPERATIONS	40.00 0.			X			214,369.	0.	19,111.	
(10) MICHAEL J. FOX FOUNDER	2.00 2.00	X					0.	0.	0.	
(11) JEFFREY KEEFER CHAIRMAN	2.00 0.	X		X			0.	0.	0.	
(12) FRED G. WEISS TREASURER	2.00 2.00	X		X			0.	0.	0.	
(13) SKIP IRVING VICE CHAIRMAN	2.00 0.	X		X			0.	0.	0.	
(14) HOLLY S. ANDERSEN, MD 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) GLENN BATCHELDER MEMBER	2.00 0.	X					0.	0.	0.	
(16) MARK BOOTH MEMBER	2.00 0.	X					0.	0.	0.	
(17) JON BROOKS MEMBER	2.00 0.	X					0.	0.	0.	
(18) BARRY J. COHEN MEMBER	2.00 0.	X					0.	0.	0.	
(19) ANDREW CREIGHTON MEMBER	2.00 0.	X					0.	0.	0.	
(20) JOHN S. DALY MEMBER	2.00 0.	X					0.	0.	0.	
(21) DONNY DEUTSCH MEMBER	2.00 0.	X					0.	0.	0.	
(22) DAVID EINHORN MEMBER	2.00 0.	X					0.	0.	0.	
(23) KAREN FINERMAN MEMBER	2.00 0.	X					0.	0.	0.	
(24) LEE FIXEL MEMBER	2.00 0.	X					0.	0.	0.	
(25) NELLE FORTENBERRY MEMBER	2.00 0.	X					0.	0.	0.	
1b Sub-total							3,759,379.	0.	173,740.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,759,379.	0.	173,740.	

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 **▶ 48**

	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
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 **▶ 11**

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) AKBAR GBAJABIAMILA MEMBER	2.00 0.	X					0.	0.	0.	
(27) WILLIE GEIST MEMBER	2.00 0.	X					0.	0.	0.	
(28) DAVID GLICKMAN MEMBER	2.00 0.	X					0.	0.	0.	
(29) DAVID GOLUB MEMBER THROUGH MAY 2019	2.00 0.	X					0.	0.	0.	
(30) MARK L. HART III MEMBER	2.00 0.	X					0.	0.	0.	
(31) ANNE M. HOLLOWAY MEMBER	2.00 0.	X					0.	0.	0.	
(32) EDWARD KALIKOW MEMBER	2.00 0.	X					0.	0.	0.	
(33) AMAR KUCHINAD MEMBER	2.00 0.	X					0.	0.	0.	
(34) MARC S. LIPSCHULTZ MEMBER	2.00 0.	X					0.	0.	0.	
(35) OFER NEMIROVSKY MEMBER	2.00 0.	X					0.	0.	0.	
(36) 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										
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 **▶ 48**

	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) DOUGLAS I. OSTROVER MEMBER	2.00 0.	X					0.	0.	0.	
(38) LISA PIAZZA MEMBER	2.00 0.	X					0.	0.	0.	
(39) TRACY POLLAN MEMBER	2.00 0.	X					0.	0.	0.	
(40) RYAN REYNOLDS MEMBER	2.00 0.	X					0.	0.	0.	
(41) HARTLEY T. RICHARDSON MEMBER	2.00 0.	X					0.	0.	0.	
(42) FREDERICK E. ROWE JR. MEMBER	2.00 0.	X					0.	0.	0.	
(43) LILY SAFRA MEMBER	2.00 0.	X					0.	0.	0.	
(44) CAROLYN SCHENKER MEMBER	2.00 0.	X					0.	0.	0.	
(45) CURTIS SCHENKER MEMBER	2.00 0.	X					0.	0.	0.	
(46) RICHARD J. SCHNALL MEMBER	2.00 0.	X					0.	0.	0.	
(47) WOODY SHACKLETON MEMBER	2.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **▶ 48**

	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			
(48) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00 0.	X					0.	0.	0.	
(49) GEORGE STEPHANOPOULOS MEMBER	2.00 0.	X					0.	0.	0.	
(50) BONNIE STRAUSS MEMBER	2.00 0.	X					0.	0.	0.	
(51) RICK TIGNER MEMBER	2.00 0.	X					0.	0.	0.	
(52) GEORGE WHELEN MEMBER	2.00 0.	X					0.	0.	0.	
(53) PETER ZAFFINO MEMBER	2.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **▶** 48

	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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	5,375,083.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	152,314,054.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 73,557,879.				
	h	Total. Add lines 1a-1f			157,689,137.			
	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).			1,763,407.		1,763,407.
	4	Income from investment of tax-exempt bond proceeds . .			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	2,093,810.				
			(ii) Personal					
			6b	Less: rental expenses				
	6c	Rental income or (loss)		2,093,810.				
	d	Net rental income or (loss)			2,093,810.		2,093,810.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	84,040,501.				
			(ii) Other					
			7b	Less: cost or other basis and sales expenses . .		83,953,311.		
	7c	Gain or (loss)		87,190.				
	d	Net gain or (loss)			87,190.		87,190.	
	8a	Gross income from fundraising events (not including \$ 5,375,083. of contributions reported on line 1c). See Part IV, line 18		1,139,197.				
			8b	Less: direct expenses		1,139,197.		
c			Net income or (loss) from fundraising events.			0.		
9a	Gross income from gaming activities. See Part IV, line 19		0.					
		9b	Less: direct expenses		0.			
		c	Net income or (loss) from gaming activities.			0.		
10a	Gross sales of inventory, less returns and allowances		5,595.					
		10b	Less: cost of goods sold		14,014.			
		c	Net income or (loss) from sales of inventory.			-8,419.	-8,419.	
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	Business Code	900099	42,920.		42,920.	
	b	GAIN ON CURRENCY EXCHANGE	Business Code	900099	25,442.		25,442.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			68,362.			
12	Total revenue. See instructions			161,693,487.		-8,419.	4,012,769.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	63,838,374.	63,838,374.		
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	32,770,746.	32,770,746.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,370,867.	1,233,378.	329,390.	808,099.
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	15,901,696.	8,272,420.	2,209,257.	5,420,019.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	952,731.	437,261.	147,588.	367,882.
9 Other employee benefits	1,858,874.	853,141.	287,959.	717,774.
10 Payroll taxes	1,058,354.	485,737.	163,950.	408,667.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	304,548.	209,151.	28,917.	66,480.
c Accounting	78,435.		78,435.	
d Lobbying	147,404.			147,404.
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.)	2,765,740.	2,000,628.	276,606.	488,506.
12 Advertising and promotion	1,865,671.	1,090,307.		775,364.
13 Office expenses	663,877.	235,261.	60,880.	367,736.
14 Information technology.	1,088,019.	668,710.	53,894.	365,415.
15 Royalties.	0.			
16 Occupancy	5,369,202.	2,322,594.	2,291,459.	755,149.
17 Travel	2,330,073.	1,737,450.	9,914.	582,709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	77,264.		77,264.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	1,872,389.	1,032,612.	227,585.	612,192.
23 Insurance	121,434.	72,325.	18,621.	30,488.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATION PROCESSING	671,068.	10,987.	2,554.	657,527.
b DUES AND SUBSCRIPTIONS	244,755.	202,855.	10,410.	31,490.
c PRINTING AND PRODUCTION	1,111,284.	475,492.	5,875.	629,917.
d OTHER EXPENSES	716,531.	21,900.		694,631.
e All other expenses _____	436,433.	161,494.	146,238.	128,701.
25 Total functional expenses. Add lines 1 through 24e	138,680,919.	118,132,823.	6,426,946.	14,121,150.
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	277.	1	253.
	2 Savings and temporary cash investments	54,334,703.	2	67,406,918.
	3 Pledges and grants receivable, net	24,536,345.	3	26,227,084.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	23,853.	8	62,554.
	9 Prepaid expenses and deferred charges	1,897,553.	9	2,588,901.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,002,514.		
	b Less: accumulated depreciation	10b 5,661,440.	11,735,277.	10c 11,341,074.
	11 Investments - publicly traded securities	60,131,383.	11	81,613,399.
	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	1,728,826.	15	2,390,103.
16 Total assets. Add lines 1 through 15 (must equal line 33)	154,388,217.	16	191,630,286.	
Liabilities	17 Accounts payable and accrued expenses	3,907,372.	17	5,141,790.
	18 Grants payable	85,459,991.	18	97,658,723.
	19 Deferred revenue	127,908.	19	2,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	13,763,856.	25	13,752,977.
	26 Total liabilities. Add lines 17 through 25	104,409,323.	26	117,705,686.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,342,941.	27	47,282,619.
	28 Net assets with donor restrictions	23,635,953.	28	26,641,981.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	49,978,894.	32	73,924,600.
33 Total liabilities and net assets/fund balances	154,388,217.	33	191,630,286.	

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	161,693,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,680,919.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,012,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,978,894.
5	Net unrealized gains (losses) on investments	5	7,638.
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 on Schedule O)	9	925,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	73,924,600.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **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						

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (63.88%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (62.00%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 (as 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	1,229,015.	25,194.	1,022,824.	6,422.	68,362.	2,351,817.
TOTALS	<u>1,229,015.</u>	<u>25,194.</u>	<u>1,022,824.</u>	<u>6,422.</u>	<u>68,362.</u>	<u>2,351,817.</u>

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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	<hr/> <hr/> <hr/>	\$ 59,833,653.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
2	<hr/> <hr/> <hr/>	\$ 9,100,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
3	<hr/> <hr/> <hr/>	\$ 5,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	<hr/> <hr/> <hr/>	\$ 4,800,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	<hr/> <hr/> <hr/>	\$ 5,500,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

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

Employer identification number
13-4141945

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	\$ 56,367,639.	06/03/2019
2	DONATED SECURITIES	\$ 9,100,000.	12/24/2019
		\$	
		\$	
		\$	
		\$	

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

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

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)				

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

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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?

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

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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 FOR PARKINSON'S DISEASE.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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.

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

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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on 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) 2019

JSA 9E1268 1.000

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 make 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 program
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Term 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:

Table with 2 columns: Yes, No. Rows include: (i) Unrelated organizations, (ii) Related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	11,969,464.
(3) INTEREST PAYABLE	691,746.
(4) ANNUITIES PAYABLE	1,091,767.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,752,977.

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 FASB 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. FOR THE FOUNDATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ("UBIT") ON MERCHANDISE SALES. BECAUSE THE FOUNDATION HAS ALWAYS RECORDED THE POTENTIAL LIABILITY FOR UBIT, 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, LINE 2D:

RECONCILIATION OF REVENUE:

AMOUNTS REPRESENT REVENUES ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY OF:	\$1,222,968
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS:	173,919

	\$1,396,887

PART XII, LINE 2D AND 4B:

RECONCILIATION OF EXPENSES:

LINE 2D - AMOUNTS REPRESENT EXPENSES ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: \$1,222,968

LINE 4B - REPRESENTS RETURNED GRANTS OF 751,581

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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	0.	0.	GRANTMAKING		3,085,492.
(2) EUROPE	0.	0.	GRANTMAKING		24,841,325.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		1,291,738.
(4) NORTH AMERICA	0.	0.	GRANTMAKING		3,287,491.
(5) SOUTH AMERICA	0.	0.	GRANTMAKING		264,700.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					32,770,746.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					32,770,746.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	199,100.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	22,891.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	48,505.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	25,597.	WIRE			
(5)			NORTH AMERICA	PARKINSON'S	254,355.	WIRE			
(6)			SOUTH AMERICA	PARKINSON'S	50,000.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	83,323.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	328,234.	WIRE			
(9)			EAST ASIA/PACIFIC	PARKINSON'S	14,998.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	28,750.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	30,251.	WIRE			
(12)			NORTH AMERICA	PARKINSON'S	300,200.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	119,059.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	40,000.	WIRE			
(15)			EAST ASIA/PACIFIC	PARKINSON'S	518,255.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	232,912.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	23,250.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	76,588.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	46,614.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	47,600.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	100,624.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	108,797.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	134,734.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	6,119.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	89,266.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	312,500.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	307,445.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	7,500.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	248,357.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	38,837.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	193,900.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	11,222.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	29,232.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	34,708.	WIRE			
(3)			NORTH AMERICA	PARKINSON'S	124,085.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	223,287.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	256,060.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	8,922.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	164,748.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	197,909.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	304,636.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	110,000.	WIRE			
(11)			NORTH AMERICA	PARKINSON'S	74,702.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	900,990.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	104,390.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	59,344.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	45,314.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	7,858.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PARKINSON'S	539,640.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,118,914.	WIRE			
(3)			EAST ASIA/PACIFIC	PARKINSON'S	120,825.	WIRE			
(4)			NORTH AMERICA	PARKINSON'S	160,898.	WIRE			
(5)			EAST ASIA/PACIFIC	PARKINSON'S	17,190.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	67,571.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	393,275.	WIRE			
(8)			NORTH AMERICA	PARKINSON'S	13,750.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	122,500.	WIRE			
(10)			NORTH AMERICA	PARKINSON'S	87,055.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	117,364.	WIRE			
(12)			NORTH AMERICA	PARKINSON'S	221,119.	WIRE			
(13)			NORTH AMERICA	PARKINSON'S	45,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	16,875.	WIRE			
(15)			EAST ASIA/PACIFIC	PARKINSON'S	348,080.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	154,664.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	406,984.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	148,297.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	188,307.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	123,726.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	195,861.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	40,000.	WIRE			
(7)			NORTH AMERICA	PARKINSON'S	213,156.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	11,406.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	829,301.	WIRE			
(10)			NORTH AMERICA	PARKINSON'S	65,011.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	122,741.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	100,000.	WIRE			
(13)			NORTH AMERICA	PARKINSON'S	17,769.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	58,885.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	8,731.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	70,000.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PARKINSON'S	97,849.	WIRE			
(2)			NORTH AMERICA	PARKINSON'S	130,019.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	154,242.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	116,006.	WIRE			
(5)			NORTH AMERICA	PARKINSON'S	55,833.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	632,171.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	98,990.	WIRE			
(8)			EAST ASIA/PACIFIC	PARKINSON'S	242,917.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	297,424.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	83,719.	WIRE			
(11)			NORTH AMERICA	PARKINSON'S	49,998.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	290,128.	WIRE			
(13)			EAST ASIA/PACIFIC	PARKINSON'S	34,757.	WIRE			
(14)			EAST ASIA/PACIFIC	PARKINSON'S	45,234.	WIRE			
(15)			NORTH AMERICA	PARKINSON'S	75,000.	WIRE			
(16)			NORTH AMERICA	PARKINSON'S	245,876.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	112,682.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	42,203.	WIRE			
(3)			SOUTH AMERICA	PARKINSON'S	95,949.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	192,087.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	43,266.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,380,373.	WIRE			
(7)			NORTH AMERICA	PARKINSON'S	505,509.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	77,461.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	206,788.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	12,472.	WIRE			
(11)			EAST ASIA/PACIFIC	PARKINSON'S	100,764.	WIRE			
(12)			NORTH AMERICA	PARKINSON'S	141,500.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	121,733.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	77,813.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	792,988.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	50,023.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	144,285.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	99,375.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	6,875.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	18,750.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	559,728.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	50,233.	WIRE			
(7)			EAST ASIA/PACIFIC	PARKINSON'S	130,408.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	48,001.	WIRE			
(9)			NORTH AMERICA	PARKINSON'S	77,460.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	65,659.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	378,139.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	104,046.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	102,406.	WIRE			
(14)			EAST ASIA/PACIFIC	PARKINSON'S	60,998.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	54,237.	WIRE			
(16)			NORTH AMERICA	PARKINSON'S	75,241.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	275,158.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	242,776.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	235,661.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	250,798.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	30,953.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	101,521.	WIRE			
(7)			NORTH AMERICA	PARKINSON'S	26,725.	WIRE			
(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 **127.**

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN GRANTEEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. PROGRESS IS VERIFIED BEFORE ADDITIONAL PAYMENTS ARE MADE.

SCHEDULE F - PART I, LINE 3, COLUMN (F)

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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					4,730,353.	65,000.	4,665,353.

- 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, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, 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	4,868,303.	1,384,527.	261,450.	6,514,280.
	2 Less: Contributions	3,959,439.	1,185,828.	229,816.	5,375,083.
	3 Gross income (line 1 minus line 2)	908,864.	198,699.	31,634.	1,139,197.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	399,162.	162,612.	15,353.	577,127.
	7 Food and beverages				
	8 Entertainment	44,530.			44,530.
	9 Other direct expenses	465,172.	36,087.	16,281.	517,540.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,139,197.
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: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
EVENT ASSOCIATES, INC. 162 WEST 56TH STREET, STE 405 NEW YORK NY 10019	EVENT STRATEGY		X	4,730,353.	65,000.	4,665,353.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) 21ST CENTURY 260 CEDAR HILL STREET	56-2352282	PUBLIC SECTOR	6,164.				PARKINSON'S RESEARCH
(2) 23ANDME, INC. 1390 SHOREBIRD WAY MOUNTAINVIEW, CA 94043	20-4857371	PUBLIC SECTOR	2,193,740.				PARKINSON'S RESEARCH
(3) ABCAM ONE KENDALL SQUARE CAMBRIDGE, MA 02139-0000	98-0487031	PUBLIC SECTOR	509,710.				PARKINSON'S RESEARCH
(4) ADVARRA/ QUORUM REVIEW PO BOX 84572 SEATTLE, WA 98124-5872	31-1358981	PUBLIC SECTOR	7,030.				PARKINSON'S RESEARCH
(5) ALTURA 25950 ACERO #260 MISSION VIEJO, CA 92691	33-0920460	PUBLIC SECTOR	25,262.				PARKINSON'S RESEARCH
(6) AMAZON WEB SERVICES LLC 410 TERRY AVENUE NORTH SEATTLE, WA 98109	20-4938068	PUBLIC SECTOR	28,442.				PARKINSON'S RESEARCH
(7) AMPRION 149 NEW MONTGOMERY STREET, 4TH FLOOR	26-1195143	PUBLIC SECTOR	173,028.				PARKINSON'S RESEARCH
(8) AN2H DISCOVERY 1430 BROADWAY SUITE1208 NEW YORK, NY 10018	47-1613921	PUBLIC SECTOR	118,505.				PARKINSON'S RESEARCH
(9) ARIZONA STATE UNIVERSITY TEMPE, ARIZONA 85287 TEMPE, AZ 85287	86-0196696	501(C) 3	513,777.				PARKINSON'S RESEARCH
(10) BANNER HEALTH INSTITUTE 2901 N CENTRAL AVE, SUITE 160	45-0233470	501(C) 3	19,188.				PARKINSON'S RESEARCH
(11) BANNER SUN HEALTH RESEARCH INSTITUTE 2901 N CENTRAL AVE, SUITE 160	45-0233470	501(C) 3	42,814.				PARKINSON'S RESEARCH
(12) BARROW NEUROLOGICAL INSTITUTE 350 WEST THOMAS ROAD PHOENIX, AZ 85013	65-1205795	PUBLIC SECTOR	246,893.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)3	50,381.				PARKINSON'S RESEARCH
(2) BAYLOR MIRACA GENETICS LABORATORIES PO BOX 847228 DALLAS, TX 75284	74-1613878	501(C)3	475,165.				PARKINSON'S RESEARCH
(3) BEAUMONT HEALTH 159 MARGARET ST PLATTSBURGH, NY 12901	46-5718220	501(C)3	100,000.				PARKINSON'S RESEARCH
(4) BIOLEGEND 8999 BIOLEGEND WAY SAN DIEGO, CA 92121	73-1647967	PUBLIC SECTOR	199,375.				PARKINSON'S RESEARCH
(5) BLACKFYNN, INC. 123 N 3RD ST 2ND FLOOR	47-3043147	PUBLIC SECTOR	1,094,367.				PARKINSON'S RESEARCH
(6) BRANDEIS UNIVERSITY 60 TURNER STREET, MS-110	04-2103552	501(C)3	111,909.				PARKINSON'S RESEARCH
(7) BRIGHAM & WOMEN'S HOSPITAL 4 BLACKFAN CIRCLE, ROOM 542, HIM BUILDING	04-2312909	501(C)3	627,858.				PARKINSON'S RESEARCH
(8) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-6006144	501(C)3	110,000.				PARKINSON'S RESEARCH
(9) CARNEGIE MELLON UNIVERSITY 4400 FIFTH AVE PITTSBURGH, PA 15213	25-0969449	501(C)3	159,764.				PARKINSON'S RESEARCH
(10) CASMA THERAPEUTICS 38 SIDNEY STREET, SUITE 200	82-0726146	PUBLIC SECTOR	84,120.				PARKINSON'S RESEARCH
(11) CHARLES RIVER LABORATORIES 251 BALLARDVALE ST	98-0636737	PUBLIC SECTOR	171,229.				PARKINSON'S RESEARCH
(12) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115-0000	04-2774441	501(C)3	6,000.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)3	39,000.				PARKINSON'S RESEARCH
(2) CLEARDATA NETWORKS, INC. 522 CONGRESS AVE. AUSTIN, TX 78801	27-0574916	PUBLIC SECTOR	11,250.				PARKINSON'S RESEARCH
(3) CLEVELAND CLINIC 9500 EUCLID AVE. MAIL CODE U2	34-0714585	501(C)3	343,793.				PARKINSON'S RESEARCH
(4) CLOVER THERAPEUTICS 22 4TH ST, 6F SAN FRANCISCO, CA 94103	38-3889370	PUBLIC SECTOR	10,000.				PARKINSON'S RESEARCH
(5) COHEN VETERANS BIOSCIENCE 1 BROADWAY 14TH FLOOR	47-1981973	501(C)3	342,731.				PARKINSON'S RESEARCH
(6) COLUMBIA UNIVERSITY 630 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)3	700,627.				PARKINSON'S RESEARCH
(7) COVANCE CENTRAL LABORATORY SERVICES PO BOX 820824 PHILADELPHIA, PA 19182	22-3265977	PUBLIC SECTOR	1,049,083.				PARKINSON'S RESEARCH
(8) CURAX THERAPEUTICS CORPORATION 443 TENNYSON AVE PALO ALTO, CA 94301	83-4462277	501(C)3	450,000.				PARKINSON'S RESEARCH
(9) DELOITTE CONSULTING LLP 1919 N. LYNN ST. ARLINGTON, VA 22209	06-1454513	PUBLIC SECTOR	154,002.				PARKINSON'S RESEARCH
(10) DUKE UNIVERSITY 304 RESEARCH DRIVE, 4TH FLOOR	56-0532129	501(C)3	448,012.				PARKINSON'S RESEARCH
(11) EMORY UNIVERSITY 615 MICHAEL ST. ATLANTA, GA 30322	58-0566256	501(C)3	50,168.				PARKINSON'S RESEARCH
(12) ERISYON INC 6101 HIGHLAND CAMPUS DR., BLDG 4000 SUITE 2	82-4749978	PUBLIC SECTOR	188,720.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH 11400 ROCKVILLE PIKE, SUITE 600	52-1986675	501(C)3	1,784,731.				PARKINSON'S RESEARCH
(2) FULGENT GENETICS 4978 SANTA ANITA AVE, SUITE 205	81-2621304	PUBLIC SECTOR	500,000.				PARKINSON'S RESEARCH
(3) GEORGIA INSTITUTE OF TECHNOLOGY 901 ATLANTIC DR. NW ATLANTA, GA 30332	58-2374837	501(C)3	168,120.				PARKINSON'S RESEARCH
(4) GLORIANA THERAPEUTICS 103 FRANKLYN ST WARREN, RI 02885-0000	45-2455737	PUBLIC SECTOR	50,000.				PARKINSON'S RESEARCH
(5) GREENPHIRE 1018 W. 9TH AVE., SUITE 200	26-4311202	PUBLIC SECTOR	4,157,240.				PARKINSON'S RESEARCH
(6) GREY MATTER TECHNOLOGIES, LLC 1990 MAIN STREET, SUITE 750	81-5140046	PUBLIC SECTOR	87,990.				PARKINSON'S RESEARCH
(7) HARVARD UNIVERSITY 25 SHATTACK STREET BOSTON, MA 02115-0000	04-2103580	501(C)3	35,011.				PARKINSON'S RESEARCH
(8) HOUSTON METHODIST RESEARCH INSTITUTE 6565 FANNIN STREET HOUSTON, TX 77030	87-0721923	501(C)3	92,888.				PARKINSON'S RESEARCH
(9) ICAHN SCHOOL OF MEDICINE, MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	1,284,481.				PARKINSON'S RESEARCH
(10) ILLUMINA, INC. 5200 ILLUMINA WAY SAN DIEGO, CA 92122	33-0804655	501(C)3	5,000,000.				PARKINSON'S RESEARCH
(11) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 509 EAST	35-6001673	501(C)3	3,926,865.				PARKINSON'S RESEARCH
(12) INDIANA UNIVERSITY SCHOOL OF MEDICINE 980 INDIANA AVENUE, LOCKEFIELD ROOM 2232	35-6001673	501(C)3	153,520.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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(1) INTERNATIONAL PARKINSON AND MOVEMENT DISORD 555 EAST WELLS STREET, SUITE 1100	06-1263827	PUBLIC SECTOR	145,585.				PARKINSON'S RESEARCH
(2) INVICRO, LLC 60 TEMPLE ST. NEW HAVEN, CT 06510-0000	26-3404955	501(C)3	45,314.				PARKINSON'S RESEARCH
(3) IOWA STATE UNIVERSITY 2221 WANDA DALEY DR AMES, IA 50011	42-6004224	501(C)3	58,073.				PARKINSON'S RESEARCH
(4) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)3	887,405.				PARKINSON'S RESEARCH
(5) KAVEH SADEGHIAN 1629 CO9LUMBIA ROAD NW	81-5051552	PUBLIC SECTOR	9,255.				PARKINSON'S RESEARCH
(6) LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLO 9420 ATHENA CIRCLE LA JOLLA, CA 92037	33-0328688	501(C)3	142,215.				PARKINSON'S RESEARCH
(7) LONGEVITY BIOTECH, INC 3624 MARKET ST, SUITE 300	27-2351016	PUBLIC SECTOR	50,042.				PARKINSON'S RESEARCH
(8) LOYOLA UNIVERSITY CHICAGO 2160 S. FIRST AVENUE, BLG 115, ROOM 235	36-1408475	501(C)3	266,811.				PARKINSON'S RESEARCH
(9) LYRID LLC 2056 AMHERST DRIVE SOUTH PASADENA, CA 91030	47-2520966	PUBLIC SECTOR	70,566.				PARKINSON'S RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114-0000	04-2697983	501(C)3	503,851.				PARKINSON'S RESEARCH
(11) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 255 MAIN ST. CAMBRIDGE, MA 02142-0000	04-2103594	501(C)3	37,860.				PARKINSON'S RESEARCH
(12) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	244,319.				PARKINSON'S RESEARCH

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(1) MEDCHEM IMAGING LLC C/O INVICRO, LLC 27 DRYDOCK AVENUE, 7TH FLO	47-1925477	PUBLIC SECTOR	200,000.				PARKINSON'S RESEARCH
(2) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2	38-6005984	501(C)3	26,168.				PARKINSON'S RESEARCH
(3) MITOKININ, LLC 953 INDIANA ST. SAN FRANCISCO, CALIFORNIA 9	46-1452912	PUBLIC SECTOR	200,000.				PARKINSON'S RESEARCH
(4) MONDO ROBOT 5445 CONESTOGA COURT, STE 200	56-2566768	PUBLIC SECTOR	162,620.				PARKINSON'S RESEARCH
(5) MOUNT SINAI MEDICAL CENTER 168 CENTRE ST NEW YORK, NY 10013	13-1624096	501(C)3	9,755.				PARKINSON'S RESEARCH
(6) MPI RESEARCH 54943 NORTH MAIN ST MATTAWAN, MI 49071	38-3400587	PUBLIC SECTOR	30,104.				PARKINSON'S RESEARCH
(7) NATIONAL HUMAN GENOME RESEARCH INSTITUTE (N 35A CONVENT DR., BUILDING 35A, ROOM 1E623	52-0858115	501(C)3	133,500.				PARKINSON'S RESEARCH
(8) NATIONAL INSTITUTE OF NEUROLOGICAL DISORDER P.O. BOX 5801 BETHESDA, MD 20824	52-0858115	501(C)3	98,114.				PARKINSON'S RESEARCH
(9) NATIONAL INSTITUTE ON AGING (NIH) 31 CENTER DRIVE, MSC 2292 BUILDING 31, ROOM	52-2038294	501(C)3	12,936.				PARKINSON'S RESEARCH
(10) NEURAL STEM CELL INSTITUTE 1 DISCOVERY DRIVE RENSSELAER, NY 12144	20-3654626	501(C)3	27,486.				PARKINSON'S RESEARCH
(11) NEUROSCIENCE ASSOCIATES, INC 10915 LAKE RIDGE DRIVE KNOXVILLE, TN 37934	62-1540123	501(C)3	148,297.				PARKINSON'S RESEARCH
(12) NEW ENGLAND INDEPENDENT REVIEW BOARD, LLC 197 FIRST AVENUE NEEDHAM, MA 02494-0000	30-0717648	PUBLIC SECTOR	33,529.				PARKINSON'S RESEARCH

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(1) NEW JERSEY MEDICAL SCHOOL RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	46-2354111	501(C) 3	153,547.				PARKINSON'S RESEARCH
(2) NEW YORK UNIVERSITY 240 EAST 38TH STREET, 20TH FLOOR	13-5562308	501(C) 3	76,443.				PARKINSON'S RESEARCH
(3) NEXTCEA 600 WEST CUMMINGS PARK, SUITE 6375	20-5963654	PUBLIC SECTOR	375,750.				PARKINSON'S RESEARCH
(4) NORTHWESTERN UNIVERSITY 633 CLARK STREET CHICAGO, IL 60208	36-2167817	501(C) 3	719,219.				PARKINSON'S RESEARCH
(5) OHIO STATE UNIVERSITY 516 ATWELL HALL, 453 WEST 10TH AVE.	31-1145986	501(C) 3	83,805.				PARKINSON'S RESEARCH
(6) OLARIS, INC 99 GRAYMORE RD. WALTHAM, MA 02451-0000	46-4684645	PUBLIC SECTOR	106,013.				PARKINSON'S RESEARCH
(7) OREGON HEALTH & SCIENCE UNIVERSITY 3181 S.W. SAM JACKSON PARK ROAD	93-1176109	501(C) 3	8,550.				PARKINSON'S RESEARCH
(8) PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE, H138	24-6000376	501(C) 3	266,425.				PARKINSON'S RESEARCH
(9) PHD TAKEDA PHARMACEUTICALS LTD. ONE TAKEDA PARKWAY DEERFIELD, IL 60015	13-4013710	PUBLIC SECTOR	287,133.				PARKINSON'S RESEARCH
(10) PHILADELPHIA VA MEDICAL CENTER 3900 WOODLAND AVE, MS 151	23-3066002	501(C) 3	116,576.				PARKINSON'S RESEARCH
(11) PORTLAND VA MEDICAL CENTER 153A COUNTRY CLUB ROAD	56-6001393	501(C) 3	12,298.				PARKINSON'S RESEARCH
(12) PRAIRE VIEW A&M UNIVERSITY ROY G. PERRY COLLEGE OF ENGINEERING	26-0069252	501(C) 3	18,749.				PARKINSON'S RESEARCH

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(1) PROTEOS 4717 CAMPUS DRIVE KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	21,055.				PARKINSON'S RESEARCH
(2) PURDUE UNIVERSITY 715 CLINIC DR. WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	8,156.				PARKINSON'S RESEARCH
(3) QUANTERIX 113 HARTWELL AVENUE	20-8957988	PUBLIC SECTOR	44,296.				PARKINSON'S RESEARCH
(4) QUANTUM DIAMOND TECHNOLOGIES INC 28 DANE STREET SOMERVILLE, MA 02143-0000	07-8474093	PUBLIC SECTOR	240,497.				PARKINSON'S RESEARCH
(5) RANCHO BIOSCIENCES, LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	29,970.				PARKINSON'S RESEARCH
(6) RHEOSTAT THERAPEUTICS BUILDING 1400 WEST, SUITE 306	82-4625270	PUBLIC SECTOR	112,947.				PARKINSON'S RESEARCH
(7) RICLAB LLC 1650 CASA GRANDE STREET PASADENA, CA 91104	30-1116423	PUBLIC SECTOR	70,489.				PARKINSON'S RESEARCH
(8) RUSH UNIVERSITY 600 S. PAULINA, SUITE 1022F ARMOUR ACADEMIC	36-2174823	501(C)3	26,205.				PARKINSON'S RESEARCH
(9) RUSH UNIVERSITY MEDICAL CENTER 600 S. PAULINA, SUITE 1022F ARMOUR ACADEMIC	36-2174823	501(C)3	245,864.				PARKINSON'S RESEARCH
(10) RUTGERS ROBERT WOOD JOHNSON MED SCHOOL 675 HOES LANE WEST	61-7022384	501(C)3	25,723.				PARKINSON'S RESEARCH
(11) RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL 675 HOES LANE WEST	61-7022384	501(C)3	30,000.				PARKINSON'S RESEARCH
(12) SAGE BIONETWORKS 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	26-4489946	501(C)3	188,525.				PARKINSON'S RESEARCH

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(1) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY IN 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	71-6064033	501(C)3	163,988.				PARKINSON'S RESEARCH
(2) SENSONICS, INC P.O. BOX 112 HADDON HEIGHTS, NJ 08035-0000	23-2225611	PUBLIC SECTOR	117,666.				PARKINSON'S RESEARCH
(3) SENSORIA HEALTH INC. 16225 NE 87TH STREET, LAB A 10	82-3150893	PUBLIC SECTOR	25,493.				PARKINSON'S RESEARCH
(4) SHIRLEY RYAN ABILITYLAB 355 EAST ERIE CHICAGO, IL 60611	36-2256036	501(C)3	254,884.				PARKINSON'S RESEARCH
(5) SINOPIA BIOSCIENCES 3210 MERRYFIELD ROW SAN DIEGO, CA 92121	46-1175306	PUBLIC SECTOR	444,250.				PARKINSON'S RESEARCH
(6) SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVENUE SOUTH P.O. BOX 55305	63-0288868	501(C)3	14,378.				PARKINSON'S RESEARCH
(7) SPAULDING REHABILITATION HOSPITAL 101 HUNTINGTON AVE, SUITE 300	04-2551124	501(C)3	34,328.				PARKINSON'S RESEARCH
(8) STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX 44253 3440 WALN	94-1156365	501(C)3	916,666.				PARKINSON'S RESEARCH
(9) SUNY DOWNSTATE MEDICAL CENTER 450 CLARKSON AVE BROOKLYN, NY 11203	14-1368361	501(C)3	148,811.				PARKINSON'S RESEARCH
(10) TACONIC 1 DISCOVERY DRIVE, SUITE 304	33-0675808	PUBLIC SECTOR	71,497.				PARKINSON'S RESEARCH
(11) TEMPLE UNIVERSITY 1801 N BROAD ST PHILADELPHIA, PA 19122	23-1365971	501(C)3	73,232.				PARKINSON'S RESEARCH
(12) TGEN FOUNDATION 445 N. FIFTH STREET, SUITE 1650	33-1092191	501(C)3	62,500.				PARKINSON'S RESEARCH

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(1) THE CURRY ROCKEFELLER GROUP 660 WHITE PLAINS ROAD, SUITE 150	13-4168454	PUBLIC SECTOR	15,328.				PARKINSON'S RESEARCH
(2) THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARC 350 COMMUNITY DRIVE MANHASSET, NY 11030	11-2673595	501(C)3	75,018.				PARKINSON'S RESEARCH
(3) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501(C)3	4,687,730.				PARKINSON'S RESEARCH
(4) THE J. DAVID GLADSTONE INSTITUTES SAN FRANCISCO, CALIFORNIA 94158	23-7203666	501(C)3	267,439.				PARKINSON'S RESEARCH
(5) THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609-0000	01-0211513	PUBLIC SECTOR	37,500.				PARKINSON'S RESEARCH
(6) THE LEWIN GROUP 3430 FAIRVIEW PARK DR.	56-1970224	PUBLIC SECTOR	19,796.				PARKINSON'S RESEARCH
(7) THE PARKINSON'S FOUNDATION 1359 BROADWAY, SUITE 1509	13-1866796	501(C)3	50,000.				PARKINSON'S RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1111 FRANKLIN ST., 12TH FLOOR	94-6036493	501(C)3	42,991.				PARKINSON'S RESEARCH
(9) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, TPC-16	33-0435954	501(C)3	280,964.				PARKINSON'S RESEARCH
(10) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVA 3600 MARKET STREET, SUITE 380	23-1352685	501(C)3	1,239,669.				PARKINSON'S RESEARCH
(11) THOMAS JEFFERSON UNIVERSITY SENEB BIOSCIENCES 3805 OLD EASTON ROAD	23-1352651	501(C)3	101,113.				PARKINSON'S RESEARCH
(12) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N. FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)3	70,834.				PARKINSON'S RESEARCH

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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 noncash assistance	(h) Purpose of grant or assistance
(1) TYMORA ANALYTICAL OPERATIONS 1201 CUMBERLAND AVE	96-5433258	PUBLIC SECTOR	60,562.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF ALABAMA, BIRMINGHAM 1720 UNIVERSITY BLVD BIRMINGHAM, AL 35294	63-6005396	501(C)3	357,013.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF CALIFORNIA, LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501(C)3	302,513.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093	95-2544535	501(C)3	636,768.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1701 DIVISADERO ST SAN FRANCISCO, CA 94115	94-6036493	501(C)3	786,154.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45221	31-6000989	501(C)3	65,431.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF COLORADO DENVER 1201 LARIMER ST DENVER, CO 80204	84-6000555	501(C)3	80,979.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF FLORIDA 3450 HULL ROAD, 4TH FLOOR	59-6002052	501(C)3	222,847.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF GEORGIA 901 ATLANTIC DR. NW ATLANTA, GA 30332	58-2374837	501(C)3	68,119.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF IOWA 2450 UNIVERSITY CAPITOL CENTER	42-6004813	501(C)3	415,166.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF MARYLAND 620 W LEXINGTON ST BALTIMORE, MD 21201	52-6002033	501(C)3	110,229.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET	38-6006309	501(C)3	191,590.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER	47-0049123	501(C) 3	65,000.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL 153A COUNTRY CLUB ROAD	56-6001393	501(C) 3	297,002.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF NORTH TEXAS 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	71-6064033	501(C) 3	647,810.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CE 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	71-6064033	501(C) 3	286,250.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF PITTSBURGH 3471 FIFTH AVE, SUITE 810	25-0965591	501(C) 3	781,209.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF ROCHESTER CENTER FOR NEUROTHERAPEUTICS DISCOVERY 601	26-3800000	501(C) 3	1,047,264.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF ROCHESTER BROOKS LANDING BUSINESS CENTER 910 GENESEE	16-0743209	501(C) 3	113,080.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF SOUTH FLORIDA 4001 E. FLETCHER AVE, 6TH FLOOR	59-3102112	501(C) 3	56,067.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF SOUTHERN CALIFORNIA USC INSTITUTE FOR NEUROIMAGING AND INFORMAT	95-1642394	501(C) 3	2,479,834.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, 7000 FANNIN, UCT 1006 HOUSTON, TX 77030	74-1761309	501(C) 3	102,765.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE, RM 145	87-6000525	501(C) 3	33,123.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF WASHINGTON 1660 S. COLUMBIAN WAY (GRECC)	91-6001537	501(C) 3	180,712.				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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) VAN ANDEL RESEARCH INSTITUTE CENTER FOR NEURODEGENERATIVE SCIENCE 333 BO	52-2000823	501(C)3	192,707.				PARKINSON'S RESEARCH
(2) VINCERE BIOSCIENCES, INC 45 PROSPECT STREET CAMBRIDGE, MA 02139-0000	83-1250020	PUBLIC SECTOR	399,086.				PARKINSON'S RESEARCH
(3) VIRGINIA COMMONWEALTH UNIVERSITY VIRGINIA COMMONWEALTH UNIVERSITY	54-6001758	501(C)3	380,020.				PARKINSON'S RESEARCH
(4) VIVREON BIOSCIENCES LLC 4940 CARROLL CANYON RD. SUITE 110	47-1040342	PUBLIC SECTOR	22,390.				PARKINSON'S RESEARCH
(5) WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130-4862	43-0653611	501(C)3	68,466.				PARKINSON'S RESEARCH
(6) WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)3	253,032.				PARKINSON'S RESEARCH
(7) WIRB-COPERNICUS GROUP, INC. 212 CARNEGIE CENTER, SUITE 301	47-1832080	PUBLIC SECTOR	137,181.				PARKINSON'S RESEARCH
(8) YALE UNIVERSITY 34 PARK ST., BLDG: CMHC, RM. W306	06-0646973	501(C)3	140,218.				PARKINSON'S RESEARCH
(9) YESSE TECHNOLOGIES, INC 430 E. 29TH STREET, 1 4TH FLOOR	82-3885964	PUBLIC SECTOR	152,756.				PARKINSON'S RESEARCH
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 153.

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) (2019)

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.

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

2019

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 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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	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) 2019

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 CEO	(i)	389,827.	450,000.	0.	16,800.	10,653.	867,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DEBORAH W. BROOKS CO-FOUNDER & EXEC. VICE CHAIR	(i)	394,800.	500,000.	0.	16,800.	5,680.	917,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SOHINI CHOWDHURY DEPUTY CEO	(i)	296,770.	125,000.	0.	16,800.	3,590.	442,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 WILLIAM FOWLER SVP, STRAT, FIN & OPERATIONS	(i)	214,369.	0.	0.	13,216.	5,895.	233,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 BRIAN K. FISKE SVP, RESEARCH PROGRAMS	(i)	235,839.	65,000.	0.	16,800.	299.	317,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARK A. FRASIER SVP, RESEARCH PROGRAMS	(i)	233,082.	55,000.	0.	16,800.	19.	304,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HOLLY TEICHHOLTZ SVP, COMM & CONTENT STRATEGIES	(i)	225,377.	55,000.	0.	16,800.	254.	297,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 EMILY MOYER THRU 12/18/ SVP, MARKETING & DIGITAL STRAT	(i)	221,541.	50,000.	0.	16,639.	220.	288,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RACHEL DOLHUN VP, MEDICAL COMMUNICATIONS	(i)	212,774.	35,000.	0.	15,015.	1,460.	264,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

DETERMINATION OF COMPENSATION FOR OFFICERS

SCHEDULE J, PART I, QUESTION 3

COMPENSATION DETERMINATION:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

COMPENSATION OF KEY EMPLOYEES ANNUALLY.

SCHEDULE J, PART I, QUESTION 7

THE BOARD OF TRUSTEES AND COMPENSATION COMMITTEE APPROVED NONFIXED BONUS

PAYMENTS FOR LISTED EMPLOYEES DURING 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

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

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	189.	73,557,879.	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.		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Employer identification number
13-4141945

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

ORGANIZATION'S MISSION

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 FOUNDATION IS THE WORLD'S LARGEST NOT-FOR-PROFIT FUNDER OF PARKINSON'S RESEARCH. IT IS DEDICATED TO ACCELERATING A CURE AND IMPROVED THERAPIES FOR THE ESTIMATED SIX MILLION PEOPLE WORLDWIDE LIVING WITH PARKINSON'S DISEASE TODAY. THE FOUNDATION PURSUES ITS GOALS THROUGH AN AGGRESSIVELY FUNDED, HIGHLY TARGETED RESEARCH PROGRAM, COUPLED WITH THE ACTIVE GLOBAL ENGAGEMENT OF SCIENTISTS, PARKINSON'S PATIENTS AND CARE PARTNERS, BUSINESS LEADERS, CLINICAL-TRIAL PARTICIPANTS AND DONORS.

IN ADDITION TO FUNDING MORE THAN \$900,000,000 IN RESEARCH PROGRAMS THROUGH THE END OF DECEMBER 31, 2019, THE FOUNDATION HAS FUNDAMENTALLY ALTERED THE TRAJECTORY OF PROGRESS TOWARD A CURE. POSITIONED AT THE GLOBAL HUB OF PARKINSON'S RESEARCH, THE FOUNDATION: (I) FORGES GROUNDBREAKING COLLABORATIONS WITH INDUSTRY LEADERS, ACADEMIC SCIENTISTS AND GOVERNMENT RESEARCH FUNDERS; (II) LEVERAGES NEW TECHNOLOGIES TO AMPLIFY THE PATIENT VOICE IN PARKINSON'S RESEARCH; (III) MOBILIZES PATIENTS AND LOVED ONES TO INCREASE THE FLOW OF PARTICIPANTS INTO

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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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 EMERGING TARGETS WITH THE BEST CHANCE OF STOPPING OR SLOWING PARKINSON'S DISEASE PROGRESSION, AS WELL AS BY ADDRESSING PATIENTS' UNMET SYMPTOMATIC NEEDS. TO DATE, THE FOUNDATION HAS EVALUATED WORK ON MORE THAN 600 THERAPEUTIC TARGETS, AND HAS SUPPORTED MORE THAN 125 CLINICAL TRIALS.

FORM 990, PART VI, SECTION A, QUESTION 4

DURING 2019, THE FOUNDATION UPDATED ITS BY-LAWS TO REVISE THE CORPORATE LIMITS OF AUTHORITY.

PART VI, SECTION B, 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

PART VI, SECTION B, LINE 11B

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.

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING:

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

PART VI, SECTION B, LINE 15A & 15B

PROCESS FOR DETERMINING COMPENSATION:

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

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE CONSOLIDATED 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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PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$ 173,919
RETURNED GRANTS	751,581

	\$ 925,500

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>
SUPERUNION 114 5TH AVE, 17TH FLOOR NEW YORK, NY 10011	MARKETING	487,621.
ESRT WEST 34TH STREET, LP 111 WEST 33RD ST, 12TH FL NEW YORK, NY 10120	RENT	5,368,686.
ASHLEY ISER 372 FIFTH AVENUE #3E NEW YORK, NY 10019-6028	PRODUCTION	189,688.

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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ATTACHMENT 2 (CONT'D)

990, 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	208,000.
BRAND UNION COMPANY 3 COLUMBUS CIRCLE NEW YORK, NY 10019	ADVERTISING	407,162.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

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

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

(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			MJFF (US)		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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.

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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