Forn	_	90	Return of Organization Exempt From I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e ► Do not enter Social Security numbers on this form as it may	xcept	private foundati	ons)	0MB No. 1545-0047 20 19 Open to Public
		if the Treasur nue Service	Information about Form 990 and its instructions is at www.it	s.gov/l	form990.		Inspection
AF	or the	e 2019 ca	alendar year, or tax year beginning , 2019, and endin	g			, 20
_			lame of organization THE MICHAEL J. FOX FOUNDATION		D Employer ide	ntificat	ion number
Вс	leck if app	plicable:	FOR PARKINSON'S RESEARCH				
	Addres change	<u>م</u> ل	Doing Business As		13-4141		
	Name	ononge	lumber and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nu		0 F
	initial d	1 V Lenti	GRAND CENTRAL STA PO BOX 4777		(212) 509	1-09	95
	Termin		City or town, state or province, country, and ZIP or foreign postal code		C. Casas masini		246,800,009.
	Amond return		NEW YORK, NY 10163 Vame and address of principal officer: TODD SHERER		G Gross receipt H(a) is this a grou		
L	Applics pendin	na	Name and address of principal officer: TODD SHERER GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY 10163		subordinates7 H(b) Are all subordin		
	~						see instructions)
_		empt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52 W.MICHAELJFOX.ORG	<u>.</u>	H(c) Group exemp	-	
_			on: X Corporation Trust Association Other ► L Year o	f format	ion: 2000 M s		
	art I	Summ	arv		· · · · · · · · · · · · · · · · · · ·		
	1	Briefly de	scribe the organization's mission or most significant activities: THE FOUNDATIO	N IS	DEDICATEI) TO	FINDING A
ð		CURE 1	FOR PARKINSON'S DISEASE THROUGH AN AGGRESSIVELY FUN	DED	RESEARCH		
anc		AGEND					
/ern	2	Check thi	s box b if the organization discontinued its operations or disposed of more that	an 25%	of its net assets		
ő			of voting members of the governing body (Part VI, line 1a)			3	43.
න්	4	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	43.
itie	5	Total nun	ber of individuals employed in calendar year 2019 (Part V, line 2a)			5	190.
Activities & Governance			ber of volunteers (estimate if necessary)			6	20.
Ā			elated business revenue from Part VIII, column (C), line 12		· · · <i>· ·</i> · · · ·	7a	-8,419.
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u></u>		7b	- 19 , 157 . Current Year
					Prior Year	<u></u>	157,689,137.
e			ions and grants (Part VIII, line 1h)		21,421,37	0.	121,600,131.
Revenue			service revenue (Part VIII, line 2g)		1,079,35		1,850,597.
Re			nt income (Part VIII, column (A), lines 3, 4, and 7d)		-58,31		2,153,753.
	1 · ·		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	22,442,41		161,693,487.
	1	~ ~ ~	nd similar amounts paid (Part IX, column (A), lines 1-3)		88,593,85		96,609,120.
			baid to or for members (Part IX, column (A), line 4)			Ó.	0.
in			other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,007,47	0.	22,142,522.
nses			nal fundraising fees (Part IX, column (A), line 11e)		65,00	0.	65,000.
Expen:	b		draising expenses (Part IX, column (D), line 25) ▶ 14, 121, 150.				
Ű	17		benses (Part IX, column (A), lines 11a-11d, 11f-24e)		17,843,47		19,864,277.
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	26,509,79		138,680,919.
	19	Revenue	less expenses. Subtract line 18 from line 12		-4,067,38	5.	23,012,568.
Net Assets or Fund Balances					ning of Current Y		End of Year
set	20		ets (Part X, line 16)		54,388,21		191,630,286.
d B B	21		llities (Part X, line 26)		.04,409,32		117,705,686.
			s or fund balances. Subtract line 21 from line 20		49,978,89	4.	73,924,600.
Pa	rt II		ture Block erjury, I declare that I have examined this return, including accompanying schedules and state	monte a	and to the hert of	my ka	owledge and helief it is
Unitrue	der pen e, corre	ct, and con	arjury, I declare that I have examined this feturit, including accompanying schedules and state indete. Declaration of preparer (other than officer) is based on all information of which preparer ha	is any kr	nowledge.		
			11		085	11 7	1110
Sig	n		hature of officer		Date	·~ /	
He		1. 1	Villiam Fowler. SUP + Assistant Treasure				
		╞╋	e or print name and title				·
			e preparer's name Preparer's signature Date		Check	if PT	IN
Paic	ł	CANDI			self-employe		01306891
	parer	Firm's na			Firm's EIN 🕨	13-1	639826
Use	Only	Firm's ad				212-	949-8700
Мау	/ the If		s this return with the preparer shown above? (see instructions)				X Yes No
For	Paper	rwork Re	duction Act Notice, see the separate instructions.				Form 990 (2019)

	THE MICHAEL J. FOX FOUNDATION	13-4141945	
	rm 990 (2019) Part III Statement of Program Service Accomplishments		Page 2
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		X
•	THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DIS	SEASE	
	THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA AND TO ENSURING TH	IE	
	DEVELOPMENT OF IMPROVED THERAPIES FOR THOSE LIVING WITH PARKINSON	1'S	
	TODAY.		
2	Did the organization undertake any significant program services during the year which were r prior Form 990 or 990-EZ?		X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts		
3	services?		X No
4	Describe the organization's program service accomplishments for each of its three largest expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code:) (Expenses \$ 118,132,823. including grants of \$ 96,609,120.) (Rev	venue \$	_)
	TO FUND RESEARCH FOCUSED ON DEVELOPING A CURE FOR PARKINSON'S DISEASE.		
4b	o (Code:) (Expenses \$ including grants of \$) (Rev	/enue \$	_)
4c	c (Code:) (Expenses \$including grants of \$) (Rev	/enue \$	_)
4d	d Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
JSA	a Total program service expenses ► 118,132,823.	Farra 0	90 (2019)
9E1	TO20 2.000 FTX33R L161 6/27/2020 8:27:43 AM V 19-5.2F 300043	Form 9	JU (2019)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Yes Yes 2 Is the organization regure in direct or indirect political campaign activities on behalf of rin opposition to candidates for public offee? If "Yes," complete Schedule Q. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(c)(4). Yes, "complete Schedule Q. Part I. 3 X 5 Is the organization maintain any dioor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the write organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic funderess, or historic structures If "Yes," complete Schedule D. Part I. 6 X. 7 Ud the organization report an amount for provide cridic causeling, dott management, cridical endowners or in quasi endowners? If "Yes," complete Schedule D. Part I. 7 X 9 Did the organization report an amount for provide cridic causeling, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 12 it is 100.7 Mill X; Xine 11 it X; Xine 12 it Xine 12 it is 100.7 Mill X; Xine 11 it Xine 21 it Xine 12 it is 100.7 Mill X; Xine 21 it it 100.7 Mill X; Xine 21 it is 100.7 Mill X; Xine 21 it	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 1s the organization required to complete Schedule B. Schedule C Contributors (see instructions)? 1 X 3 Did the organization engage in direct or indirect political campaign activities on behalt of or in opposito to candidates for public officer IP 'Ves' complete Schedule C. Pert 1. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobying activities, or have a section 501(h) electron in effect during the tax year? If 'ves' complete Schedule C. Pert 1. 4 X 5 Is the organization maintain any doorn advesed funds on a accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 5 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'ves' complete Schedule D. Part I. 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'ves' complete Schedule D. Part II. 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'ves' complete Schedule D. Part V. 9 X 10 Did the organization report an amount for and, buildings, and equipment in Part X, line 10? If 'ves' complete Schedule D. Part V. 9 X				Yes	No
2 is the organization required to complete Schedule & Schedule of Contubutors (see instructions)? 2 X 3 Did the organization engage in direct or indrest political campaign activities on behalf of or in opposition to candidates to public differ? If "Yes," complete Schedule C, Part I. X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on have a section 501(d) X 5 Is the organization a section 501(c)(d), 501(c)(5), or 501(c)(6) organization that recovers membership dues, assessments, or similar amounts as defined in Revenue Proceedure 96-191 If Ves," complete Schedule C, Part II. X 6 X To the organization candidate on the distribution or investment of anomunis in such funds or accounts? If Yes," complete Schedule D, Part II. K 7 X Did the organization candidates or the distribution or investment of anomunis in such funds or accounts? If Yes," complete Schedule D, Part II. K 8 X Did the organization receiver or anomunis in conficutos or owrks of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part II. K 9 X Did the organization requere to any out for other sets in Part X, line 12 that is S% or more of ins total assets reported in amount for indy buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part VI. N 10 Did the organization report an amount for	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2 is the organization required to complete Schedule Q. Schedule of Combutors (see instructions)? 2 X 3 Did the organization required to complete Schedule Q. Part I. 3 X 4 Section 501(q)3 organization. Did the organization required to complete Schedule Q. Part II. 3 X 5 Is the organization required to complete Schedule Q. Part II. 5 X 4 6 Did the organization region a section 501(q)(d), 501(c)(5), or 501(c)(6) organization region a section 501(g)(d). X 5 X 7 Did the organization region a section 501(g)(d). Non-organization records 71 6 X 9 Did the organization reserve or hold a conservation easement. Including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 X 9 Did the organization region and annount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, Part V 110 X 10 Did the organization regoner an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 111 X 11		complete Schedule A.	1	Х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer II "Mes" complete Schedule C Part I. 4 Section 501(c)(3) organizations. Did the organization engage in tobying activities, or have a section 501(h) election in effect during the tax year/ II "Yes" complete Schedule C, Part II. 5 Is the organization ansuton 501(c)(4). S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 69-19/ If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any door adveed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the environment, historic and careas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V. 9 Did the organization report an amount for Part X, in provide advert repair, or dobt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 It was complete Schedule D, Part V. 11 Did the organization report an amount for three states Schedule D, Part V. 11 Did the organization report an amount for three states in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V. 11 Did the organization report an amount for three states for Part V. 12 Did the organization report an amount for three states in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V.<th>2</th><th></th><th>2</th><th>Х</th><th></th>	2		2	Х	
candidates for public office? If "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organization, again in boby gen in boby gen in boby gen	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membersholdes, assessments, or similar anounts as defined in Reveue Procedure 88-1971 "Yes" complete Schedule C, Part II. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors the environment, historica functures II "Yes", complete Schedule D, Part II. 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar asses? If "Yes." 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, servers as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization, releated organization, notectly or through a releated organization, releated organization report an amount for linvestments-order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 10 the organization report an amount for linvestments-order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 11 the organization report an amount			4	Х	
 assessments, or similar amounts as defined in Revenue Procedure 98-197 // "vs." complete Schedule C, Part II. Did the organization matina any donor advised funds or any similar funds or accounts? If "vs." complete Schedule D, Part I. To Did the organization report an amount in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts in to listed in Part X, ine 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 74. (for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 74. (for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 74. (for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 74. (for escrow or custodial account liability, serve as a custodian for amounts for line Schedule D, Part IV. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other tassets in Part X, line 17. If west "complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <l< th=""><th>5</th><th></th><th></th><th></th><th></th></l<>	5				
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 X. 8 Did the organization mainain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II. 8 X. 9 Did the organization sport an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V. 8 X. 10 Did the organization, Renorm or a mount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V. 10 X. 11 H the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V. 111 X. 11 Did the organization report an amount for lands, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part V. 111 X. 11 Did the organization report an amount for lands, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part X. 111 X. 11 Did the organization report an amou	6				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical transvers // 'rws'' complete Schedule D, Part II,, * 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'rws'' complete Schedule D, Part II,, * 8 X 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt neganization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part V Y 10 Lit H the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VII, VII, VII, VI, X, or X as applicable. 10 X 11 Bid the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets perported in Part X, line 16' /f 'r%s', complete Schedule D, Part VI 11a X 11 Lit Lit X 12 Did the organization report an amount for investments-program related in Part X, line 13' fit is 5% or more of its total assets perported in Part X, line 16' /f 'r%s', complete Schedule D, Part X 11a X 12 Did the organization asoparate, independent audited fi			6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list of In Part X, ine 71, res," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11a X 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11a X 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 12 Did the organizati	7		0		
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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a ZX 20b 2 	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 16 "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10			18	Х	
If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1	19				
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b 20 b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		19		Х
bIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b21Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20 a				Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
domestic government on Part IX, column (A), the 1? If Yes, complete Schedule I, Parts Fand II		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		22	х	
	employees? If "Yes," complete Schedule J.	23	21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30		23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
~ ~	conservation contributions? If "Yes," complete Schedule M	30		 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 57		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Dart		30	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			· 🖵
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 190			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country CANADA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
ام	required to file Form 8282?	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	For	900	(2019)
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Form 9	90 (2019) THE MICHAEL J. FOX FOUNDATION 13-4142	.945	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		Vee	Na
	Enter the number of vetting members of the governing body at the end of the tax year $\begin{vmatrix} 1a \end{vmatrix} = 43$		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 43			
ь 2	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee have a family relationship of a busiless relationship with	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
÷	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u></u>	
b 12-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a ⊾	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124		
b	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
ь	with a taxable entity during the year?	104		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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	(Sec	tion 5	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 or	f inter	rest p	oolicy,
	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 record stephen grubb - MJFF grand central sta po box 4777 New York, NY 10163 (212) 509-0995			

Page 7

Part VII	Compensation	ot	Officers,	Directors,	l rustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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.

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any					or/trust	,	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	/idua	tutio	ěř	emp	est i loye	her			related organizations
	organizations	al tru or	nal		loye	eom				
	below dotted line)	Istee	trust		ē	pens				
	,	Û	ee			Highest compensated employee				
						<u> </u>				
(1) DEBORAH W. BROOKS	40.00									
CO-FOUNDER & EXEC. VICE CHAIR	0.				Х			894,800.	0.	22,480.
(2) TODD SHERER	40.00									
CEO	0.			Х				839,827.	0.	27,453.
(3) SOHINI CHOWDHURY	40.00									
DEPUTY CEO	0.			Х				421,770.	0.	20,390.
(4) BRIAN K. FISKE	40.00									
SVP, RESEARCH PROGRAMS	0.					Х		300,839.	0.	17,099.
(5) MARK A. FRASIER	40.00									
SVP, RESEARCH PROGRAMS	0.					Х		288,082.	0.	16,819.
(6)HOLLY TEICHHOLTZ	40.00									
SVP, COMM & CONTENT STRATEGIES	0.					Х		280,377.	0.	17,054.
(7) EMILY MOYER THRU 12/18/19	40.00									
SVP, MARKETING & DIGITAL STRAT	0.					Х		271,541.	0.	16,859.
(8) RACHEL DOLHUN	40.00									
VP, MEDICAL COMMUNICATIONS	0.					Х		247,774.	0.	16,475.
(9) WILLIAM FOWLER	40.00									
SVP, STRAT, FIN & OPERATIONS	0.			Х				214,369.	0.	19,111.
(10) ^{MICHAEL} J. FOX	2.00									
FOUNDER	2.00	Х						0.	0.	0.
(11) JEFFREY KEEFER	2.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(12) ^{FRED} G. WEISS	2.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(13) SKIP IRVING	2.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0.
(14) HOLLY S. ANDERSEN, MD	2.00									
MEMBER	0.	Х						0.	0.	0.

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(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average				ition			Reportable	Reportable	e	Estimated
	hours per					than o		compensation	compensation	from	amount of
	week (list any					is both		from	related		other
	hours for related					or/truste		the	organizatio		compensation from the
	organizations	r di	nstit	Officer	Key employee	mpl	Former	organization	(W-2/1099-M	ISC)	organization
	below dotted	idu:	tutic	êr.	due	est oye	ler	(W-2/1099-MISC)			and related
	line)	or all	nal		loy	eon					organizations
		Individual trustee or director	Institutional trustee		ee	Iper					
		ĕ	stee			Highest compensated employee					
) GLENN BATCHELDER	2.00					ā					
MEMBER	0.	Х						0.		0.	
) MARK BOOTH	2.00										
MEMBER	0.	х						0.		0.	
) JON BROOKS	2.00	- 21						0.		••	
	-+	37						0			
MEMBER	0.	Х						0.		0.	
) BARRY J. COHEN	2.00										
MEMBER	0.	Х						0.		0.	
) ANDREW CREIGHTON	2.00									T	
MEMBER	0.	x						0.		0.	
) JOHN S. DALY	2.00										
MEMBER	0.	х						0.		0.	
) DONNY DEUTSCH	2.00									<u> </u>	
MEMBER	0.	x						0.		0.	
								0.		0.	
) DAVID EINHORN	2.00										
MEMBER	0.	X						0.		0.	
) KAREN FINERMAN	2.00										
MEMBER	0.	Х						0.		0.	
) LEE FIXEL	2.00										
MEMBER	0.	X						0.		0.	
) NELLE FORTENBERRY	2.00										
MEMBER	0.	х						0.		0.	
							•	3,759,379.		0.	173,74
b Sub-total			••	• •	• •			0.		0.	1,3,,1
c Total from continuation sheets to Part VII,	=	• • •	••	• •	• •	• • •		3,759,379.		0.	173,74
d Total (add lines 1b and 1c)				•••	• •	• • • \ .			* 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.	1/3,/4
Total number of individuals (including but no reportable compensation from the organization		nose 48		a ai	DOVE	e) who	o re	ceived more than a	\$100,000 of		
											Yes N
Did the organization list any former off	icer, directo	r. or	tru	iste	e. I	kev e	mn	lovee, or highest	compensat	ed	
employee on line 1a? If "Yes," complete Sche											3
For any individual listed on line 1a, is the	sum of rep	ortab	ble c	com	pen	satior	າ ar	nd other compens	ation from t	he	
organization and related organizations g	reater than	\$15	s0,0	00?	' If	"Yes	<i>,</i> ″ (complete Schedu	ie J for su	ch	
individual											4 X
Did any person listed on line 1a receive o	r accrue con	mpen	sati	on f	from	n any	uni	related organization	on or individu	ıal	
for services rendered to the organization? If "	Yes," complet	te Scl	hedu	ıle J	l for	such	per	son	<u></u>	•	5
ection B. Independent Contractors Complete this table for your five highest con	monested in	ndon	anda	ant é		racto	re +	hat received more	than \$100 C	00 04	
compensation from the organization. Report											
year.	een peneau			- o a		iai jei			in the english		
(A)								(B)			(C)
· · · · · · · · · · · · · · · · · ·	ddress							Description of se	rvices	Co	mpensation
Name and business ad											
Name and business ad TTACHMENT 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

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	neck ss pe d a d	ition more erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from	(F) Estimate amount other compensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		from th organizat and relat organizati	tion ted
5) AKBAR GBAJABIAMILA	2.00	v						0		0		
MEMBER 7) WILLIE GEIST	0.	X						0.		0.		
7) WILLIE GEIST MEMBER	0.	x						0.		0.		
3) DAVID GLICKMAN	2.00							0.		0.		
MEMBER		x						0.		0.		
9) DAVID GOLUB	2.00	- 23						0.		0.		
MEMBER THROUGH MAY 2019		x						0.		0.		
D) MARK L. HART III	2.00				-					~ •		
MEMBER		x						0.		0.		
1) ANNE M. HOLLOWAY	2.00											
MEMBER		х						0.		0.		
2) EDWARD KALIKOW	2.00											
MEMBER	0.	Х						0.		0.		
3) AMAR KUCHINAD	2.00											
MEMBER	0.	х						0.		0.		
4) MARC S. LIPSCHULTZ	2.00											
MEMBER	0.	Х						0.		0.		
5) OFER NEMIROVSKY	2.00											
MEMBER	0.	Х						0.		0.		
5) ANDREW J. O'BRIEN	2.00											
MEMBER	0.	Х						0.		0.		
b Sub-total								0.		0.		
c Total from continuation sheets to Part V	-			• •	• •							
 d Total (add lines 1b and 1c)	not limited to th	nose	liste	d al	bove	e) who	► p re	ceived more than	\$100,000 of			
· · · ·		48	-								Yes	s N
B Did the organization list any former employee on line 1a? If "Yes," complete So											3	2
For any individual listed on line 1a, is t organization and related organizations individual	greater than	\$15	0,00	00?	lf If	"Yes	;," (complete Schedu	le J for su	ch	4 X	
 Did any person listed on line 1a receive for services rendered to the organization? 	e or accrue co	mpen	satio	on f	from	n any	uni	related organizatio	on or individu	al	5	2
Section B. Independent Contractors			louu		101	50011	pen			•	5	
Complete this table for your five highest compensation from the organization. Rep year.											s tax	
(A) Name and busines	s address							(B) Description of se	rvices	Co	(C) mpensatior	1
							-					

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 \blacktriangleright

Form	aan	(2019)	
FUIII	330	(2019)	

	(A)	(B)			(0	C)			(D)	(E)			(F)	_
	Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more rson	e than o is both or/truste	an	Reportable compensation from	Reportabl compensation related	from	Esti amo o	imated ount of other	f
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	99-MISC) o		ensatio m the nizatio related nizatior	on d
	DOUGLAS I. OSTROVER MEMBER	2.00	x						0.		0.			
8)	LISA PIAZZA MEMBER	2.00	X						0.		0.			
9)	TRACY POLLAN MEMBER	2.00	X						0.		0.			
0)	RYAN REYNOLDS MEMBER	2.00	x						0.		0.			
	HARTLEY T. RICHARDSON	2.00	X						0.		0.			_
2)	FREDERICK E. ROWE JR. MEMBER	2.00	x						0.		0.			
3)	LILY SAFRA MEMBER	2.00	x						0.		0.			
4)	CAROLYN SCHENKER MEMBER	2.00	x						0.		0.			
5)	CURTIS SCHENKER MEMBER	2.00	x						0.		0.			
6)	RICHARD J. SCHNALL	2.00	X						0.		0.			
7)	WOODY SHACKLETON MEMBER	2.00	x						0.		0.			
С	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to th	<u></u>	liste			e) who	re	ceived more than	\$100,000 of	0.			
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s	er, directo ule J for suc	ch ina	lividi	ual	• •		• •		•••••	•	3	Yes	
•	organization and related organizations gre individual	eater than	\$15	50,0	00?	If	"Yes	," (complete Schedu	le J for su	ch	4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		
	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							(B) Description of se	rvices	(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 **>**

Form	990	(2019)	
1 01111	330	(2013)	

(A) Name and title	(B) Average hours per week (list any hours for	box, office	heck ss pe d a d	ition more rson lirect	e than or is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportal compensatio related organizat	on from d ions	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00	x						0.		0.	
) GEORGE STEPHANOPOULOS MEMBER	2.00	x						0 .		0.	
) BONNIE STRAUSS MEMBER	2.00	x						0		0.	
) RICK TIGNER MEMBER	2.00	x						0		0.	
DECORGE WHELEN MEMBER	2.00	x						0 .		0.	
) PETER ZAFFINO MEMBER	2.00	x						0	•	0.	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A					· · ·		0.		0.	
Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste			e) who	re	ceived more than	\$100,000 c	of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes M 3
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	If	"Yes,	," (4 X
Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y											5
ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.											
(A) Name and business ad	dress							(B) Description of se	ervices	Сс	(C) ompensation

JSA 9E1055 1.000 FTX33R L161 6/27/2020 8:27:43 AM V 19-5.2F

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
លួល	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ອີຍີ	c	Fundraising events	5,375,083.				
Ę,		Related organizations	5,575,005.				
ilar İlar	d						
i,s	e	Government grants (contributions) . 1e					
Sig	f	All other contributions, gifts, grants,					
bel		and similar amounts not included above . 1f	152,314,054.				
ĞĘ	g	Noncash contributions included in					
non D		lines 1a-1f	\$ 73,557,879.				
9 0 e	h	Total. Add lines 1a-1f	<u></u> ▶	157,689,137.			
			Business Code				
ice	2a						
e V	b						
s nu	c						
e ve	d						
Pg	ů						
Program Service Revenue	e 1	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	-	1,763,407.			1,763,407.
		other similar amounts)					1,703,407.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 2,093,810.					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c 2,093,810.					
	d	Net rental income or (loss)	<u></u>	2,093,810.			2,093,810.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 84,040,501.					
ð	b	Less: cost or other basis					
Revenue		and sales expenses 7b 83,953,311.					
šče		Gain or (loss) 7c 87,190.					
Å	c d		· · · · · · •	87,190.			87,190.
Jer				0772501			01/1501
Othei	8a	Gross income from fundraising					
-		events (not including \$5,375,083.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	1,139,197.				
	b	Less: direct expenses 8b	1,139,197.				
	c	Net income or (loss) from fundraising events.	<u>, ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	с	Net income or (loss) from gaming activities	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	5,595.				
	b	Less: cost of goods sold	14,014.				
	c b	Net income or (loss) from sales of inventory		-8,419.		-8,419.	
(0			Business Code				
Miscellaneous Revenue		MISCELLANEOUS REVENUE	900099	42,920.			42,920.
ne	11a	GAIN ON CURRENCY EXCHANGE	900099	25,442.			25,442.
ella ver	b	GILM ON CONTENCT EACHANGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23,442.			20,442.
Re	C						+
ΜÏ	d	All other revenue	L				
	e	Total. Add lines 11a-11d		68,362.			
	12	Total revenue. See instructions	<u> </u>	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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 63,838,374 63,838,374. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 32,770,746. individuals. See Part IV, lines 15 and 16 32,770,746. 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 2,370,867. 1,233,378. 329,390 808,099. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 15,901,696. 8,272,420. 2,209,257. 5,420,019. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 952,731. 437,261. 147,588 367,882. section 401(k) and 403(b) employer contributions) 717,774. 853,141. 287,959 1,858,874 9 Other employee benefits 1,058,354. 485,737. 163,950. 408,667. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 304,548. 209,151. 28,917 66,480. **b** Legal 78,435 78,435 c Accounting 147,404. 147,404. d Lobbying 65,000 65,000. e Professional fundraising services. See Part IV, line 17 150 150 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 488,506. 2,765,740. 2,000,628. 276,606 (A) amount, list line 11g expenses on Schedule O.) 1,090,307. 775,364. 1,865,671. 12 Advertising and promotion 235,261. 367,736. 663,877. 60,880 13 Office expenses 1,088,019. 668,710. 53,894. 365,415. 14 Information technology 0 15 Royalties 5,369,202. 2,322,594. 2,291,459 755,149. Occupancy 16 582,709. 2,330,073. 1,737,450. 9,914 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 77,264. 77,264. Interest 20 0 21 Payments to affiliates 1,872,389. 1,032,612. 227,585 612,192. 22 Depreciation, depletion, and amortization 121,434. 72,325. 18,621 30,488. 23 Insurance 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.) 2,554. aDONATION PROCESSING 671,068. 10,987. 657,527. **DUES AND SUBSCRIPTIONS** 244,755. 202,855 10,410 31,490. cPRINTING AND PRODUCTION 1,111,284. 475,492. 5,875. 629,917. dOTHER EXPENSES 716,531. 21,900. 694,631. 146,238. 161,494. 128,701. 436,433. e All other expenses 138,680,919. 118,132,823. 6,426,946 14,121,150. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA 9E1052 2.000

following SOP 98-2 (ASC 958-720)

Page	1	1
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art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u></u>
		(A) Beginning of year		(B) End of year
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	
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	
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	
7	Notes and loans receivable, net	0.	7	
7 8 9	Inventories for sale or use	23,853.	8	62,55
9	Prepaid expenses and deferred charges	1,897,553.	9	2,588,90
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 17,002,514.			
b	Less: accumulated depreciation	11,735,277.	10c	11,341,07
11	Investments - publicly traded securities	60,131,383.	11	81,613,39
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	1,728,826.	15	2,390,10
16	Total assets. Add lines 1 through 15 (must equal line 33)	154,388,217.	16	191,630,28
17	Accounts payable and accrued expenses	3,907,372.	17	5,141,79
18	Grants payable	85,459,991.	18	97,658,72
19	Deferred revenue.	127,908.	19	2,00
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	1,150,196.	24	1,150,19
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	13,752,97
26	Total liabilities. Add lines 17 through 25	104,409,323.	26	117,705,68
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	26,342,941.	27	47,282,61
28	Net assets with donor restrictions.	23,635,953.	28	26,641,98
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	49,978,894.	32	73,924,60
33	Total liabilities and net assets/fund balances	154,388,217.	33	191,630,28

THE	MICHAEL	J.	FOX	FOUNDATION

Form 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			93,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2				919.
3	Revenue less expenses. Subtract line 2 from line 1	3			12,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	49,9		394.
5	Net unrealized gains (losses) on investments	5			7,6	538.
6	Donated services and use of facilities	6				0.
7 Investment expenses						
8	Prior period adjustments	8			-	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		9	25,5	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		73,9	24,6	500.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.			-		77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		ſ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		2c	x	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		the	3a		x
	Single Audit Act and OMB Circular A-133?			Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	JUITS		วม		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

EZ) 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.

OMB No. 1545-0047

		venue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of th	ne organization	THE MICHA	EL J. FOX FO	UNDATION			Employer identif	ication number
FOI	R PA	ARKINSON'S	RESEARCH					13-41419	45
Ра	rt I	Reason for	r Public Cha	rity Status (All c	rganizations must c	omplet	e this pa	art.) See instructions).
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, con	vention of chu	urches, or associat	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a	a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	ne, city, and st	ate:					
5		An organization	on operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization	on that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ient income and u n after June 30, 19	unctions - subiect to a	certain e able inco (a)(2). (0	exception ome (lese Complete		n 331/3% of its
12		•	•						carry out the purposes
. 2		-	-	-		-			See section 509(a)(3).
				· · · -					nes 12e, 12f, and 12g.
~				-				orted organization(s),	-
а								the directors or truste	
			-				ajonty of		
h			-		e Part IV, Sections A		with ite	supported organizati	on(c) by boying
b								is that control or mar	
						ine sam	e persor		lage the supported
~		-			Sections A and C.	tod in a	onnoctio	n with, and functiona	lly intograted with
С									ny integrated with,
d			-		s). You must comple				tod organization(c)
u			-			-		ection with its suppor oution requirement and	
			•	•	mplete Part IV, Sect			•	a an allentiveness
е			-		-			nat it is a Type I, Type I	
e			-		ionally integrated sup				п, туре п
f	En				ionally integrated sup		nyanizai	ion.	
g				•	orted organization(s).				•••••
3		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,		0	.,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						103			
(A)									
(D)									
(B)									
\sim									
(C)									
(D)									
(D)									
(E)	_								
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Tota	 al								
100	ai								
For I	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

300043

Schedule A (Form 990 or 990-EZ) 2019

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar 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.")	98,279,060.	113,936,698.	105,188,640.	121,180,254.	157,689,137.	596,273,789.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	98,279,060.	113,936,698.	105,188,640.	121,180,254.	157,689,137.	596,273,789.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						210,383,950.
6	Public support. Subtract line 5 from line 4						385,889,839.
	tion B. Total Support		<u>г</u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	98,279,060.	113,936,698.	105,188,640.	121,180,254.	157,689,137.	596,273,789.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-16,431.	104,356.	483,898.	1,068,809.	3,857,217.	5,497,849.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH. 1</u>	1,229,015.	25,194.	1,022,824.	6,422.	68,362.	2,351,817.
11	Total support. Add lines 7 through 10						604,123,455.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2019 (lin						63.88%
15	Public support percentage from 2018					15	62.00 %
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets the organization						▶□
b	10%-facts-and-circumstances test - 2	-	-				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				•	•	
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
Cale	ndar 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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		"	() 00 (7	()) 0.0 (0.0	() 00 (0	(n T)
Cale	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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						
с	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	r the organizat	tion's first, secc	nd, third, fourth,	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						<u></u> ▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	.,	•			15	%
16	Public support percentage from 2018 Sched					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S						%
19 a	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this	-	-				
b	331/3% support tests - 2018. If the orga						
20	line 18 is not more than 331/3%, check		•	• •			
20 JSA	Private foundation. If the organization di	и пот спеск а		4, 19a, 01 19D,		Schedule A (Form 9	
9E122	11.000 FTX33R L161 6/27/2020 8:	:27:43 AM	V 19-5.2F	3	00043		

Page 3

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990 or 990-EZ) 2019

	THE MICHAEL J. FOX FOUNDATION 13-414	945		
<u></u>	Ile A (Form 990 or 990-EZ) 2019			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	ion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		No
2	Activities Test. Answer (a) and (b) below.		165	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	<i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	-			
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</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies programs and activities of each			

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. b

3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	,
instructions. All other Type III non-functionally integrated supporting organiz Section A - Adjusted Net Income	zations r	nust complete Sectio (A) Prior Year	ns A through E. (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).

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (F	Form 990 or	990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
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 resp	onsive	
	(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			
а	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			
<u>h</u>	Applied to 2019 distributable amount			
	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			
	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 4h from line 1. For result greater than zero, evaluation in			
	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			
8	and 4c. Breakdown of line 7:			
	Excess from 2015			
a b	Excess from 2016			
<u>น</u> ว	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
				A (Form 990 or 990-E7) 201

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE A, PART II -	OTHER INCOM	2			ATTACHMENT 1	
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	1,229,015.	25,194.	1,022,824.	6,422.	68,362.	2,351,817.

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Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Name of the organization

THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH

13-4141945

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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).

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

	FOR PARKINSON'S RESEARCH		13-4141945
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$59,833,653.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$9,100,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization THE MICHAEL J. FOX FOUNDATION

ame of or	ganization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH		dentification number
Part II	Noncash Property (see instructions). Use duplicate copies		
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	DONATED SECURITIES	—	
		\$9,100,000.	12/24/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4			
Name of o	rganization THE MICHAEL J. FOX FOU			Employer identification number			
	FOR PARKINSON'S RESEAR			13-4141945			
Part III		the year from any ons completing Par e year. (Enter this in	one contributo t III, enter the to formation once	r. Complete columns (a) through (e) and tal of <i>exclusively</i> religious, charitable, etc.,			
(a) No.		· · · · ·					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transi	ier of gift	_			
	Transferee's name, address, ar			ationship 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, ar	nd ZIP + 4	Rela	ationship 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, ar	nd ZIP + 4	Rela	ationship 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) Transf	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Rela	ationship of transferor to transferee			
				•			
JSA			•	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)			

	of the Treasury enue Service	Compl	ete if the organization is described be ► Go to www.irs.gov/Form990 for		to Form 990 or Form 990-EZ latest information.	Open to Public Inspection
If the orga	nization answ		on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		46 (Political Campaign Activities	
		0	n 501(c)(3)) organizations: Complete F		Do not complete Part I-B.	
	. , .		lete Part I-A only.			
	•	•	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line	47 (Lobbying Activities), then	
•		-	hat have filed Form 5768 (election un			ete Part II-B.
 Section 	on 501(c)(3) or	rganizations t	hat have NOT filed Form 5768 (election	on under section 501(I	n)): Complete Part II-B. Do not c	omplete Part II-A.
Tax) (see s	separate instru	ictions), then		Tax) (see separate	instructions) or Form 990-EZ,	Part V, line 35c (Proxy
			nizations: Complete Part III.		Employer identi	liastian number
			EL J. FOX FOUNDATION			
	RKINSON'S				13-41419	-
Part I-A			rganization is exempt under	· · · ·	•	
			organization's direct and indirect p gn activities")	oolitical campaign a	activities in Part IV. (see insti	ructions for
		•	penditures (see instructions)		▶ \$	
			campaign activities (see instruction			
Part I-B			rganization is exempt under s			
			ise tax incurred by the organizatio			
2 Ente	or the amount	t of any exci	ise tax incurred by organization m	anagers under sec	tion 4955	
			section 4955 tax, did it file Form			
	-					
	es," describe			• • • • • • • • • • •		Yes No
Part I-C	_		rganization is exempt under	section 501(c)	x_{cent} section $501(c)(3)$	
	-		pended by the filing organization	· /·	• • • • • • •	
activ	vities					
527	exempt func	tion activitie	g organization's funds contributed		▶\$	
line	17b		nditures. Add lines 1 and 2. Ent		▶\$	
4 Did	the filing orga	anization file	Form 1120-POL for this year?			Yes No
			and employer identification numb s. For each organization listed, en			
			ributions received that were prom			
as a	separate seg	regated fun	d or a political action committee (I	PAC). If additional s	pace is needed, provide info	ormation in Part IV.
	(a) Name		(b) Address	(c) EIN	filing organization's funds. If none, enter -0	(e) Amount of political pontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)		-				
(2)		-				
(3)		-				
(4)						
(5)						
(6)						
For Paper	work Poductio	n Act Notice	see the Instructions for Form 990 or	990-F7	Schedule C	(Form 990 or 990-F7) 2019

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)

erwork Reduction Act Notice, see the Instructions for Form 990 or 990-E

Schedule C (Form 990 or 990-EZ) 2019



Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	ongs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group mem	per's name,
B Check ► if the filing organization che	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1a d Other exempt purpose expenditures e Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) I lines 1c and 1d) e amount from the following table in both		
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	i% of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
	ss, enter -0-		
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
reporting section 4911 tax for this year?	<u></u>		Yes N
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						

Schedule C (Form 990 or 990-EZ) 2019

Page	3
i ago	-

hedule C (Form 990 or 990-EZ) 2019 art II-B Complete if the organization is exempt under section 501(c)(3) and has NC)T file	d Form	5768	F	Page
(election under section 501(h)).	(a			(b)	
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No		ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of: a Volunteers?	x				
 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	Х			33	
e Publications, or published or broadcast statements?	X	37		10	,00
f Grants to other organizations for lobbying purposes?	37	X		11	1 6
g Direct contact with legislators, their staffs, government officials, or a legislative body?	37			92	
 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 		X			
i Other activities?				147	,40
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 507 501(c)(6).	I(C)(5)	, or sec	tion		
				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			. 1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2		
Did the organization agree to carry over lobbying and political campaign activity expenditures fro					
Complete if the organization is exempt under section 501(c)(4), section 507 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				2 10	
answered "Yes.") Fart II	1-A, 1116	: 3, 15	
Dues, assessments and similar amounts from members		1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amo		•••			-
political expenses for which the section 527(f) tax was paid).	anto				
a Current year		28	a		
b Carryover from last year		21	<u> </u>		
c Total					
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du					
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio					
excess does the organization agree to carryover to the reasonable estimate of nondeductible		<u> </u>			
and political expenditure next year?	• • •				
Taxable amount of lobbying and political expenditures (see instructions)					

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.

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

(Foi	IEDULE D rm 990) rtment of the Treasury nal Revenue Service	► Complete if Part IV, line 6, 7,	ental Financial Statements the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ▶ Attach to Form 990. /Form990 for instructions and the latest information	20 19 Ореп to Public
		THE MICHAEL J. FOX FOU	NDATION	Employer identification number
_	PARKINSON'S			13-4141945
Pa			ised Funds or Other Similar Funds or	Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	-		(a) Donor advised funds	(b) Funds and other accounts
1		end of year		
2 3		of contributions to (during year) of grants from (during year)		
4		at end of year		
5			advisors in writing that the assets held i	n donor advised
	-		e organization's exclusive legal control?	
6	-	-	and donor advisors in writing that grant fur	
			fit of the donor or donor advisor, or for an	
D		nissible private benefit?		Yes 🛄 No
Pa			"Yes" on Form 990, Part IV, line 7.	
1			e organization (check all that apply).	
	Preservatio	on of land for public use (for example	e, recreation or education) Preservation of	of a historically important land area
	Protection of	of natural habitat	Preservation o	of a certified historic structure
		on of open space		
2			eld a qualified conservation contribution in t	
		last day of the tax year.	_	Held at the End of the Tax Year
a L				2a
b c			s historic structure included in (a)	2b 2c
d			c) acquired after 7/25/06, and not on a	
				2d
3		-	nsferred, released, extinguished, or termir	nated by the organization during the
	tax year 🕨			
4		where property subject to conse		
5			garding the periodic monitoring, inspection	
~			sements it holds?	
6	Starr and volunteer	nours devoted to monitoring, insp	ecting, handling of violations, and enforcing c	conservation easements during the yea
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the ver
	▶\$			
8	Does each conser	vation easement reported on line	2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
9		u .	conservation easements in its revenue and	•
		counting for conservation easeme	of the footnote to the organization's financia	al statements that describes the
Ра		-	of Art, Historical Treasures, or Other	Similar Assets.
			"Yes" on Form 990, Part IV, line 8.	
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse part XIII the text of the footnote	ASB ASC 958, not to report in its revenue ts held for public exhibition, education, o to its financial statements that describes the	e statement and balance sheet worl or research in furtherance of pub ese items.
b	If the organization art, historical trea provide the follow	n elected, as permitted under Fasures, or other similar assets he ving amounts relating to these iter	ASB ASC 958, to report in its revenue sta ld for public exhibition, education, or rese ms:	atement and balance sheet works arch in furtherance of public servic
~				
2	-		rt, historical treasures, or other similar a	ssets for financial gain, provide th
а	Revenue included	s required to be reported under F	ASB ASC 958 relating to these items:	▶ \$
a b				
For I	Paperwork Reduction	n Act Notice, see the Instructions fo	r Form 990.	Schedule D (Form 990) 20
JSA 9E126	8 1.000			

5 1.000			
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Schee	dule D (Form 990) 2019								Page 2
Ра	rt III Organizations Maintain	ing Collections of	f Art, Histo	rical Treas	sures, o	r Other	Similar Assets	(continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, check a	any of th	e follow	ving that make s	ignificant u	se of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or	exchange	e progra	m		
b	Scholarly research		e	Other					
с	Preservation for future gene	rations							
4	Provide a description of the orga		s and expla	ain how the	ey furthe	r the or	ganization's exen	npt purpose	e in Part
	XIII.						-		
5	During the year, did the organization	on solicit or receive	donations of	of art, histori	cal treas	ures, or	other similar		
	assets to be sold to raise funds rati							Yes	No
Ра	rt IV Escrow and Custodial A								
	Complete if the organiza		es" on For	m 990, Pai	rt IV, line	e 9, or r	eported an amo	ount on Fo	rm
	990, Part X, line 21.								
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	liary for con	tribution	s or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing table	:				
				U			Amou	Int	
с	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am						account liability?	Yes	No
	If "Yes," explain the arrangement i								
	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Y	es" on For	m 990, Pa	rt IV, line	e 10.			
	1 5	(a) Current year	(b) Pric		(c) Two yea		(d) Three years bac	k (e) Four	/ears back
10	Beginning of year balance			-					
1a հ	Contributions								
b									
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g, co	plumn (a)) held as			
a h	Permanent endowment	%	/0						
b	Term endowment	%							
С	The percentages on lines 2a, 2b, a	- ' -	100%						
20	Are there endowment funds not in			tion that ar	a hald ar	ad admir	viotorod for the		
Ja			ine organiza	alion inal an	e neiu ai				es No
	organization by:							3a(i)	
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the relate	•						. 3b	
4	Describe in Part XIII the intended								
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	ation answered "Y	es" on Fo	rm 990, Pa	rt IV, lin	e 11a. S	See Form 990,	Part X, line	e 10.
	Description of property	(a) Cost of	or other basis	(b) Cost or o	ther basis	(c) Ac	cumulated	(d) Book valu	
4 -	Land	, , , , , , , , , , , , , , , , , , ,	stment)	(othe	er)	depr	eciation		
1a									
b	Buildings			13,17	7 560)) [96 274	0 50	1 106
c	Leasehold improvements						86,374.		1,186.
d	Equipment				5,638.		35,350.		0,288.
e Toto	Other				9,316.		39,716.		9,600.
lota	I. Add lines 1a through 1e. (Columr	i (a) must equal For	m 990, Part	х, column (в), IIne 1	UC.)	<u></u>	±1,34	1,074.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page
Part VII Investments - Other Securities.			Dert V line 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(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 99	0 Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuatio	
		Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	"Yes" on Form 990 scription	0, Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,
	tion 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 organization's liability for uncertain tax positions under FASB A		f the text of the footnote has been provide	ed in Part XIII X
JSA 9E1270 1.000 FTX33R L161 6/27/2020 8:27:43 AM	1 V 19-5.2F	Scr 300043	nedule D (Form 990) 201

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	163,098,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 7,638.		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,404,525.
3	Subtract line 2e from line 1	3	161,693,487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	161,693,487.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	139,152,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,222,968.
3	Subtract line 2e from line 1	3	137,929,338.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	751,581.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	138,680,919.
	XIII Supplemental Information.		· ·
	the descriptions required for Part II lines 2, 5, and 0; Part III lines 1a and 4; Part IV lines 1b and 2b; E	Port V	line 4: Part V line

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

SEE PAGE 5

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

300043

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	Statement of Activities Outside the United St	ates 🛛	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.				
Department of the Treasury Internal Revenue Service	► Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		Open to Public Inspection		
Name of the organization T	HE MICHAEL J. FOX FOUNDATION	Employer ide	ntification number		
FOR PARKINSON'S	RESEARCH	13-414	41945		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on		
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to			

- 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)						
<u>(13)</u>						
<u>(</u> 14)						
<u>(</u> 15)						
<u>(</u> 16)						
(17)						
3a b	Subtotal Total from continuation					32,770,746.
	sheets to Part I					
C For Pa	Totals (add lines 3a and 3b) perwork Reduction Act Notice, see	the Instruction	s for Form 990		Schodul	32,770,746. e F (Form 990) 2019

Part II	Grants and Other Assis Part IV, line 15, for any r							ered "Yes" on	Form 990,
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			
<u>(</u> 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

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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Page 2

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			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

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Schedule F (Form 990) 2019

JSA 9E1275 1.000

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			

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

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Schedule F (Form 990) 2019

1	Part IV, line 15, for a	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
•	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	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			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

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Schedule F (Form 990) 2019

Page 2

JSA 9E1275 1.000

Part II	Grants and Other Assist Part IV, line 15, for any re							ered "Yes" on	Form 990,
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			

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Schedule F (Form 990) 2019

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Page 2

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			

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Schedule F (Form 990) 2019

13-4141945 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

JSA 9E1275 1.000

Part II	Grants and Other Assis Part IV, line 15, for any i							ered "Yes" on	Form 990,
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			
<u>(</u> 15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	792,988.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	50,023.	WIRE			

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Schedule F (Form 990) 2019

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Page 2

Part II	Grants and Other Assist Part IV, line 15, for any ru							ered "Yes" on	Form 990,
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			

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Schedule F (Form 990) 2019

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13-4141945 Page **2** Schedule F (Form 990) 2019

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, othe
(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 Ent			ove that are recognized as over that are recognized as over the section 501(c)(3) equivalent terms of the section 501(c)(3) equivalent terms of the section section terms of the section section terms of the section					. 1	.27.

(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)							

Schedule F (Form 990) 2019

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Page 3 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. THE MICHAEL J. FOX FOUNDATION

Sched	ule F (Form 990) 2019	Page 4
Par	V 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	X 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	X 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)	X 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)	X 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)	X 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)	X No

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

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 GRANTEES 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 F (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)		Information Re he organization answe organization entered r	-	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	►g	► Attach to to www.irs.gov/Form	to Form 990 1990 for instr				Open to Public Inspection
Name of the organization	THE MICHAEL J					Employer identificati	
FOR PARKINSON'S	RESEARCH					13-4141945	
	ng Activities. Comp -EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	17.
	r the organization rai	sed funds through		•			
a X Mail solicita		e			non-government g		
b A Internet and c Phone solic	l email solicitations	f			government grants	5	
d In-person s		9			lioning overlie		
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and add or entity (fu		(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							
_							
3							
4							
4							
5							
6							
7							
8							
9							
10							
Total					4,730,353.	65,000	. 4,665,353.
	which the organiza censing.	tion is registered o			t contributions or	has been notified	I it is exempt from
KS, KY, ME, MD, MA,			NC,OH,				
OK,OR,PA,RI,SC,	TN,UT,VA,WA,WV	,WI,					
For Paperwork Peduction	Act Notice see the Instruc	tions for Form 000 or 0	00 E7			Sebadula C (Ea	orm 990 or 990-E7) 2019

Schedule G (Form 990 or 990-EZ) 2019

Page **2**

		(a) Event #1 FUNNY THING	(b) Event #2 BREAKING PAR	(c) Other events 1.	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
	I Gross receipts	4,868,303.	1,384,527.	261,450.	6,514,280
	2 Less: Contributions	3,959,439.	1,185,828.	229,816.	5,375,08
	3 Gross income (line 1 minus line 2)	908,864.	198,699.	31,634.	1,139,19
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	399,162.	162,612.	15,353.	577,12
ì	7 Food and beverages				
3	B Entertainment	44,530.			44,53
	Other direct expenses	465,172.	36,087.	16,281.	517,54
	Net income summary. Subtract li				
ar	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 6a.	1		
ar	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	cc) Other gaming	(d) Total gaming (add
	Gaming. Complete if the org \$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
	\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
	\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
	\$15,000 on Form 990-EZ, lir 1 Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
ar	\$15,000 on Form 990-EZ, lir 1 Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, lir 1 Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, lir Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	 \$15,000 on Form 990-EZ, lir Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Gother direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lin 	es 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gamingYes%No	(d) Total gaming (add col. (a) through col. (c)
	\$15,000 on Form 990-EZ, lir Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	es 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gamingYes%No	(d) Total gaming (add col. (a) through col. (c)
	 \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summary Summ	e 6a. (a) Bingo Yes % No %	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No 	(d) Total gaming (add col. (a) through col. (c)
	 \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su	e 6a. (a) Bingo Yes % No %	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No 	(d) Total gaming (add col. (a) through col. (c)

THE	MICHAEL	J.	FOX	FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2019	10 11 1	1915	Page 3
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 enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives			
			Yes	No
D	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$	and the		
~	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
U	in res, enter name and address of the third party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Nama N			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org		-	
	or spent in the organization's own exempt activities during the tax year 🕨 💲			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

13-4141945

ATTACHMENT 1

990,	SCHEDULE	G,	PART	I	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

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

SCHEDULE I (Form 990)				Assistance t Idividuals in	•	•	-	омв No. 1545-0047 20 19			
	Comp										
Department of the Treasury			► At	tach to Form 990				Open to Public Inspection			
Internal Revenue Service											
Name of the organization	Name of the organization THE MICHAEL J. FOX FOUNDATION Employer idea										
FOR PARKINSON'S	RESEARCH						13-414194	15			
Part I General Ir	nformation on Grants and	d Assistanc	e								
1 Does the organiz	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? No										
2 Describe in Part	IV the organization's proced	lures for mor	nitoring the use	of grant funds in the	e United States.						
	address of organization 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 STR	REET	56-2352282	PUBLIC SECTOR	6,164.				PARKINSON'S RESEARCH			
(2) 23ANDME, INC.											
1390 SHOREBIRD WAY	Y MOUNTAINVIEW, CA 94043	20-4857371	PUBLIC SECTOR	2,193,740.				PARKINSON'S RESEARCH			
(3) ABCAM											
	E CAMBRIDGE, MA 02139-0000	98-0487031	PUBLIC SECTOR	509,710.				PARKINSON'S RESEARCH			
(4) ADVARRA/ QUORUM RE	EVIEW										
PO BOX 84572 SEAT	FLE, WA 98124-5872	31-1358981	PUBLIC SECTOR	7,030.				PARKINSON'S RESEARCH			
(5) ALTURA											
25950 ACERO #260 M	MISSION VIEJO, CA 92691	33-0920460	PUBLIC SECTOR	25,262.				PARKINSON'S RESEARCH			
(6) AMAZON WEB SERVICE	ES LLC										
410 TERRY AVENUE N	NORTH SEATTLE, WA 98109	20-4938068	PUBLIC SECTOR	28,442.				PARKINSON'S RESEARCH			
(7) AMPRION											
149 NEW MONTGOMERY	Y STREET, 4TH FLOOR	26-1195143	PUBLIC SECTOR	173,028.				PARKINSON'S RESEARCH			
(8) AN2H DISCOVERY											
1430 BROADWAY SUIT	FE1208 NEW YORK, NY 10018	47-1613921	PUBLIC SECTOR	118,505.				PARKINSON'S RESEARCH			
(9) ARIZONA STATE UNIV	VERSITY										
TEMPE, ARIZONA 852	287 TEMPE, AZ 85287	86-0196696	501(C)3	513,777.				PARKINSON'S RESEARCH			
(10) BANNER HEALTH INST	TITUTE										
2901 N CENTRAL AVE	E, SUITE 160	45-0233470	501(C)3	19,188.				PARKINSON'S RESEARCH			
(11) BANNER SUN HEALTH	RESEARCH INSTITUTE										
2901 N CENTRAL AVE	E, SUITE 160	45-0233470	501(C)3	42,814.				PARKINSON'S RESEARCH			
(12) BARROW NEUROLOGICA	AL INSTITUTE										
350 WEST THOMAS RO	DAD PHOENIX, AZ 85013	65-1205795	PUBLIC SECTOR	246,893.				PARKINSON'S RESEARCH			
2 Enter total number	er of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tak	le						
3 Enter total number	er of other organizations list	ed in the line	1 table	<u></u>			<u></u> . ►				
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2019)			

SCHEDULE I (Form 990)	(Go	-	омв №. 1545-0047 20 19							
	Comp	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	-		► At	tach to Form 990				Open to Public		
Internal Revenue Service		► Go	to www.irs.gov/	/Form990 for the l	atest information			Inspection		
Name of the organization	Employer identificat	on number								
FOR PARKINSON'S	RESEARCH						13-414194	5		
Part I General Ir	nformation on Grants and	d Assistanc	9							
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and			
the selection crite	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?									
2 Describe in Part	IV the organization's proced	dures for mor	itoring 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.										
	address of organization 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 HOU	USTON, TX 77030	74-1613878	501(C)3	50,381.				PARKINSON'S RESEARCH		
(2) BAYLOR MIRACA GENI	ETICS LABORATORIES									
PO BOX 847228 DAL		74-1613878	501(C)3	475,165.				PARKINSON'S RESEARCH		
(3) BEAUMONT HEALTH										
159 MARGARET ST PI	LATTSBURGH, NY 12901	46-5718220	501(C)3	100,000.				PARKINSON'S RESEARCH		
(4) BIOLEGEND										
8999 BIOLEGEND WAY	Y SAN DIEGO, CA 92121	73-1647967	PUBLIC SECTOR	199,375.				PARKINSON'S RESEARCH		
(5) BLACKFYNN, INC.										
123 N 3RD ST 2ND 1	FLOOR	47-3043147	PUBLIC SECTOR	1,094,367.				PARKINSON'S RESEARCH		
(6) BRANDEIS UNIVERSI	ГҮ									
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 INSTITU	UTE OF TECHNOLOGY	_								
	A BLVD. PASADENA, CA 91125	95-6006144	501(C)3	110,000.				PARKINSON'S RESEARCH		
(9) CARNEGIE MELLON U	NIVERSITY	_								
4400 FIFTH AVE PI	ITSBURGH, PA 15213	25-0969449	501(C)3	159,764.				PARKINSON'S RESEARCH		
(10) CASMA THERAPEUTICS	S	_								
38 SIDNEY STREET,	SUITE 200	82-0726146	PUBLIC SECTOR	84,120.				PARKINSON'S RESEARCH		
(11) CHARLES RIVER LAB	ORATORIES	_								
251 BALLARDVALE S	Г	98-0636737	PUBLIC SECTOR	171,229.				PARKINSON'S RESEARCH		
(12) CHILDREN'S HOSPITZ	AL BOSTON	_								
	BOSTON, MA 02115-0000	04-2774441		6,000.				PARKINSON'S RESEARCH		
	er of section 501(c)(3) and	-	-							
	er of other organizations list									
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)		

SCHEDULE I (Form 990)				Assistance t Idividuals in	•	•	-	OMB No. 1545-0047			
	Comp	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury			► At	tach to Form 990				Open to Public			
Internal Revenue Service		Inspection									
Name of the organization	Name of the organization THE MICHAEL J. FOX FOUNDATION Employer idea										
FOR PARKINSON'S	5 RESEARCH						13-414194	15			
Part I General I	nformation on Grants and	d Assistanc	e								
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and				
the selection crit	the selection criteria used to award the grants or assistance? No										
2 Describe in Part	IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.						
	d address of organization 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 CHILDR	EN'S HOSPITAL MEDICAL CENT										
3333 BURNET AVE C	INCINNATI, OH 45229	31-0833936	501(C)3	39,000.				PARKINSON'S RESEARCH			
(2) CLEARDATA NETWORK	S, INC.										
522 CONGRESS AVE.	AUSTIN, TX 87801	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 THERAPEUTI	CS										
22 4TH ST, 6F SAN	I FRANCISCO, CA 94103	38-3889370	PUBLIC SECTOR	10,000.				PARKINSON'S RESEARCH			
(5) COHEN VETERANS BI	OSCIENCE										
1 BROADWAY 14TH F	LOOR	47-1981973	501(C)3	342,731.				PARKINSON'S RESEARCH			
(6) COLUMBIA UNIVERSI	TY										
630 W. 168TH STRE	ET NEW YORK, NY 10032	13-5598093	501(C)3	700,627.				PARKINSON'S RESEARCH			
(7) COVANCE CENTRAL L	ABORATORY SERVICES										
PO BOX 820824 PHI	LADELPHIA, PA 19182	22-3265977	PUBLIC SECTOR	1,049,083.				PARKINSON'S RESEARCH			
(8) CURAX THERAPEUTIC	S CORPORATION										
443 TENNYSON AVE	PALO ALTO, CA 94301	83-4462277	501(C)3	450,000.				PARKINSON'S RESEARCH			
(9) DELOITTE CONSULTI	NG LLP										
1919 N. LYNN ST.	ARLINGTON, VA 22209	06-1454513	PUBLIC SECTOR	154,002.				PARKINSON'S RESEARCH			
(10) DUKE UNIVERSITY											
304 RESEARCH DRIV	YE, 4TH FLOOR	56-0532129	501(C)3	448,012.				PARKINSON'S RESEARCH			
(11) EMORY UNIVERSITY											
615 MICHAEL ST. A	ATLANTA, GA 30322	58-0566256	501(C)3	50,168.				PARKINSON'S RESEARCH			
(12) ERISYON INC											
6101 HIGHLAND CAM	IPUS DR., BLDG 4000 SUITE 2	82-4749978	PUBLIC SECTOR	188,720.				PARKINSON'S RESEARCH			
	per of section 501(c)(3) and per of other organizations list										
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2019)			

SCHEDULE I (Form 990)	Go	-	омв No. 1545-0047 20 19							
	Comp	olete if the or								
Department of the Treasury			► At	tach to Form 990				Open to Public		
Internal Revenue Service		Inspection								
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificat	ion number		
FOR PARKINSON'S	5 RESEARCH						13-414194	15		
Part I General I	nformation on Grants and	d Assistanc	e							
1 Does the organiz	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? No									
2 Describe in Part	IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.					
	d address of organization 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 TH	E NATIONAL INSTITUTES OF H									
11400 ROCKVILLE P	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									
	NW ATLANTA, GA 30332	58-2374837	501(C)3	168,120.				PARKINSON'S RESEARCH		
(4) GLORIANA THERAPEU	TICS									
103 FRANKLYN ST W	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 TECHN	IOLOGIES, LLC									
1990 MAIN STREET,	SUITE 750	81-5140046	PUBLIC SECTOR	87,990.				PARKINSON'S RESEARCH		
(7) HARVARD UNIVERSIT	Y									
25 SHATTACK STREE	T BOSTON, MA 02115-0000	04-2103580	501(C)3	35,011.				PARKINSON'S RESEARCH		
(8) HOUSTON METHODIST	RESEARCH INSTITUTE									
6565 FANNIN STREE	T HOUSTON, TX 77030	87-0721923	501(C)3	92,888.				PARKINSON'S RESEARCH		
(9) ICAHN SCHOOL OF M	EDICINE, 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 UNIVERSIT	Y									
OFFICE OF RESEARC	CH ADMINISTRATION 509 EAST	35-6001673	501(C)3	3,926,865.				PARKINSON'S RESEARCH		
(12) INDIANA UNIVERSIT	Y SCHOOL OF MEDICINE									
980 INDIANA AVENU	IE, LOCKEFIELD ROOM 2232	35-6001673	501(C)3	153,520.				PARKINSON'S RESEARCH		
2 Enter total numb	per of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tab	ble					
3 Enter total numb	per of other organizations list	ed in the line	1 table	<u></u>	<u></u> .	<u> </u>	<u> </u>			
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2019)		

SCHEDULE I (Form 990)			Assistance t ndividuals in				OMB No. 1545-0047		
Co	omplete if the o								
Department of the Treasury	•	-	ttach to Form 990				Open to Public		
Internal Revenue Service		Inspection							
Name of the organization THE MICHAEL J.	FOX FOUNDAT	ION				Employer identificat	ion number		
FOR PARKINSON'S RESEARCH						13-414194	15		
Part I General Information on Grants	and Assistanc	е							
1 Does the organization maintain records to	o substantiate th	e amount of the	e grants or assista	nce. the grantees	' eligibility for the grant	s or assistance. and			
the selection criteria used to award the gr			-	-			X 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) INTERNATIONAL PARKINSON AND MOVEMENT DISO	RD								
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 MEDICIN	NE								
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 IMMUNO	LO								
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 910	30 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	4 59-3337028	501(C)3	244,319.				PARKINSON'S RESEARCH		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	-	•							
For Paperwork Reduction Act Notice, see the Instr							edule I (Form 990) (2019)		

SCHEDULE I (Form 990)				Assistance t Individuals in				2019
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	ttach to Form 990				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov/	/Form990 for the I	atest information).		Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificati	on number
FOR PARKINSON'S	RESEARCH						13-414194	5
Part I General In	nformation on Grants and	d Assistance	9					
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crite	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proced	lures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	anizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
	e 21, for any recipient th		-					,
				1		-		() D
	l address of organization 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) MEDCHEM IMAGING LI	LC							
C/O INVICRO, LLC 2	27 DRYDOCK AVENUE, 7TH FLO	47-1925477	PUBLIC SECTOR	200,000.				PARKINSON'S RESEARCH
(2) MICHIGAN STATE UNI	IVERSITY							
426 AUDITORIUM ROA	AD, ROOM 2	38-6005984	501(C)3	26,168.				PARKINSON'S RESEARCH
(3) MITOKININ, LLC								
953 INDIANA ST. SA	AN FRANCISCO, CALIFORNIA 9	46-1452912	PUBLIC SECTOR	200,000.				PARKINSON'S RESEARCH
(4) MONDO ROBOT								
5445 CONESTOGA COU	JRT, STE 200	56-2566768	PUBLIC SECTOR	162,620.				PARKINSON'S RESEARCH
(5) MOUNT SINAI MEDICA	AL CENTER							
168 CENTRE ST NEW	YORK, NY 10013	13-1624096	501(C)3	9,755.				PARKINSON'S RESEARCH
(6) MPI RESEARCH								
54943 NORTH MAIN S	ST MATTAWAN, MI 49071	38-3400587	PUBLIC SECTOR	30,104.				PARKINSON'S RESEARCH
(7) NATIONAL HUMAN GEN	NOME RESEARCH INSTITUTE (N							
35A CONVENT DR., H	BUILDING 35A, ROOM 1E623	52-0858115	501(C)3	133,500.				PARKINSON'S RESEARCH
(8) NATIONAL INSTITUTE	E OF NEUROLOGICAL DISORDER							
P.O. BOX 5801 BETH	HESDA, MD 20824	52-0858115	501(C)3	98,114.				PARKINSON'S RESEARCH
(9) NATIONAL INSTITUTE	E ON AGING (NIH)	1						
31 CENTER DRIVE, M	MSC 2292 BUILDING 31, ROOM	52-2038294	501(C)3	12,936.				PARKINSON'S RESEARCH
(10) NEURAL STEM CELL 1	INSTITUTE	4						
1 DISCOVERY DRIVE	RENSSELAER, NY 12144	20-3654626	501(C)3	27,486.				PARKINSON'S RESEARCH
(11) NEUROSCIENCE ASSOC	CIATES, INC							
10915 LAKE RIDGE I	DRIVE KNOXVILLE, TN 37934	62-1540123	501(C)3	148,297.				PARKINSON'S RESEARCH
(12) NEW ENGLAND INDEPE	ENDENT REVIEW BOARD, LLC	4						
	NEEDHAM, MA 02494-0000		PUBLIC SECTOR	33,529.				PARKINSON'S RESEARCH
	er of section 501(c)(3) and	-	-					
	er of other organizations list						<u> </u>	
For Paperwork Poductio	n Act Notice see the Instructi	one for Form 0	00				Sch	edule I (Form 990) (2019)

For F aperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

SCHEDULE I (Form 990) G			Assistance t ndividuals in			-	OMB No. 1545-0047
Cor	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	ttach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection
Name of the organization THE MICHAEL J. F	'OX FOUNDAT	TION				Employer identificat	on number
FOR PARKINSON'S RESEARCH						13-414194	5
Part I General Information on Grants a	nd Assistanc	е					
1 Does the organization maintain records to	substantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the gra	nts or assistand	ce?					X Yes No
2 Describe in Part IV the organization's proc	edures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient		-					
		1	1		(f) Method of valuation		(h) During and of surgery
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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW JERSEY MEDICAL SCHOOL							
RUTGERS, THE STATE UNIVERSITY OF NEW JERSE	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		18,749.				PARKINSON'S RESEARCH
2 Enter total number of section 501(c)(3) an	-	-					
3 Enter total number of other organizations I							
For Paperwork Reduction Act Notice, see the Instru	ctions for Form 9	990.				Sch	edule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Individuals in	•	•	-	OMB No. 1545-0047
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov/	/Form990 for the l	atest informatior).		Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificat	ion number
FOR PARKINSON'S	RESEARCH						13-414194	15
Part I General Ir	nformation on Grants and	d Assistance	e					
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crite	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.			
	d Other Assistance to D ne 21, for any recipient th		-					′es" on Form 990,
	address of organization 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) PROTEOS								
4717 CAMPUS DRIVE	KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	21,055.				PARKINSON'S RESEARCH
(2) PURDUE UNIVERSITY								
715 CLINIC DR. WES	ST LAFAYETTE, IN 47907	35-6002041	501(C)3	8,156.				PARKINSON'S RESEARCH
(3) QUANTERIX								
113 HARTWELL AVEN	UE	20-8957988	PUBLIC SECTOR	44,296.				PARKINSON'S RESEARCH
(4) QUANTUM DIAMOND T	ECHNOLOGIES INC							
28 DANE STREET SC	OMERVILLE, MA 02143-0000	07-8474093	PUBLIC SECTOR	240,497.				PARKINSON'S RESEARCH
(5) RANCHO BIOSCIENCE:	S, LLC							
PO BOX 7208 RANCHO	O SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	29,970.				PARKINSON'S RESEARCH
(6) RHEOSTAT THERAPEUT	TICS							
BUILDING 1400 WES	T, SUITE 306	82-4625270	PUBLIC SECTOR	112,947.				PARKINSON'S RESEARCH
(7) RICLAB LLC								
1650 CASA GRANDE S	STREET PASADENA, CA 91104	30-1116423	PUBLIC SECTOR	70,489.				PARKINSON'S RESEARCH
(8) RUSH UNIVERSITY								
	UITE 1022F ARMOUR ACADEMIC	36-2174823	501(C)3	26,205.				PARKINSON'S RESEARCH
(9) RUSH UNIVERSITY M	EDICAL CENTER	_						
600 S. PAULINA, SU	UITE 1022F ARMOUR ACADEMIC	36-2174823	501(C)3	245,864.				PARKINSON'S RESEARCH
(10) RUTGERS ROBERT WOO	OD JOHNSON MED SCHOOL	_						
675 HOES LANE WES	Г	61-7022384	501(C)3	25,723.				PARKINSON'S RESEARCH
(11) RUTGERS ROBERT WOO	OD JOHNSON MEDICAL SCHOOL	_						
675 HOES LANE WES	Г	61-7022384	501(C)3	30,000.				PARKINSON'S RESEARCH
(12) SAGE BIONETWORKS		4						
	. N. SEATTLE, WA 98109	26-4489946		188,525.				PARKINSON'S RESEARCH
	er of section 501(c)(3) and	-	-					
	er of other organizations list							
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Idividuals in	•	•	-	OMB No. 1545-0047
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	/Form990 for the l	atest information	1.		Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificat	ion number
FOR PARKINSON'S	5 RESEARCH						13-414194	15
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grant	s or assistand	e?					X Yes No
2 Describe in Part	IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D ne 21, for any recipient th		-					'es" on Form 990,
	d address of organization 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) SANFORD BURNHAM P	PREBYS MEDICAL DISCOVERY IN							
3500 CAMP BOWIE B	BLVD FORT WORTH, TX 76107	71-6064033	501(C)3	163,988.				PARKINSON'S RESEARCH
(2) SENSONICS, INC								
P.O. BOX 112 HADD	OON HEIGHTS, NJ 08035-0000	23-2225611	PUBLIC SECTOR	117,666.				PARKINSON'S RESEARCH
(3) SENSORIA HEALTH I	INC.							
16225 NE 87TH ST	REET , LAB A 10	82-3150893	PUBLIC SECTOR	25,493.				PARKINSON'S RESEARCH
(4) SHIRLEY RYAN ABIL	JITYLAB							
355 EAST ERIE CHI	CAGO, IL 60611	36-2256036	501(C)3	254,884.				PARKINSON'S RESEARCH
(5) SINOPIA BIOSCIENC	ZES							
3210 MERRYFIELD R	COW SAN DIEGO, CA 92121	46-1175306	PUBLIC SECTOR	444,250.				PARKINSON'S RESEARCH
(6) SOUTHERN RESEARCH	I INSTITUTE							
2000 NINTH AVENUE	SOUTH P.O. BOX 55305	63-0288868	501(C)3	14,378.				PARKINSON'S RESEARCH
(7) SPAULDING REHABIL	ITATION HOSPITAL							
101 HUNTINGTON AV	YE, SUITE 300	04-2551124	501(C)3	34,328.				PARKINSON'S RESEARCH
(8) STANFORD UNIVERSI	ТҮ	_						
STANFORD UNIVERSI	TY LOCKBOX 44253 3440 WALN	94-1156365	501(C)3	916,666.				PARKINSON'S RESEARCH
(9) SUNY DOWNSTATE ME	DICAL CENTER	_						
450 CLARKSON AVE	BROOKLYN, NY 11203	14-1368361	501(C)3	148,811.				PARKINSON'S RESEARCH
(10) TACONIC		_						
1 DISCOVERY DRIVE	C, SUITE 304	33-0675808	PUBLIC SECTOR	71,497.				PARKINSON'S RESEARCH
(11) TEMPLE UNIVERSITY		_						
1801 N BROAD ST P	PHILADELPHIA, PA 19122	23-1365971	501(C)3	73,232.				PARKINSON'S RESEARCH
(12) TGEN FOUNDATION		_						
445 N. FIFTH STRE		33-1092191		62,500.				PARKINSON'S RESEARCH
	per of section 501(c)(3) and	-	•					
	per of other organizations list					<u></u>		
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	nedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Individuals in			-	OMB No. 1545-0047
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury	·		-	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificat	ion number
FOR PARKINSON'S	RESEARCH						13-414194	15
Part I General Inf	ormation on Grants and	d Assistanc	e				·	
1 Does the organiza	tion maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
•	ria used to award the grant			•		• • •		X Yes No
	/ the organization's proced							
	Other Assistance to D 21, for any recipient the		-					es" on Form 990,
	address of organization vernment	(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) THE CURRY ROCKEFELI	LER GROUP							
660 WHITE PLAINS RO		13-4168454	PUBLIC SECTOR	15,328.				PARKINSON'S RESEARCH
(2) THE FEINSTEIN INSTI	TUTE FOR MEDICAL RESEARC							
350 COMMUNITY DRIVE	E MANHASSET, NY 11030	11-2673595	501(C)3	75,018.				PARKINSON'S RESEARCH
(3) THE INSTITUTE FOR M	NEURODEGENERATIVE DISORDE							
60 TEMPLE STREET,		06-1582206	501(C)3	4,687,730.				PARKINSON'S RESEARCH
(4) THE J. DAVID GLADST	TONE INSTITUTES							
SAN FRANCISCO, CALI	IFORNIA 94158	23-7203666	501(C)3	267,439.				PARKINSON'S RESEARCH
(5) THE JACKSON LABORAT	TORY							
600 MAIN STREET BAR	R HARBOR, ME 04609-0000	01-0211513	PUBLIC SECTOR	37,500.				PARKINSON'S RESEARCH
(6) THE LEWIN GROUP								
3430 FAIRVEW PARK I	DR.	56-1970224	PUBLIC SECTOR	19,796.				PARKINSON'S RESEARCH
(7) THE PARKINSON'S FOU	INDATION							
1359 BROADWAY, SUIT	re 1509	13-1866796	501(C)3	50,000.				PARKINSON'S RESEARCH
(8) THE REGENTS OF THE	UNIVERSITY OF CALIFORNIA							
1111 FRANKLIN ST., 1	2TH FLOOR	94-6036493	501(C)3	42,991.				PARKINSON'S RESEARCH
(9) THE SCRIPPS RESEARC	CH 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 UN	IIVERSITY							
SENEB BIOSCIENCES 3	8805 OLD EASTON ROAD	23-1352651	501(C)3	101,113.				PARKINSON'S RESEARCH
(12) TRANSLATIONAL GENOM	MICS RESEARCH INSTITUTE	1						
445 N. FIFTH STREET	F PHOENIX, AZ 85004	75-3065445	501(C)3	70,834.				PARKINSON'S RESEARCH
	r of section 501(c)(3) and	-	-					
	r of other organizations list						<u></u>	
For Paperwork Reduction	Act Notice, see the Instruct	ions for Form 9	90.				Sch	nedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t ndividuals in			-	омв No. 1545-0047 20 19
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	۱.		Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identificat	ion number
FOR PARKINSON'S	RESEARCH						13-414194	15
Part I General Ir	nformation on Grants an	d Assistanc	e				·	
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
-	eria used to award the gran			-	-			X Yes No
	IV the organization's proce							
	Id Other Assistance to D The 21, for any recipient t		-					es" on Form 990,
	d address of organization 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 A	VE	96-5433258	PUBLIC SECTOR	60,562.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF ALA	BAMA, BIRMINGHAM							
1720 UNIVERSITY B	LVD BIRMINGHAM, AL 35294	63-6005396	501(C)3	357,013.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF CAL	IFORNIA, LOS ANGELES							
405 HILGARD AVE L	OS ANGELES, CA 90095	95-6006143	501(C)3	302,513.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF CAL	IFORNIA, SAN DIEGO							
9500 GILMAN DR. L	A JOLLA, CA 92093	95-2544535	501(C)3	636,768.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF CAL	IFORNIA, SAN FRANCISCO							
1701 DIVISADERO S	T SAN FRANCISCO, CA 94115	94-6036493	501(C)3	786,154.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF CIN	CINNATI							
2600 CLIFTON AVE	CINCINNATI, OH 45221	31-6000989	501(C)3	65,431.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF COL	ORADO DENVER							
1201 LARIMER ST D	ENVER, CO 80204	84-6000555	501(C)3	80,979.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF FLO	RIDA	_						
3450 HULL ROAD, 4	TH FLOOR	59-6002052	501(C)3	222,847.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF GEO	RGIA	_						
901 ATLANTIC DR.	NW ATLANTA, GA 30332	58-2374837	501(C)3	68,119.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF IOW	A	_						
2450 UNIVERSITY C	APITOL CENTER	42-6004813	501(C)3	415,166.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF MAR	YLAND	_						
	T BALTIMORE, MD 21201	52-6002033	501(C)3	110,229.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF MIC	HIGAN	4						
3003 SOUTH STATE		38-6006309		191,590.				PARKINSON'S RESEARCH
	er of section 501(c)(3) and	•	•					
	er of other organizations lis					<u></u>		
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	nedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Individuals ir			-	2019
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			► At	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	/Form990 for the la	atest information			Inspection
Name of the organization	THE MICHAEL J. FO	X FOUNDAT	ION				Employer identification	on number
FOR PARKINSON'S	RESEARCH						13-414194	5
Part I General Ir	nformation on Grants and	d Assistanc	e					
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grants	s or assistance, and	
the selection crite	eria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part	IV the organization's procee	dures for mor	nitoring the use	of grant funds in the	United States.			
Part II Grants an	d Other Assistance to D	omestic Or	ganizations ar	d Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th		-					
1 (a) Name and	address of organization	(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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
			(app.icabio)	grant		other)		
(1) UNIVERSITY OF NEB	RASKA MEDICAL CENTER	_						
985100 NEBRASKA M	EDICAL CENTER	47-0049123	501(C)3	65,000.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF NOR	TH CAROLINA, CHAPEL HILL	_						
153A COUNTRY CLUB		56-6001393	501(C)3	297,002.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF NOR	TH TEXAS	_						
3500 CAMP BOWIE B	LVD FORT WORTH, TX 76107	71-6064033	501(C)3	647,810.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF NOR	TH TEXAS HEALTH SCIENCE CE	_						
3500 CAMP BOWIE B	LVD FORT WORTH, TX 76107	71-6064033	501(C)3	286,250.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF PIT	ISBURGH	_						
3471 FIFTH AVE, S		25-0965591	501(C)3	781,209.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF ROC	HESTER	_						
CENTER FOR NEUROT	HERAPEUTICS DISCOVERY 601	26-3800000	501(C)3	1,047,264.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF ROC	HESTER	_						
BROOKS LANDING BU	SINESS CENTER 910 GENESSE	16-0743209	501(C)3	113,080.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF SOU	TH FLORIDA	_						
4001 E. FLETCHER		59-3102112	501(C)3	56,067.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF SOU	THERN CALIFORNIA	_						
USC INSTITUTE FOR	NEUROIMAGING AND INFORMAT	95-1642394	501(C)3	2,479,834.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF TEX	AS HEALTH SCIENCE CENTER,	_						
7000 FANNIN, UCT	1006 HOUSTON, TX 77030	74-1761309	501(C)3	102,765.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF UTA	H	_						
201 S. PRESIDENT'		87-6000525	501(C)3	33,123.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF WAS	HINGTON	4						
1660 S. COLUMBIAN		91-6001537		180,712.				PARKINSON'S RESEARCH
	er of section 501(c)(3) and	-	-					
	er of other organizations list						<u> </u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on I > Attach to Form 99 > Go to www.irs.gov/Form990 for the Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH Part1 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistate the selection criteria used to award the grants or assistance?	atest information	eligibility for the grant	Employer identificati 13-414194 s or assistance, and 	X Yes No (h) Purpose of grant or assistance PARKINSON'S RESEARCH
Department of the irreasury Internal Revenue Service Go to www.irs.gov/Form990 for the Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH Part1 General Information on Grants and Assistance 1 1 Does the organization maintain records to substantiate the amount of the grants or assistate the selection criteria used to award the grants or assistance?	atest information ince, the grantees e United States. Fernments. Com be duplicated if a (e) Amount of non-	' eligibility for the grant plete if the organiz additional space is r	Employer identificati 13-414194 s or assistance, and ation answered "Y needed. (g) Description of	Inspection ion number 45 X Yes X Yes X Yes No Zes" on Form 990, (h) Purpose of grant or assistance PARKINSON'S RESEARCH
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FOR PARKINSON'S RESEARCH Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistate the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Part II Grants and Other Assistance to Domestic Organizations and Domestic Gomestic Organizations and Domestic Gomestic Organizations and Domestic Gomestic Organizations and address of organization or government 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (1) VAN ANDEL RESEARCH INSTITUTE (d) Amount of cash or government (d) Amount of cash grant (1) VAN ANDEL RESEARCH INSTITUTE (d) Amount of cash or government (d) Amount of cash grant (1) VAN ANDEL RESEARCH INSTITUTE (e) IRC sector (g) Amount of cash grant (1) VINCERE BIOSCIENCES, INC (g) VINCERE BIOSCIENCES, INC (g) VINCERE BIOSCIENCES LLC 45 PROSPECT STREET CAMBRIDGE, MA 02139-0000 83-1250020 public Sector 399,086. (3) VIRGINIA COMMONWEALTH UNIVERSITY 54-6001758 501(c) 3 380,020. (4) VIVREON BIOSCIENCES LLC 43-0653611 501(c) 3 68,466. (6) WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY 1300 YORK AVE NEW YORK, NY 10065 13	e United States. vernments. Com be duplicated if a (e) Amount of non-	nplete if the organiz additional space is r (f) Method of valuation (book, FMV, appraisal,	ation answered "Yneeded.	X Yes No (h) Purpose of grant or assistance PARKINSON'S RESEARCH
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(5) WASHINGTON UNIVERSITY IN ST. LOUIS 43-0653611 501(C)3 68,466. 1 BROOKINGS DR ST. LOUIS, MO 63130-4862 43-0653611 501(C)3 68,466. (6) WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY 1300 YORK AVE NEW YORK, NY 10065 13-1623978 501(C)3 253,032. (7) WIRB-COPERNICUS GROUP, INC. 47-1832080 PUBLIC SECTOR 137,181. (8) YALE UNIVERSITY 34 PARK ST., BLDG: CMHC, RM. W306 06-0646973 501(C)3 140,218.				
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(6) WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY 13-1623978 501(C)3 253,032. (7) WIRB-COPERNICUS GROUP, INC. 13-1623978 501(C)3 253,032. (7) WIRB-COPERNICUS GROUP, INC. 13-1623978 501(C)3 253,032. (8) YALE UNIVERSITY 34 PARK ST., BLDG: CMHC, RM. W306 06-0646973 501(C)3 140,218.				
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212 CARNEGIE CENTER, SUITE 301 47-1832080 PUBLIC SECTOR 137,181. (8) YALE UNIVERSITY 34 PARK ST., BLDG: CMHC, RM. W306 06-0646973 501(C)3 140,218.				PARKINSON'S RESEARCH
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34 PARK ST., BLDG: CMHC, RM. W306 06-0646973 501(C)3 140,218.				PARKINSON'S RESEARCH
				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 ta				153.
3 Enter total number of other organizations listed in the line 1 table		<u> <u></u></u>	<u></u>	

300043

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
l					
5					
; ;					
,					

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

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
i					
,					
art IV Supplemental Information. Provide information.	de the information re	quired in Part I,	line 2, Part III, c	column (b); and any o	ther additional

GRANTEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. PROGRESS

IS VERIFIED BEFORE ADDITIONAL PAYMENTS ARE MADE.

SCH	EDULE J	Comper	sation Information	L	OMB No.	1545-0	047
(For	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		ର୍ଲ	19	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury	▶	Attach to Form 990.		Open to		
-	Revenue Service	THE MICHAEL J. FOX FOUN	990 for instructions and the latest information.	Employer identifica		ectio	n
	0	'S RESEARCH	UDATION	13-41419			
Part		is Regarding Compensation					
	-					Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Fo	m		
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of person	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III	to		
-	explain				. 1b		
2	-		to reimbursing or allowing expenses				
			D/Executive Director, regarding the items				
					. 2		
3			on used to establish the compensation of t at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in Pa				
	<u> </u>	nsation committee	Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а			ayment?		. 4a		Х
b	Participate in,	, or receive payment from, a suppleme	ental nonqualified retirement plan?		. 4b		Х
С			ased compensation arrangement?		. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_	•		rganizations must complete lines 5-9.				
5	compensation	n contingent on the revenues of:	ion A, line 1a, did the organization pa				
a							X X
b		rganization? e 5a or 5b, describe in Part III.			. 5b		A
e			ion A line to did the organization po	v or occrup o	n v		
6		n contingent on the net earnings of:	ion A, line 1a, did the organization pa	y of accrue a	i i y		
а					. 6a		X
b	-						X
~		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov	ide anv nonfix	ed		
-			lescribe in Part III			X	
8			paid or accrued pursuant to a contract that				
		-	Regulations section 53.4958-4(a)(3)? If				
							X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			. 9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TODD SHERER	(i)	389,827.	450,000.	0.	16,800.	10,653.	867,280.	0
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH W. BROOKS	(i)	394,800.	500,000.	0.	16,800.	5,680.	917,280.	0.
2 ^{CO-FOUNDER & EXEC. VICE CHAIR}	(ii)	0.	0.	0.	0.	0.	0.	0.
SOHINI CHOWDHURY	(i)	296,770.	125,000.	0.	16,800.	3,590.	442,160.	0.
3 DEPUTY CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM FOWLER	(i)	214,369.	0.	0.	13,216.	5,895.	233,480.	0.
SVP, STRAT, FIN & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN K. FISKE	(i)	235,839.	65,000.	0.	16,800.	299.	317,938.	0.
SVP, RESEARCH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK A. FRASIER	(i)	233,082.	55,000.	0.	16,800.	19.	304,901.	0.
SVP, RESEARCH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
HOLLY TEICHHOLTZ	(i)	225,377.	55,000.	0.	16,800.	254.	297,431.	0.
7 ^{SVP, COMM & CONTENT STRATEGIES}	(ii)	0.	0.	0.	0.	0.	0.	0.
EMILY MOYER THRU 12/18/	(i)	221,541.	50,000.	0.	16,639.	220.	288,400.	0.
8 SVP, MARKETING & DIGITAL STRAT	(ii)	0.	0.	0.	0.	0.	0.	0.
RACHEL DOLHUN	(i)	212,774.	35,000.	0.	15,015.	1,460.	264,249.	0.
9^{VP} , MEDICAL COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

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

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization FOR PARKINSON'S RESEARCH

THE MICHAEL J. FOX FOUNDATION

Employer identification number 13-4141945

Part	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	(c Method of c noncash contri			nts
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	Х	189.	73,557,879.	FAIR VALUE	3		
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				ļ			
18	Collectibles				ļ			
19	Food inventory				ļ			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
	Other ►()							
	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	ement	29	V		
<u> </u>	During the upper did the energiest		h	nter new entered in Dent I. lines	- 4 thurs work [Ye	s i	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the used for exempt purposes for					30a		Х
h	If "Yes," describe the arrangement i		oluling period?		•••••	Jua		
ы 31	Does the organization have a		tance policy that require	e the review of any	nonstandard			
51	contributions?			-		31	x	
322	Does the organization hire or use						+	
JZa	contributions?	•	•	· •		32a	x	
h	If "Yes," describe in Part II.				•••••			
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part II.			(u)				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule I	M (Form	990)	2019

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

Page 2

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

PART I, LINE #32A

THE FOUNDATION USES AN INDEPENDENT FINANCIAL ADVISOR TO SELL ITS DONATED

SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.



Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization	THE MICHAEL J. FOX FOUNDATION	Employer identification number
FOR PARKINSON'S R	ESEARCH	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 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.

300043

Page 2

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

JSA

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.

\$ 925,500

PART XI, LINE 9 OTHER CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT \$ 173,919 RETURNED GRANTS 751,581

ATTACHMENT 1

FORM 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,

NAME AND ADDRESS

114 5TH AVE, 17TH FLOOR NEW YORK, NY 10011

ESRT WEST 34TH STREET, LP

SUPERUNION

9E1228 1.000 FTTX 3 3 R T.1	61 6/27/2020	8:27:43 AM	V 19-5.2F	300043	
JSA					Schedule O (Form 990 or 990-EZ) 2019
ASHLEY ISER 372 FIFTH AVE NEW YORK, NY 3				PRODUCTION	189,688.
111 WEST 33RD NEW YORK, NY 1	-				

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

ATTACHMENT 2

COMPENSATION

487,621.

5,368,686.

DESCRIPTION OF SERVICES

MARKETING

RENT

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	THE MICHAEL J. FOX FOUNDATION	Employer identification number			
FOR PARKINSON'S	RESEARCH	13-4141945			
		ATTACHMENT 2 (CONT'D)			

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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.

300043

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-4141945

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization	THE	MICHAEL	J.	FOX	FOUNDATION

FOR PARKINSON'S RESEARCH

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	Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) MJFF CANADA 365 BAY STREET, SUITE 899 TORONTO, ONTARIO CA	RESEARCH	CA			MJFF (US)		Х
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)							
(7)							

300043

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

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Page 2

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 Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(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.

(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 controlle entity?
							Yes No
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	(state or foreign entity (C corp, S corp, or trust)	(state or foreign entity (C corp, S corp, or trust) income	(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	(state or foreign country) entity (C corp, S corp, or trust) income end-of-year assets ownership

Schedule R (Form 990) 2019

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	e: 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 r	elated organizations lis	ted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10	X	
0							
р	Reimbursement paid to related organization(s) for expenses.				1p	Х	
-	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s)		<u> </u>		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	red relationships and transa	ction three	sholds	s.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amou	(d) of dete nt invo		g
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
JSA			Sch	edule R (F	orm	990) 2	2019
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13-4141945

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Schedule R (Form 990) 2019

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.

Name, ad	(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)	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) Percentag ownership
					Yes	No			Yes	No	(Yes	No	<u> </u>
(1)		_												
(2)		_												
(3)														
(4)														
		_												
(7)														

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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