

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning and ending**

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

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

**D Employer identification number**  
13-4141945

**E Telephone number**  
(212) 509-0995

**G Gross receipts \$** 668,306,672.

**H(a) Is this a group return for subordinates?**  Yes  No

**H(b) Are all subordinates included?**  Yes  No  
If "No," attach a list. See instructions

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

**J Website:** WWW.MICHAELJFOX.ORG

**K Form of organization:**  Corporation  Trust  Association  Other

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	49
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	49
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	233
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-5,883.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	350,717,581.	358,314,912.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	527,423.	2,780,188.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,160,976.	1,310,873.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	353,405,980.	362,405,973.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	232,955,547.	269,940,968.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	26,428,654.	34,581,219.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	104,124.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,854,088.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,508,634.	34,272,351.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	279,892,835.	338,898,662.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	330,549,492.	397,763,015.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	150,544,575.	193,791,964.
		180,004,917.	203,971,051.

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: William Fowler, CEO  
Date: 15 June 2023

**Paid Preparer Use Only**  
Print/Type preparer's name: CANDICE METH  
Preparer's signature: Candice Meth  
Date: 6/14/2023  
Check if self-employed:   
PTIN: P01306891  
Firm's name: EISNER ADVISORY GROUP LLC  
Firm's EIN: 87-1353108  
Firm's address: 733 THIRD AVENUE  
NEW YORK, NY 10017-2703  
Phone no.: 212-949-8700

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

STEPHEN GRUBB

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

Telephone No. ▶ (212) 509-0995 Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2022 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE  
THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA AND TO ENSURING THE  
DEVELOPMENT OF IMPROVED THERAPIES FOR THOSE LIVING WITH PARKINSON'S  
TODAY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 307,363,853. including grants of \$ 269,940,968.) (Revenue \$ 9,750.)  
TO FUND RESEARCH FOCUSED ON DEVELOPING A CURE FOR PARKINSON'S DISEASE.

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

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

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

**4e** Total program service expenses 307,363,853.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 233		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	X	
<b>4a</b>	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)? .....	X	
<b>b</b>	If "Yes," enter the name of the foreign country <u>CANADA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain on Schedule O.		
	1a 49		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 49		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 STEPHEN GRUBB - (212) 509-0995  
 - MJFF GRAND CENTRAL STA PO BOX 4777,, NEW YORK, NY 10163

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH W. BROOKS CO-FOUNDER & CEO	40.00 0.00			X				1,376,111.	0.	47,554.
(2) TODD SHERER CHIEF MISSION OFFICER	40.00 0.00				X			1,262,336.	0.	48,478.
(3) SOHINI CHOWDHURY CHIEF PROGRAM OFFICER	40.00 0.00			X				662,241.	0.	20,791.
(4) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	40.00 0.00					X		413,373.	0.	42,556.
(5) WILLIAM FOWLER CHIEF FINANCIAL OFFICER	40.00 0.00			X				396,723.	0.	42,567.
(6) BRIAN K. FISKE CHIEF SCIENCE OFFICER	40.00 0.00					X		373,851.	0.	39,767.
(7) MICHELE GOLOMBUSKI CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		374,320.	0.	32,646.
(8) JAMES MCNASBY CHIEF PEOPLE OFFICER & GENERAL COUNS	40.00 0.00			X				353,074.	0.	48,603.
(9) MARK A. FRASIER CHIEF SCIENCE OFFICER	40.00 0.00					X		375,255.	0.	20,312.
(10) RACHEL DOLHUN SVP, MEDICAL COMMUNICATIONS	40.00 0.00					X		334,421.	0.	28,851.
(11) MICHAEL J. FOX FOUNDER	2.00 2.00	X						0.	0.	0.
(12) JEFFREY KEEFER CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(13) FRED G. WEISS TREASURER	2.00 0.00	X		X				0.	0.	0.
(14) SKIP IRVING VICE CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(15) HOLLY S. ANDERSEN, MD MEMBER	2.00 0.00	X						0.	0.	0.
(16) BONNIE M. BANDEEN MEMBER	2.00 0.00	X						0.	0.	0.
(17) GLENN BATCHELDER MEMBER	2.00 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN BILOTTA MEMBER	2.00 0.00	X						0.	0.	0.
(19) MARK BOOTH MEMBER	2.00 0.00	X						0.	0.	0.
(20) JON BROOKS MEMBER	2.00 0.00	X						0.	0.	0.
(21) BARRY J. COHEN MEMBER	2.00 0.00	X						0.	0.	0.
(22) ANDREW CREIGHTON MEMBER	2.00 0.00	X						0.	0.	0.
(23) JOHN S. DALY MEMBER	2.00 0.00	X						0.	0.	0.
(24) DONNY DEUTSCH MEMBER	2.00 0.00	X						0.	0.	0.
(25) DAVID EINHORN MEMBER	2.00 0.00	X						0.	0.	0.
(26) KAREN FINERMAN MEMBER	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,921,705.	0.	372,125.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,921,705.	0.	372,125.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 109

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE STATE DIGITAL 41 FLATBUSH AVENUE, BROOKLYN, NY 11217	MARKETING	6,739,763.
ESRT WEST 34TH STREET, LP, 111 WEST 33RD ST, 12TH FL, NEW YORK, NY 10120	RENT	5,880,555.
YLD LTD 114 5TH AVE, 17TH FLOOR, NEW YORK, NY 10011	TECH DEVELOPMENT	2,231,835.
ALLIED PRINTING SERVICES P.O. BOX 850, MANCHESTER, CT 06045	PRINTING	1,411,701.
MSIX COMMUNICATIONS CANADA LTD, 99 SPADINA AVENUE, SUITE 200, TORONTO, ONTARIO,	ADVERTISING	985,364.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

SEE PART VII, SECTION A CONTINUATION SHEETS

THE MICHAEL J. FOX FOUNDATION  
FOR PARKINSON'S RESEARCH

Form 990

13-4141945

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEE FIXEL MEMBER THRU 10/27/22	2.00 0.00	X						0.	0.	0.
(28) NELLE FORTENBERRY MEMBER	2.00 0.00	X						0.	0.	0.
(29) AKBAR GBAJABIAMILA MEMBER	2.00 0.00	X						0.	0.	0.
(30) WILLIE GEIST MEMBER	2.00 0.00	X						0.	0.	0.
(31) GABE GELMAN MEMBER	2.00 0.00	X						0.	0.	0.
(32) DAVID GLICKMAN MEMBER	2.00 0.00	X						0.	0.	0.
(33) MARK L. HART III MEMBER THRU 10/27/22	2.00 0.00	X						0.	0.	0.
(34) ANNE M. HOLLOWAY MEMBER	2.00 0.00	X						0.	0.	0.
(35) MELANIE BOLCH ISBILL MEMBER	2.00 0.00	X						0.	0.	0.
(36) EDWARD KALIKOW MEMBER	2.00 0.00	X						0.	0.	0.
(37) ALEX KRYS MEMBER	2.00 0.00	X						0.	0.	0.
(38) AMAR KUCHINAD MEMBER	2.00 0.00	X						0.	0.	0.
(39) MARC S. LIPSCHULTZ MEMBER	2.00 0.00	X						0.	0.	0.
(40) BARRY MALKIN MEMBER	2.00 0.00	X						0.	0.	0.
(41) COLIN R. MASSON MEMBER	2.00 0.00	X						0.	0.	0.
(42) OFER NEMIROVSKY MEMBER	2.00 0.00	X						0.	0.	0.
(43) ANDREW J. O'BRIEN MEMBER	2.00 0.00	X						0.	0.	0.
(44) DOUGLAS I. OSTROVER MEMBER	2.00 0.00	X						0.	0.	0.
(45) LISA A. PIAZZA MEMBER	2.00 0.00	X						0.	0.	0.
(46) TRACY POLLAN MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JACK QUINN MEMBER	2.00 0.00	X						0.	0.	0.
(48) RYAN REYNOLDS MEMBER	2.00 0.00	X						0.	0.	0.
(49) HARTLEY T. RICHARDSON MEMBER	2.00 0.00	X						0.	0.	0.
(50) ARI RICHTER MEMBER	2.00 0.00	X						0.	0.	0.
(51) FREDERICK E. ROWE JR. MEMBER	2.00 0.00	X						0.	0.	0.
(52) LILY SAFRA MEMBER THRU 7/9/2022	2.00 0.00	X						0.	0.	0.
(53) CAROLYN SCHENKER MEMBER	2.00 0.00	X						0.	0.	0.
(54) CURTIS SCHENKER MEMBER	2.00 0.00	X						0.	0.	0.
(55) RICHARD J. SCHNALL MEMBER	2.00 0.00	X						0.	0.	0.
(56) ROBERT W. SHACKLETON MEMBER	2.00 0.00	X						0.	0.	0.
(57) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00 0.00	X						0.	0.	0.
(58) GEORGE STEPHANOPOULOS MEMBER	2.00 0.00	X						0.	0.	0.
(59) BONNIE STRAUSS MEMBER	2.00 0.00	X						0.	0.	0.
(60) RICK TIGNER MEMBER	2.00 0.00	X						0.	0.	0.
(61) GEORGE WHELEN MEMBER	2.00 0.00	X						0.	0.	0.
(62) PETER ZAFFINO MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	186,440.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	5,904,203.				
	<b>d</b> Related organizations .....	<b>1d</b>	15,220.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	352,209,049.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 238,774,440.				
	<b>h Total.</b> Add lines 1a-1f .....			358,314,912.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,828,672.			2,828,672.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,254,824.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	1,254,824.				
	<b>d</b> Net rental income or (loss) .....			1,254,824.		1,254,824.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	304,783,529.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	304,832,013.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-48,484.				
<b>d</b> Net gain or (loss) .....			-48,484.		-48,484.		
<b>8 a</b> Gross income from fundraising events (not including \$ 5,904,203. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		1,011,757.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	1,011,757.					
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		51,046.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	56,929.					
<b>c</b> Net income or (loss) from sales of inventory .....			-5,883.		-5,883.		
Miscellaneous Revenue	<b>11 a</b> GAIN ON CURRENCY EXCHA	<b>Business Code</b>	900099	52,182.		52,182.	
	<b>b</b> MISCELLANEOUS REVENUE		900099	9,750.	9,750.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			61,932.			
<b>12 Total revenue.</b> See instructions .....			362,405,973.	9,750.	-5,883.	4,087,194.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	238,354,879.	238,354,879.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	31,586,089.	31,586,089.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,050,484.	2,691,977.	344,027.	1,014,480.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	24,215,146.	12,430,661.	5,055,175.	6,729,310.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,376,158.	687,717.	356,882.	331,559.
<b>9</b> Other employee benefits .....	2,913,668.	1,519,390.	341,150.	1,053,128.
<b>10</b> Payroll taxes .....	2,025,763.	1,057,186.	383,499.	585,078.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	456,298.	316,515.	45,753.	94,030.
<b>c</b> Accounting .....	87,580.		87,580.	
<b>d</b> Lobbying .....	600,982.	600,982.		
<b>e</b> Professional fundraising services. See Part IV, line 17	104,124.			104,124.
<b>f</b> Investment management fees .....	150.		150.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,648,266.	5,947,916.	858,926.	1,841,424.
<b>12</b> Advertising and promotion .....	6,835,580.	5,005,213.		1,830,367.
<b>13</b> Office expenses .....	950,046.	259,050.	197,606.	493,390.
<b>14</b> Information technology .....	2,441,684.	1,230,224.	754,799.	456,661.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,063,492.	1,493,779.	3,141,273.	428,440.
<b>17</b> Travel .....	4,049,444.	3,062,592.	129,855.	856,997.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,388,440.	582,038.	521,938.	284,464.
<b>23</b> Insurance .....	183,263.	105,406.	35,507.	42,350.
<b>24</b> 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.)				
<b>a</b> PRINTING AND PRODUCTION	2,004,821.	112,249.	14,269.	1,878,303.
<b>b</b> DONATION PROCESSING	890,052.	179,555.	35,672.	674,825.
<b>c</b> RECRUITMENT AND TRAININ	506,432.	55,866.	344,598.	105,968.
<b>d</b> OTHER EXPENSES	165,821.	84,569.	32,062.	49,190.
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	338,898,662.	307,363,853.	12,680,721.	18,854,088.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	253.	<b>1</b>	253.
	<b>2</b> Savings and temporary cash investments .....	206,758,445.	<b>2</b>	144,194,783.
	<b>3</b> Pledges and grants receivable, net .....	22,408,960.	<b>3</b>	22,818,272.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	97,204.	<b>8</b>	79,186.
	<b>9</b> Prepaid expenses and deferred charges .....	1,217,916.	<b>9</b>	2,142,283.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,547,918.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,869,711.	<b>10c</b>	7,728,406.
	<b>11</b> Investments - publicly traded securities .....	89,955,756.	<b>11</b>	191,936,755.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,241,247.	<b>15</b>	28,863,077.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	330,549,492.	<b>16</b>	397,763,015.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,178,763.	<b>17</b>	4,407,247.
	<b>18</b> Grants payable .....	135,654,334.	<b>18</b>	151,090,045.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	10,711,478.	<b>25</b>	38,294,672.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	150,544,575.	<b>26</b>	193,791,964.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	54,063,847.	<b>27</b>	55,132,969.
	<b>28</b> Net assets with donor restrictions .....	125,941,070.	<b>28</b>	148,838,082.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	180,004,917.	<b>32</b>	203,971,051.
<b>33</b> Total liabilities and net assets/fund balances .....	330,549,492.	<b>33</b>	397,763,015.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	362,405,973.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	338,898,662.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	23,507,311.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	180,004,917.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-524,193.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	983,016.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	203,971,051.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

**Employer identification number**  
13-4141945

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	121,180,254.	157,689,137.	198,954,743.	350,717,581.	358,314,912.	1186856627.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	121,180,254.	157,689,137.	198,954,743.	350,717,581.	358,314,912.	1186856627.
<b>5</b> 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) .....						631,232,148.
<b>6 Public support.</b> Subtract line 5 from line 4.						555,624,479.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	121,180,254.	157,689,137.	198,954,743.	350,717,581.	358,314,912.	1186856627.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,068,809.	3,857,217.	3,380,765.	2,680,114.	4,083,496.	15,070,401.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			513.	8,023.	-5,883.	2,653.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	6,422.	68,362.	-61,834.	-900.	61,932.	73,982.
<b>11 Total support.</b> Add lines 7 through 10						1202003663.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	46.22 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	52.09 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 63,933.

2019 AMOUNT: \$ 42,920.

2020 AMOUNT: \$ 3,439.

2021 AMOUNT: \$ 18,563.

2022 AMOUNT: \$ 9,750.

GAIN/LOSS ON CURRENCY EXCHANGE

2018 AMOUNT: \$ -57,511.

2019 AMOUNT: \$ 25,442.

2020 AMOUNT: \$ -65,273.

2021 AMOUNT: \$ -19,463.

2022 AMOUNT: \$ 52,182.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 185,427,045.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 36,140,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 16,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 13,488,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED SECURITIES <hr/> <hr/> <hr/>	\$ 185,427,045.	07/13/22
2	DONATED SECURITIES <hr/> <hr/> <hr/>	\$ 36,140,570.	12/01/22
4	DONATED SECURITIES <hr/> <hr/> <hr/>	\$ 13,122,125.	12/13/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number  13-4141945
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

**Schedule C (Form 990) 2022**

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	240,334.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	360,648.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	600,982.													
<b>d</b>	Other exempt purpose expenditures	338,297,680.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	338,898,662.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount				1,000,000.	1,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
<b>c</b> Total lobbying expenditures				360,648.	360,648.
<b>d</b> Grassroots nontaxable amount				250,000.	250,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
<b>f</b> Grassroots lobbying expenditures				240,334.	240,334.

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and section 170(h) requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for public service, 1b) amounts for art collection, and 2) amounts for financial gain.

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		12,266,620.	5,214,106.	7,052,514.
d Equipment		2,260,005.	1,881,993.	378,012.
e Other		2,021,293.	1,723,413.	297,880.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,728,406.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET	28,348,519.
(2) SPLIT-INTEREST AGREEMENTS - CHARITABLE GIFT ANNUITIES	514,558.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	28,863,077.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	37,888,948.
(3) OTHER LIABILITIES	405,724.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,294,672.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	362,380,050.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-524,193.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	498,420.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-25,773.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	362,405,823.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	150.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	362,405,973.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	338,413,916.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,465,972.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,465,972.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	336,947,944.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	150.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,950,568.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,950,718.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	338,898,662.

**Part XIII Supplemental Information.**

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.

PART X, LINE 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 XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT REVENUE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR

PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,290,057.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -791,637.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 498,420.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT EXPENSE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR

PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,290,057.

LOSS ON UNCOLLECTIBLE ACCOUNTS 175,915.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,465,972.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURNED GRANTS 1,950,568.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		28,146,235.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		1,329,808.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		802,250.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		914,553.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		393,243.
<b>3 a</b> Subtotal .....	0	0			31,586,089.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			31,586,089.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	12,488.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	7,500.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	280,803.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	82,540.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	368,396.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	90,000.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	158,680.	WIRE	0.		
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	321,901.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 69

3 Enter total number of other organizations or entities ..... ► 10

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		ASIA AND THE PACIFIC	PARKINSON'S RESEARCH	7,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	296,261.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	656,190.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	166,063.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	595,823.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	373,800.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,688,074.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	537,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	135,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	226,974.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	100,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	150,547.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	37,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	23,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	109,033.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	23,460.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	894,868.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	3,297,561.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	112,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	149,793.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	476,979.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,854,972.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	418,800.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	149,903.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	178,174.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	156,269.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	158,558.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	83,134.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	12,500.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	963,733.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	208,327.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	372,756.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	248,109.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	382,498.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	225,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	242,765.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	100,625.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	27,602.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	168,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	741,089.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	138,000.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	573,086.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,215,384.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	249,838.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	173,922.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	280,923.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	197,086.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	286,021.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	268,083.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	157,539.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,850,863.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	333,333.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	406,252.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	634,571.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	PARKINSON'S RESEARCH	2,842,802.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	142,067.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	1,280,413.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	181,309.	WIRE	0.		
		EUROPE	PARKINSON'S RESEARCH	191,504.	WIRE	0.		
		MIDDLE EAST AND AFRICA	PARKINSON'S RESEARCH	99,599.	WIRE	0.		
		MIDDLE EAST AND AFRICA	PARKINSON'S RESEARCH	498,655.	WIRE	0.		
		MIDDLE EAST AND AFRICA	PARKINSON'S RESEARCH	203,996.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	652,085.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PARKINSON'S RESEARCH	16,792.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	135,000.	WIRE	0.		
		NORTH AMERICA	PARKINSON'S RESEARCH	110,676.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	63,172.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	15,000.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	99,900.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	166,595.	WIRE	0.		
		SOUTH AMERICA	PARKINSON'S RESEARCH	48,576.	WIRE	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

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. REQUIRED REPORTING IS REVIEWED BEFORE ADDITIONAL PAYMENTS ARE MADE.

PART I, LINE 3:

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GOODUNITED - 796 MEETING STREET, CHARLESTON, SC	PROFESSIONAL FUNDRAISER		X	2,487,850.	104,124.	2,383,726.
<b>Total</b>				2,487,850.	104,124.	2,383,726.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FUNNY THING (event type)	BREAKING PAR (event type)	2 (total number)		
Revenue	1	Gross receipts	4,519,578.	1,876,178.	520,204.	6,915,960.
	2	Less: Contributions	3,826,021.	1,597,606.	480,576.	5,904,203.
	3	Gross income (line 1 minus line 2)	693,557.	278,572.	39,628.	1,011,757.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	213,692.	167,700.	18,909.	400,301.
	8	Entertainment	52,000.			52,000.
	9	Other direct expenses	427,865.	110,872.	20,719.	559,456.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,011,757.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER: 796 MEETING STREET, CHARLESTON, SC 29403



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABCAM ONE KENDALL SQUARE CAMBRIDGE, MA 02139	98-0487031	PUBLIC SECTOR	144,215.	0.			PARKINSON'S RESEARCH
ADDITION THERAPEUTICS 2625 DURANT AVE. BERKELEY, CA 94720	87-1269401	PUBLIC SECTOR	409,386.	0.			PARKINSON'S RESEARCH
ALLYX THERAPEUTICS INC. 470 JAMES ST NEW HAVEN, CT 06513	83-2648948	PUBLIC SECTOR	2,771,214.	0.			PARKINSON'S RESEARCH
AMYDIS INC. 9310 ATHENA CR, SUITE 100 LA JOLLA, CA 92037	46-3940755	PUBLIC SECTOR	748,907.	0.			PARKINSON'S RESEARCH
ARIZONA STATE UNIVERSITY FOUNDATION - P.O. BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	1,857,886.	0.			PARKINSON'S RESEARCH
BANNER HEALTH INSTITUTE 117 KENDRICK STREET, SUITE 600 NEEDHAM, MA 02494	45-4443058	501(C)(3)	534,613.	0.			PARKINSON'S RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **62.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **40.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	293,279.	0.			PARKINSON'S RESEARCH
BERRY CONSULTANTS LLC 3345 BEE CAVE ROAD AUSTIN, TX 78746	76-0644163	PUBLIC SECTOR	98,968.	0.			PARKINSON'S RESEARCH
BRIGHAM & WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	250,000.	0.			PARKINSON'S RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-6006144	501(C)(3)	108,559.	0.			PARKINSON'S RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	57,500.	0.			PARKINSON'S RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501(C)(3)	538,501.	0.			PARKINSON'S RESEARCH
COLUMBIA UNIVERSITY 630 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	46,626.	0.			PARKINSON'S RESEARCH
COMMUNITY WEALTH PARTNERS 1030 15TH ST. NW, SUITE 1050 WASHINGTON, DC 20005	52-2025260	PUBLIC SECTOR	31,325.	0.			PARKINSON'S RESEARCH
CRITICAL PATH INSTITUTE 1730 E RIVER RD # 200 TUCSON, AZ 85718	20-1991334	501(C)(3)	937,555.	0.			PARKINSON'S RESEARCH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSCOUNTRY CONSULTING 1600 TYSONS BLVD MCLEAN, VA 22102	45-0909029	PUBLIC SECTOR	73,038.	0.			PARKINSON'S RESEARCH
DATA TECNICA INTERNATIONAL 11 VASSAR CIRCLE GLEN ECHO, MD 20812	81-4492729	PUBLIC SECTOR	306,563.	0.			PARKINSON'S RESEARCH
DUKE UNIVERSITY 304 RESEARCH DRIVE, 4TH FLOOR DURHAM, NC 27708	56-0532129	501(C)(3)	6,948.	0.			PARKINSON'S RESEARCH
DUKE-MARGOLIS HEALTH POLICY CENTER 1201 PENNSYLVANIA AVENUE NORTHWEST WASHINGTON, DC 20004-2401	56-0532129	501(C)(3)	330,663.	0.			PARKINSON'S RESEARCH
EMORY UNIVERSITY 615 MICHAEL ST. ATLANTA, GA 30322	58-0566256	501(C)(3)	450,647.	0.			PARKINSON'S RESEARCH
ENVIGO 2033 WESTPORT CENTER DRIVE ST. LOUIS, MO 63146	35-1345024	PUBLIC SECTOR	53,440.	0.			PARKINSON'S RESEARCH
EPICENTRX 11099 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-1035566	PUBLIC SECTOR	129,727.	0.			PARKINSON'S RESEARCH
EPL ARCHIVES 45610 TERMINAL DRIVE STERLING, VA 20166	54-1077359	PUBLIC SECTOR	78,728.	0.			PARKINSON'S RESEARCH
ESCAPE BIOSCIENCES 4000 SHORELINE COURT SAN FRANCISCO, CA 94080	47-4517216	PUBLIC SECTOR	499,507.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVIDATION HEALTH 167 2ND AVE SAN MATEO, CA 94401	45-4887421	PUBLIC SECTOR	465,209.	0.			PARKINSON'S RESEARCH
FINSBURY GLOVER HERING 3 COLUMBUS CIRCLE NEW YORK, NY 10019	85-4217044	PUBLIC SECTOR	327,000.	0.			PARKINSON'S RESEARCH
GREENPHIRE 1018 W. 9TH AVE., SUITE 200 KING OF PRUSSIA, PA 19406	26-4311202	PUBLIC SECTOR	7,281,715.	0.			PARKINSON'S RESEARCH
GREY MATTER TECHNOLOGIES, LLC 1990 MAIN STREET LONGBOAT KEY, FL 34236	81-5140046	PUBLIC SECTOR	50,000.	0.			PARKINSON'S RESEARCH
ILLINOIS INSTITUTE OF TECHNOLOGY 3440 S. DEARBORN ST. CHICAGO, IL 60616	36-2170136	501(C)(3)	698,926.	0.			PARKINSON'S RESEARCH
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION BLOOMINGTON, IN 47401-3654	35-6001673	501(C)(3)	3,158,170.	0.			PARKINSON'S RESEARCH
INDIANA UNIVERSITY SCHOOL OF MEDICINE - 340 W 10TH ST - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	199,904.	0.			PARKINSON'S RESEARCH
INVICRO LLC 119 FOURTH AVENUE NEEDHAM, MA 02494	26-3404955	PUBLIC SECTOR	1,181,946.	0.			PARKINSON'S RESEARCH
KALLYOPE 430 EAST 29TH STREET NEW YORK, NY 10016	47-2537283	PUBLIC SECTOR	432,300.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KONEKSA HEALTH 199 WATER ST. NEW YORK, NY 10038	47-4730521	PUBLIC SECTOR	147,500.	0.			PARKINSON'S RESEARCH
LGC GENOMICS 3600 MINNESOTA STREET ALEXANDRIA, MN 56308-3339	20-3619346	PUBLIC SECTOR	5,593.	0.			PARKINSON'S RESEARCH
LIBRA THERAPEUTICS 3210 MERRYFIELD ROW SAN DIEGO, CA 92121	84-5010331	PUBLIC SECTOR	255,981.	0.			PARKINSON'S RESEARCH
LONG ISLAND UNIVERSITY 1 UNIVERSITY PLAZA BROOKLYN, NY 11201	11-1633516	501(C)(3)	414,111.	0.			PARKINSON'S RESEARCH
LONGEVITY BIOTECH, INC 3001 MARKET ST PHILADELPHIA, PA 19104	27-2351016	PUBLIC SECTOR	2,509,210.	0.			PARKINSON'S RESEARCH
LOUISIANA STATE UNIVERSITY LSUHSC-NEUROLOGY BATON ROUGE, LA 70803	72-0702002	501(C)(3)	63,976.	0.			PARKINSON'S RESEARCH
LUCY THERAPEUTICS, INC. 501 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139	82-2363951	PUBLIC SECTOR	1,378,000.	0.			PARKINSON'S RESEARCH
MAPLIGHT THERAPEUTICS, INC. 501 2ND STREET SAN FRANCISCO, CA 94107	83-2163243	PUBLIC SECTOR	5,295,364.	0.			PARKINSON'S RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114	04-2697983	501(C)(3)	1,306,407.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 221 1ST AVE SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	73,068.	0.			PARKINSON'S RESEARCH
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85254	86-0800150	501(C)(3)	88,541.	0.			PARKINSON'S RESEARCH
MEDCHEM IMAGING LLC C/O INVICRO, LLC, 27 DRYDOCK AVE BOSTON, MA 02210	47-1925477	PUBLIC SECTOR	140,000.	0.			PARKINSON'S RESEARCH
MERCK AND COMPANY 33 AVENUE LOUIS PASTEUR BOSTON, MA 02115	22-1918501	PUBLIC SECTOR	1,500,000.	0.			PARKINSON'S RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824-2600	38-6005984	501(C)(3)	75,025.	0.			PARKINSON'S RESEARCH
MILLIPORESIGMA 290 CONCORD ROAD BILLERICA, MA 01821	04-2170233	PUBLIC SECTOR	78,840.	0.			PARKINSON'S RESEARCH
MITOKININ, LLC 953 INDIANA ST. SAN FRANCISCO, CA 94017	46-1452912	PUBLIC SECTOR	74,470.	0.			PARKINSON'S RESEARCH
NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI) - 9000 ROCKVILLE PIKE 2152, - BETHESDA, MD 20892	52-0858115	501(C)(3)	285,914.	0.			PARKINSON'S RESEARCH
NATIONAL INSTITUTE ON AGING AT NIH 251 BAYVIEW BLVD, SUITE 100 BETHESDA, MD 21224	52-2038294	501(C)(3)	1,233,450.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL INSTITUTES OF HEALTH (NIH) - 35 CONVENT DRIVE - BETHESDA, MD 20892	52-0858115	501(C)(3)	1,222,573.	0.			PARKINSON'S RESEARCH
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES - 301 CENTENNIAL MALL SOUTH - LINCOLN, NE 68509-2529	47-0491233	501(C)(3)	75,000.	0.			PARKINSON'S RESEARCH
NEUROPORE THERAPIES, INC. 11585 SORRENTO VALLEY ROAD, SUITE 1 SAN DIEGO, CA 92121	26-2922865	501(C)(3)	2,500,000.	0.			PARKINSON'S RESEARCH
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501(C)(3)	145,887.	0.			PARKINSON'S RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	549,991.	0.			PARKINSON'S RESEARCH
NURRON PHARMACEUTICALS, INC. 299 LEXINGTON STREET, #112 WOBURN, MA 01801-5943	36-4811004	PUBLIC SECTOR	1,334,171.	0.			PARKINSON'S RESEARCH
NYSNOBIO GT NEUROLOGY, LLC 650 EAST BLITHEDALE AVENUE MILL VALLEY, CA 94941-1478	85-4125002	PUBLIC SECTOR	186,302.	0.			PARKINSON'S RESEARCH
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 S.W. SAM JACKSON PARK ROAD - PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	1,098,564.	0.			PARKINSON'S RESEARCH
PARKINSON'S FOUNDATION 1359 BROADWAY NEW YORK, NY 10018	13-1866796	501(C)(3)	96,990.	0.			PARKINSON'S RESEARCH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 715 CLINIC DR. WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	100,000.	0.			PARKINSON'S RESEARCH
QUANTERIX 113 HARTWELL AVE LEXINGTON, MA 02421	20-8957988	PUBLIC SECTOR	383,522.	0.			PARKINSON'S RESEARCH
RANCHO BIOSCIENCES, LLC 6319 VIA NARANJAL RANCHO SANTA FE, CA 92091	46-1509629	PUBLIC SECTOR	55,436.	0.			PARKINSON'S RESEARCH
RAND CORPORATION 1776 MAIN STREET SANTA MONICA, CA 90407	95-1958142	501(C)(3)	27,145.	0.			PARKINSON'S RESEARCH
RTI INTERNATIONAL 3040 EAST CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	395,300.	0.			PARKINSON'S RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1735 W. HARRISON CHICAGO, IL 60513	36-2174823	501(C)(3)	74,812.	0.			PARKINSON'S RESEARCH
RUTGERS UNIVERSITY 65 DAVIDSON RD PISCATAWAY, NJ 08854	14-6235411	501(C)(3)	391,095.	0.			PARKINSON'S RESEARCH
SEELOS THERAPEUTICS, INC. 300 PARK AVE NEW YORK, NY 10022	87-0449967	PUBLIC SECTOR	248,240.	0.			PARKINSON'S RESEARCH
SIBEL HEALTH 6650 WEST TOUHY AVENUE NILES, IL 60714-4516	83-2935019	PUBLIC SECTOR	4,661,158.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 450 JANE STANFORD WAY STANFORD, CA 94538	94-1156365	501(C)(3)	244,232.	0.			PARKINSON'S RESEARCH
SUPERUNION 114 5TH AVE NEW YORK, NY 10011	13-2631784	PUBLIC SECTOR	550,000.	0.			PARKINSON'S RESEARCH
TACONIC 1 DISCOVERY DRIVE RENSSELAER, NY 12144	33-0675808	PUBLIC SECTOR	7,723.	0.			PARKINSON'S RESEARCH
THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS - 60 TEMPLE STREET, - NEW HAVEN, CT 06510	06-1582206	501(C)(3)	8,886,451.	0.			PARKINSON'S RESEARCH
THE NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET NEW YORK, NY 10019	20-2905531	501(C)(3)	378,776.	0.			PARKINSON'S RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - C/O OFFICE OF SPONSORED RESEARCH, BOX 0962 490 ILLINOIS STREET, 4TH	94-6036493	501(C)(3)	975,326.	0.			PARKINSON'S RESEARCH
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1201 LARIMER ST - DENVER, CO 80204	84-6000555	501(C)(3)	10,491.	0.			PARKINSON'S RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037-1000	33-0435954	501(C)(3)	500,000.	0.			PARKINSON'S RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3600 MARKET STREET, SUITE 380 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	630,966.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF ARIZONA SENIOR VP HEALTH SCIENCES TUSCON, AZ 85721	74-2652689	501(C)(3)	624,810.	0.			PARKINSON'S RESEARCH
TRANSTHERA CONSULTING CO. 2017 NW WALMER DRIVE PORTLAND, OR 97229	46-5327006	501(C)(3)	50,925.	0.			PARKINSON'S RESEARCH
UNIVERSITY HEALTH NETWORK 117 KENDRICK STREET, SUITE 600 NEEDHAM, MA 02494	45-4443058	501(C)(3)	32,956.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1719 6TH AVE SOUTH - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	463,014.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR. PACIFIC HALL 1100 - LA JOLLA, CA 92093-0366	95-6006144	501(C)(3)	125,000.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	194,358.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION - 310 CAMPUS RD - ATHENS, GA 30602	58-1353149	501(C)(3)	260,233.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF IOWA 2450 UNIVERSITY CAPITOL CENTER IOWA CITY, IA 52242	42-6004813	501(C)(3)	645,786.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	41,348.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 620 W LEXINGTON ST BALTIMORE, MD 21201	52-6002033	501(C)(3)	150,000.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF PITTSBURGH 3471 FIFTH AVE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	500,971.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE, BOX 645 ROCHESTER, NY 14642-8673	16-0743209	501(C)(3)	2,119,493.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF ROCHESTER MEDICAL CENTER - 518 HYLAN BUILDING - ROCHESTER, NY 14627	16-0743209	501(C)(3)	389,067.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA USC INSTITUTE FOR NEUROIMAGING AND INFORMATICS - LOS ANGELES, CA 90033	95-1642394	501(C)(3)	1,473,133.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA KECK SCHOOL OF MEDICINE - 1975 ZONAL AVENUE - LOS ANGELES, CA 90033	95-1642394	501(C)(3)	135,000.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS 110 INNER CAMPUS DR. STOP K5300 AUSTIN, TX 78712	74-1761309	501(C)(3)	225,099.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, HOUSTON - 7000 FANNIN, UCT 1006 - HOUSTON, TX 77030	74-1761309	501(C)(3)	210,930.	0.			PARKINSON'S RESEARCH
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501(C)(3)	109,154.	0.			PARKINSON'S RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANQUA BIO 1375 WEST FULTON STREET CHICAGO, IL 60607	30-1205175	PUBLIC SECTOR	375,000.	0.			PARKINSON'S RESEARCH
VINCERE BIOSCIENCES, INC 45 PROSPECT STREET CAMBRIDGE, MA 02139	83-1250020	PUBLIC SECTOR	207,199.	0.			PARKINSON'S RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 S EUCLID AVE - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	116,667.	0.			PARKINSON'S RESEARCH
WELOCALIZE, INC. 15 WEST 37TH STREET NEW YORK, NY 10018	52-2212421	PUBLIC SECTOR	7,978.	0.			PARKINSON'S RESEARCH
WEST VIRGINIA UNIVERSITY FOUNDATION, INC. - 1 WATERFRONT PLACE - MORGANTOWN, WV 26507	55-6017181	501(C)(3)	80,607.	0.			PARKINSON'S RESEARCH
ZYVERSA THERAPEUTICS 2200 NORTH COMMERCE PARKWAY WESTON, FL 33326	46-5188564	PUBLIC SECTOR	59,952.	0.			PARKINSON'S RESEARCH



**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 noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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 GRANTEEES AND

MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. REQUIRED REPORTING IS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Employer identification number  
13-4141945

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH W. BROOKS CO-FOUNDER & CEO	(i)	621,111.	755,000.	0.	18,300.	29,254.	1,423,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD SHERER CHIEF MISSION OFFICER	(i)	582,336.	680,000.	0.	18,300.	30,178.	1,310,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SOHINI CHOWDHURY CHIEF PROGRAM OFFICER	(i)	387,241.	275,000.	0.	18,300.	2,491.	683,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	(i)	313,373.	100,000.	0.	18,300.	24,256.	455,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM FOWLER CHIEF FINANCIAL OFFICER	(i)	296,723.	100,000.	0.	18,300.	24,267.	439,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN K. FISKE CHIEF SCIENCE OFFICER	(i)	288,851.	85,000.	0.	18,300.	21,467.	413,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHELE GOLOMBUSKI CHIEF DEVELOPMENT OFFICER	(i)	289,320.	85,000.	0.	18,300.	14,346.	406,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES MCNASBY CHIEF PEOPLE OFFICER & GENERAL COUNS	(i)	283,074.	70,000.	0.	18,300.	30,303.	401,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK A. FRASIER CHIEF SCIENCE OFFICER	(i)	290,255.	85,000.	0.	18,300.	2,012.	395,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RACHEL DOLHUN SVP, MEDICAL COMMUNICATIONS	(i)	259,421.	75,000.	0.	18,300.	10,551.	363,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

COMPENSATION OF OFFICERS AND KEY EMPLOYEES ANNUALLY.

PART I, LINE 7:

THE BOARD OF DIRECTORS AND COMPENSATION COMMITTEE APPROVED NONFIXED BONUS

PAYMENTS FOR LISTED EMPLOYEES FOR 2021 PERFORMANCE PAID IN 2022.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	202	238,789,660.	PUBLISHED MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

FINDING THE CURE FOR PARKINSON'S DISEASE 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 NONPROFIT FUNDER OF  
PARKINSON'S RESEARCH. IT IS DEDICATED TO ACCELERATING A CURE AND  
ENSURING THE DEVELOPMENT OF 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 \$1.5 BILLION IN RESEARCH PROGRAMS  
THROUGH THE END OF DECEMBER 31, 2022, 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 FAMILIES TO INCREASE THE FLOW OF

PARTICIPANTS INTO CLINICAL TRIALS; AND (IV) COORDINATES COMMUNITY

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

Schedule O (Form 990) 2022



Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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ENGAGEMENT EFFORTS INCLUDING PATIENT POLICY ADVOCACY, EDUCATION AND COMMUNITY BUILDING THROUGH THE GRASSROOTS INVOLVEMENT OF THOUSANDS OF TEAM FOX MEMBERS AROUND THE WORLD.

FROM ITS 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, LINE 2:  
BOARD MEMBER RELATIONSHIPS:

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

FORM 990, PART VI, SECTION A, LINE 4:  
DURING 2022, THE FOUNDATION UPDATED THE BY-LAWS TO ALLOW UP TO 70 DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Employer identification number  
13-4141945

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.

FORM 990, 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.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION:

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -791,637.

REFUNDED GRANTS 1,950,568.

Name of the organization THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH	Employer identification number 13-4141945
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LOSS ON UNCOLLECTIBLE ACCOUNTS -175,915.

TOTAL TO FORM 990, PART XI, LINE 9 983,016.

Horizontal lines for additional entries.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MJFF CANADA 365 BAY STREET, SUITE 899 TORONTO, ONTARIO, CANADA	RESEARCH	CANADA			MJFF (US)		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MICHAEL J. FOX FOUNDATION CANADA	P	1,751,868.	
(2) THE MICHAEL J. FOX FOUNDATION CANADA	S	1,950,362.	
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

