

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

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

EIN or SSN
13-4141945

Name and title of officer or person subject to tax
JENNIFER MOUGHALIAN
CHIEF FINANCIAL OFFICER

Part I

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	505,288,760.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II

Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize EISNER ADVISORY GROUP LLC to enter my PIN 98754

ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Jen Moughalian Date 05/15/25

Part III

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13973343211

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Candice Meth Date 5/15/2025

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **990**Department of the Treasury
Internal Revenue ServicePUBLIC DISCLOSURE COPY - EXTENSION ATTACHED
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 for instructions and the latest information.

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 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	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite GRAND CENTRAL STA PO BOX 4777		E Telephone number (212) 509-0995	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		G Gross receipts \$ 1,471,853,058.	
	F Name and address of principal officer: DEBORAH W. BROOKS, CEO GRAND CENTRAL STA PO BOX 4777, NY, NY 10163		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.MICHAELJFOX.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 2000	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	49
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	325
	6 Total number of volunteers (estimate if necessary)	6	229
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-23,362.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	303,482,455.	490,184,319.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,093,281.	13,020,883.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,502,536.	2,083,558.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	316,078,272.	505,288,760.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	288,276,051.	342,760,230.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	45,169,747.	52,848,614.
	b Total fundraising expenses (Part IX, column (D), line 25)	179,786.	1,670,961.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,279,094.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,533,725.	55,190,792.
19 Revenue less expenses. Subtract line 18 from line 12	386,159,309.	452,470,597.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-70,081,037.	52,818,163.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	349,458,390.	439,010,892.
		214,422,950.	243,129,040.
		135,035,440.	195,881,852.

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		Date	
	JENNIFER MOUGHALIAN, CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	CANDICE METH			
Paid Preparer Use Only	Firm's name		Firm's EIN	PTIN
	EISNER ADVISORY GROUP LLC		87-1353108	P01306891
Paid Preparer Use Only	Firm's address		Phone no.	
	733 THIRD AVENUE NEW YORK, NY 10017-2703		212-949-8700	

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

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

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **STEPHEN GRUBB**

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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form **8868** (Rev. 1-2025)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE
THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA AND 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 \$ 404,408,159. including grants of \$ 342,760,230.) (Revenue \$ 1,001.)
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 404,408,159.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 251	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 325		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 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?	15	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. 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?	17		
If "Yes," complete Form 6069.			

Form 990 (2024)

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**

	1a	1b	Yes	No
1a 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.	49			
b Enter the number of voting members included on line 1a, above, who are independent		49		
2 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	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
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.		
16a 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 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 ContractorsCheck 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			X				1,467,004.	0.	57,295.
(2) TODD SHERER CHIEF MISSION OFFICER	40.00				X			1,209,202.	0.	54,620.
(3) SOHINI CHOWDHURY CHIEF PROGRAM OFFICER	40.00				X			983,510.	0.	24,566.
(4) LISA BOUDREAU CHIEF DEVLEP. OFFICER (AS OF 7/24)	40.00					X		528,171.	0.	24,424.
(5) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	40.00					X		504,518.	0.	35,300.
(6) BRIAN K. FISKE CHIEF SCIENCE OFFICER	40.00					X		429,937.	0.	45,019.
(7) MARK A. FRASIER CHIEF SCIENCE OFFICER	40.00					X		431,222.	0.	24,069.
(8) JAMES MCNASBY GENERAL COUNSEL/SECRETARY	40.00			X				391,939.	0.	60,337.
(9) VANESSA ARNEO CHIEF PEOPLE OFFICER	40.00					X		383,455.	0.	43,109.
(10) WILLIAM FOWLER CHIEF FINANCIAL OFFICER (TO 3/24)	40.00			X				233,333.	0.	23,830.
(11) JENNIFER MOUGHALIAN CHIEF FINANCIAL OFFICER (AS OF 7/24)	40.00			X				186,750.	0.	11,476.
(12) MICHAEL J. FOX FOUNDER	2.00 2.00	X						0.	0.	0.
(13) ANDREW J. O'BRIEN CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(14) FRED G. WEISS TREASURER	2.00 2.00	X		X				0.	0.	0.
(15) SKIP IRVING VICE CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(16) HOLLY S. ANDERSEN, MD MEMBER	2.00	X						0.	0.	0.
(17) BONNIE M. BANDEEN MEMBER	2.00	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) GLENN BATCHELDER MEMBER	2.00	X						0.	0.	0.
(19) SUSAN BILOTTA MEMBER	2.00	X						0.	0.	0.
(20) MARK BOOTH MEMBER	2.00	X						0.	0.	0.
(21) JON BROOKS MEMBER	2.00	X						0.	0.	0.
(22) BARRY J. COHEN MEMBER	2.00	X						0.	0.	0.
(23) ANDREW CREIGHTON MEMBER	2.00	X						0.	0.	0.
(24) FRANK D'AMELIO MEMBER	2.00	X						0.	0.	0.
(25) JOHN S. DALY MEMBER	2.00	X						0.	0.	0.
(26) DONNY DEUTSCH MEMBER	2.00	X						0.	0.	0.
1b Subtotal								6,749,041.	0.	404,045.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,749,041.	0.	404,045.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORPORATE TRAVELER 114 W 41ST ST 4TH FLOOR, NEW YORK, NY 10016	TRAVEL ACCOMMODATIONS	3,400,000.
GREENPHIRE LLC, 1018 W 9TH AVE #200, KING OF PRUSSIA, PA 19406	FINANCIAL MGMT - CLINICAL TRIALS	2,515,719.
BLUE STATE DIGITAL 41 FLATBUSH AVENUE, BROOKLYN, NY 11217	MARKETING	2,299,840.
YLD LTD 114 5TH AVE, 17TH FLOOR, NEW YORK, NY 10011	TECH DEVELOPMENT	1,452,721.
THE PURSUANT GROUP, 15660 N DALLAS PKWAY, #1000, DALLAS, TX 75248	PROFESSIONAL FUNDRAISER	1,313,170.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

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) DAVID EINHORN MEMBER	2.00	X						0.	0.	0.
(28) KAREN FINERMAN MEMBER	2.00	X						0.	0.	0.
(29) NELLE FORTENBERRY MEMBER	2.00	X						0.	0.	0.
(30) AKBAR GBAJABIAMILA MEMBER	2.00	X						0.	0.	0.
(31) WILLIE GEIST MEMBER	2.00	X						0.	0.	0.
(32) GABE GELMAN MEMBER	2.00	X						0.	0.	0.
(33) DAVID GLICKMAN MEMBER	2.00	X						0.	0.	0.
(34) ANNE M. HOLLOWAY MEMBER	2.00	X						0.	0.	0.
(35) MELANIE BOLCH ISBILL MEMBER	2.00	X						0.	0.	0.
(36) EDWARD KALIKOW MEMBER	2.00	X						0.	0.	0.
(37) JEFFREY KEEFER MEMBER	2.00	X						0.	0.	0.
(38) ALEX KRYS MEMBER	2.00	X						0.	0.	0.
(39) AMAR KUCHINAD MEMBER	2.00	X						0.	0.	0.
(40) MARC S. LIPSCHULTZ MEMBER	2.00	X						0.	0.	0.
(41) BARRY MALKIN MEMBER	2.00	X						0.	0.	0.
(42) COLIN R. MASSON MEMBER	2.00	X						0.	0.	0.
(43) OFER NEMIROVSKY MEMBER	2.00	X						0.	0.	0.
(44) DOUGLAS I. OSTROVER MEMBER	2.00	X						0.	0.	0.
(45) LISA A. PIAZZA MEMBER	2.00	X						0.	0.	0.
(46) TRACY POLLAN MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) JACK QUINN MEMBER	2.00	X						0.	0.	0.
(48) RYAN REYNOLDS MEMBER	2.00	X						0.	0.	0.
(49) HARTLEY T. RICHARDSON MEMBER	2.00	X						0.	0.	0.
(50) ARI RICHTER MEMBER	2.00	X						0.	0.	0.
(51) FREDERICK E. ROWE JR. (TO 10/24 MEMBER	2.00	X						0.	0.	0.
(52) CAROLYN SCHENKER MEMBER	2.00	X						0.	0.	0.
(53) CURTIS SCHENKER MEMBER	2.00	X						0.	0.	0.
(54) RICHARD J. SCHNALL MEMBER	2.00	X						0.	0.	0.
(55) ROBERT W. SHACKLETON MEMBER	2.00	X						0.	0.	0.
(56) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00	X						0.	0.	0.
(57) GEORGE STEPHANOPOULOS MEMBER	2.00	X						0.	0.	0.
(58) BONNIE STRAUSS MEMBER	2.00	X						0.	0.	0.
(59) RICK TIGNER MEMBER	2.00	X						0.	0.	0.
(60) GEORGE WHELEN MEMBER	2.00	X						0.	0.	0.
(61) PETER ZAFFINO MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	151,231.				
	b Membership dues	1b					
	c Fundraising events	1c	6,410,969.				
	d Related organizations	1d	90,416.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	483,531,703.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 316,833,658.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,940,708.			12,940,708.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1,276,000.			1,276,000.
	6 a Gross rents	6a	(i) Real 991,360.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	991,360.				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 964,816,045.				
	b Less: cost or other basis and sales expenses	7b	964,735,870.				
	c Gain or (loss)	7c	80,175.				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 6,410,969. of contributions reported on line 1c). See Part IV, line 18	8a	1,797,431.				
	b Less: direct expenses	8b	1,797,431.				
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a	7,635.					
b Less: cost of goods sold	10b	30,997.					
c Net income or (loss) from sales of inventory							-23,362.
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		900099	1,001.	1,001.		
	b CURRENCY EXCHANGE LOSS		900099	-161,441.		-161,441.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-160,440.			
12 Total revenue. See instructions				505,288,760.	1,001.	-23,362.	15,126,802.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	240,167,962.	240,167,962.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,920.	92,920.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	102,499,348.	102,499,348.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,703,862.	3,125,125.	381,075.	1,197,662.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,264,203.	18,388,335.	7,846,717.	12,029,151.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,460,343.	1,143,652.	519,175.	797,516.
9 Other employee benefits	4,186,544.	1,962,321.	875,204.	1,349,019.
10 Payroll taxes	3,233,662.	1,514,053.	662,199.	1,057,410.
11 Fees for services (nonemployees):				
a Management				
b Legal	372,412.	258,326.	37,342.	76,744.
c Accounting	78,225.		78,225.	
d Lobbying	641,887.	641,887.		
e Professional fundraising services. See Part IV, line 17	1,670,961.			1,670,961.
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	16,749,623.	14,752,426.	1,768,103.	229,094.
12 Advertising and promotion	10,503,652.	6,285,235.		4,218,417.
13 Office expenses	1,391,270.	639,287.	99,279.	652,704.
14 Information technology	3,301,789.	1,611,872.	736,995.	952,922.
15 Royalties				
16 Occupancy	5,553,969.	1,596,879.	3,403,380.	553,710.
17 Travel	5,120,638.	3,092,778.	151,291.	1,876,569.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,222,473.	3,724,223.	14,039.	484,211.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,262,826.	545,129.	394,727.	322,970.
23 Insurance	219,644.	112,766.	41,685.	65,193.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PRODUCTION	3,250,330.	1,900,097.	10,637.	1,339,596.
b DONATION PROCESSING	1,324,323.	91,528.	162,136.	1,070,659.
c RECRUITMENT & TRAINING	669,001.	26,594.	575,052.	67,355.
d				
e All other expenses	528,580.	235,416.	25,933.	267,231.
25 Total functional expenses. Add lines 1 through 24e	452,470,597.	404,408,159.	17,783,344.	30,279,094.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	255.	1	255.
	2 Savings and temporary cash investments	113,360,959.	2	195,776,449.
	3 Pledges and grants receivable, net	69,385,163.	3	40,859,733.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	92,921.	8	117,624.
	9 Prepaid expenses and deferred charges	3,414,525.	9	3,593,367.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,999,684.		
	b Less: accumulated depreciation	10b 11,540,481.		
	11 Investments - publicly traded securities	6,546,681.	10c	5,459,203.
	12 Investments - other securities. See Part IV, line 11	131,145,103.	11	169,904,094.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	25,512,783.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	349,458,390.	15	23,300,167.	
Liabilities	17 Accounts payable and accrued expenses	349,458,390.	16	439,010,892.
	18 Grants payable	5,669,404.	17	9,005,939.
	19 Deferred revenue	175,494,159.	18	205,276,019.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,259,387.	24	
	26 Total liabilities. Add lines 17 through 25	214,422,950.	25	28,847,082.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26
27 Net assets without donor restrictions		58,827,396.		
28 Net assets with donor restrictions		76,208,044.		
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			27	116,529,723.
30 Paid-in or capital surplus, or land, building, or equipment fund			28	79,352,129.
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances		135,035,440.	29	
33 Total liabilities and net assets/fund balances		349,458,390.	30	
			31	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	505,288,760.
2	Total expenses (must equal Part IX, column (A), line 25)	2	452,470,597.
3	Revenue less expenses. Subtract line 2 from line 1	3	52,818,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,035,440.
5	Net unrealized gains (losses) on investments	5	633,995.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,394,254.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	195,881,852.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number	13-4141945
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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).

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,954,743.	350,717,581.	358,314,912.	303,482,455.	490,184,319.	1701654010.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	198,954,743.	350,717,581.	358,314,912.	303,482,455.	490,184,319.	1701654010.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						947,138,471.
6 Public support. Subtract line 5 from line 4.						754,515,539.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	198,954,743.	350,717,581.	358,314,912.	303,482,455.	490,184,319.	1701654010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,380,765.	2,680,114.	4,083,496.	12,676,922.	15,208,068.	38,029,365.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	513.	8,023.	-5,883.	-5,014.	-23,362.	-25,723.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-61,834.	-900.	61,932.	-64,868.	-160,440.	-226,110.
11 Total support. Add lines 7 through 10						1739431542.

12 Gross receipts from related activities, etc. (see instructions)

12

13 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**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	43.38 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	45.64 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization☒**b 33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization☐**17a 10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization☐**b 10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions☐

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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**

2020 AMOUNT: \$ 3,439.

2021 AMOUNT: \$ 18,563.

2022 AMOUNT: \$ 9,750.

2023 AMOUNT: \$ 11,046.

2024 AMOUNT: \$ 1,001.

GAIN/LOSS ON CURRENCY EXCHANGE

2020 AMOUNT: \$ -65,273.

2021 AMOUNT: \$ -19,463.

2022 AMOUNT: \$ 52,182.

2023 AMOUNT: \$ -75,914.

2024 AMOUNT: \$ -161,441.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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).

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

Schedule B (Form 990) (Rev. 12-2024)

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

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		\$ 267,956,112.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 38,985,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 13,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,008,158.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 11,417,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-4141945

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED SECURITIES	\$ 267,956,112.	04/03/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DONATED SECURITIES	\$ 10,008,158.	05/14/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DONATED SECURITIES	\$ 3,167,470.	05/14/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4a Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 Enter the names, addresses, and EINs 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) 2024

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		63,592.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		578,295.	
c Total lobbying expenditures (add lines 1a and 1b)		641,887.	
d Other exempt purpose expenditures		451,828,710.	
e Total exempt purpose expenditures (add lines 1c and 1d)		452,470,597.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		360,648.	540,647.	641,887.	1,543,182.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures		240,334.	160,440.	63,592.	464,366.

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
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.	7,255,511.	5,011,109.
d Equipment		2,372,029.	2,299,160.	72,869.
e Other		2,361,035.	1,985,810.	375,225.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,459,203.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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	20,569,631.
(2) SPLIT-INTEREST AGREEMENTS - CHARITABLE GIFT ANNUITIES	2,730,536.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	23,300,167.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	27,587,981.
(3) OTHER LIABILITIES	1,259,101.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	28,847,082.

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.

1	Total revenue, gains, and other support per audited financial statements	1	508,790,056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	633,995.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,867,451.
e	Add lines 2a through 2d	2e	3,501,446.
3	Subtract line 2e from line 1	3	505,288,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	150.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	505,288,760.

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.

1	Total expenses and losses per audited financial statements	1	447,943,644.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,845,316.
e	Add lines 2a through 2d	2e	1,845,316.
3	Subtract line 2e from line 1	3	446,098,328.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.
b	Other (Describe in Part XIII.)	4b	6,372,119.
c	Add lines 4a and 4b	4c	6,372,269.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	452,470,597.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT REVENUE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,554,750.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,312,701.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,867,451.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPRESENT EXPENSE ATTRIBUTABLE TO THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY OF: 1,554,750.
LOSS ON UNCOLLECTIBLE ACCOUNTS 290,566.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,845,316.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII	Supplemental Information <i>(continued)</i>
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RETURNED GRANTS

6,372,119.

SCHEDULE F
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 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		84428124
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		3676418.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		2144097.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		10765054
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		636,504.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		222,036.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		606,496.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		20,619.
3 a Subtotal	0	0			#####
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			#####

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

Schedule F (Form 990) (Rev. 12-2024)

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)
		SPAIN	PARKINSON'S RESEARCH	19,902.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	595,034.	WIRE	0.		
		NETHERLANDS	PARKINSON'S RESEARCH	2025925.	WIRE	0.		
		NETHERLANDS	PARKINSON'S RESEARCH	517,414.	WIRE	0.		
		INDIA	PARKINSON'S RESEARCH	10,000.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	613,722.	WIRE	0.		
		GREECE	PARKINSON'S RESEARCH	30,800.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	1310917.	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 122

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PARKINSON'S RESEARCH	1,070,720.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	24,454.	WIRE	0.		
		PHILIPPINES	PARKINSON'S RESEARCH	109,259.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	1,858,050.	WIRE	0.		
		SWITZERLAND	PARKINSON'S RESEARCH	420,195.	WIRE	0.		
		SPAIN	PARKINSON'S RESEARCH	106,053.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	506,130.	WIRE	0.		
		PHILIPPINES	PARKINSON'S RESEARCH	41,400.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	88,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PARKINSON'S RESEARCH	3,293,885.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	1,167,242.	WIRE	0.		
		INDIA	PARKINSON'S RESEARCH	15,000.	WIRE	0.		
		SPAIN	PARKINSON'S RESEARCH	45,000.	WIRE	0.		
		SWITZERLAND	PARKINSON'S RESEARCH	560,590.	WIRE	0.		
		ARGENTINA	PARKINSON'S RESEARCH	172,605.	WIRE	0.		
		BRAZIL	PARKINSON'S RESEARCH	10,000.	WIRE	0.		
		BRAZIL	PARKINSON'S RESEARCH	202,605.	WIRE	0.		
		NEW ZEALAND	PARKINSON'S RESEARCH	499,600.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GERMANY	PARKINSON'S RESEARCH	723,633.	WIRE	0.		
		JAPAN	PARKINSON'S RESEARCH	1,264,641.	WIRE	0.		
		FINLAND	PARKINSON'S RESEARCH	1,181,988.	WIRE	0.		
		ARGENTINA	PARKINSON'S RESEARCH	15,622.	WIRE	0.		
		SWITZERLAND	PARKINSON'S RESEARCH	18,560.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	637,688.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	316,800.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	99,981.	WIRE	0.		
		JAPAN	PARKINSON'S RESEARCH	13,015.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SWEDEN	PARKINSON'S RESEARCH	619,846.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	38,104.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	346,235.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	15,000.	WIRE	0.		
		INDIA	PARKINSON'S RESEARCH	197,036.	WIRE	0.		
		BELGIUM	PARKINSON'S RESEARCH	7,104,165.	WIRE	0.		
		MALAYSIA	PARKINSON'S RESEARCH	278,285.	WIRE	0.		
		KYRGYZSTAN	PARKINSON'S RESEARCH	20,619.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	5,069,642.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	PARKINSON'S RESEARCH	287,556.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	589,671.	WIRE	0.		
		SWEDEN	PARKINSON'S RESEARCH	3,460,417.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	1,795,670.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	225,750.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	7,000.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	3,639,846.	WIRE	0.		
		DENMARK	PARKINSON'S RESEARCH	688,074.	WIRE	0.		
		GREECE	PARKINSON'S RESEARCH	296,906.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		THAILAND	PARKINSON'S RESEARCH	42,672.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	581,402.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	338,800.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	792,960.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	4,979,459.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	3,046,428.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	179,952.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	127,357.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	15,065.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ITALY	PARKINSON'S RESEARCH	100,000.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	132,753.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	279,467.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	21,210.	WIRE	0.		
		AUSTRIA	PARKINSON'S RESEARCH	10,605.	WIRE	0.		
		MALAYSIA	PARKINSON'S RESEARCH	80,744.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	3,133,716.	WIRE	0.		
		NETHERLANDS	PARKINSON'S RESEARCH	695,488.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	723,580.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PARKINSON'S RESEARCH	7,000.	WIRE	0.		
		SWITZERLAND	PARKINSON'S RESEARCH	1,800,758.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	7,000.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	666,666.	WIRE	0.		
		MALAYSIA	PARKINSON'S RESEARCH	10,000.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	70,690.	WIRE	0.		
		SWEDEN	PARKINSON'S RESEARCH	1,355,372.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	90,747.	WIRE	0.		
		SOUTH AFRICA	PARKINSON'S RESEARCH	41,964.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PARKINSON'S RESEARCH	10,000.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	26,781.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	346,000.	WIRE	0.		
		ISRAEL	PARKINSON'S RESEARCH	625,526.	WIRE	0.		
		IRELAND	PARKINSON'S RESEARCH	172,605.	WIRE	0.		
		ISRAEL	PARKINSON'S RESEARCH	1,518,571.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	74,873.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	194,503.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	6,591.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		BRAZIL	PARKINSON'S RESEARCH	205,672.	WIRE	0.		
		BRAZIL	PARKINSON'S RESEARCH	30,000.	WIRE	0.		
		MEXICO	PARKINSON'S RESEARCH	51,781.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	121,477.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	193,919.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	1,432,130.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	987,238.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	699,407.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	32,293.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	PARKINSON'S RESEARCH	112,767.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	45,000.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	14,552,758.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	77,900.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	336,824.	WIRE	0.		
		NETHERLANDS	PARKINSON'S RESEARCH	350,000.	WIRE	0.		
		NIGERIA	PARKINSON'S RESEARCH	183,631.	WIRE	0.		
		NIGERIA	PARKINSON'S RESEARCH	380,901.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	335,586.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GERMANY	PARKINSON'S RESEARCH	3,817,785.	WIRE	0.		
		LUXEMBOURG	PARKINSON'S RESEARCH	565,064.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	1,319,069.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	5,679,621.	WIRE	0.		
		UNITED KINGDOM	PARKINSON'S RESEARCH	1,294,313.	WIRE	0.		
		ITALY	PARKINSON'S RESEARCH	25,000.	WIRE	0.		
		NORWAY	PARKINSON'S RESEARCH	48,915.	WIRE	0.		
		CANADA	PARKINSON'S RESEARCH	372,708.	WIRE	0.		
		GERMANY	PARKINSON'S RESEARCH	1,509,591.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	PARKINSON'S RESEARCH	459,213.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	252,773.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	180,000.	WIRE	0.		
		AUSTRALIA	PARKINSON'S RESEARCH	82,605.	WIRE	0.		
		FRANCE	PARKINSON'S RESEARCH	37,850.	WIRE	0.		
		SWITZERLAND	PARKINSON'S RESEARCH	145,000.	WIRE	0.		

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 the 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 the 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 the 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 the 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 the 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 the 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 GRANTEEES 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)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [] Solicitation of nongovernment 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 [X] 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.

Table with 6 main columns: (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. Includes data for THE PURSUANT GROUP, DALLAS PKWAY, #1000, DALLAS, GOODUNITED, STREET, SUITE 1, CHARLESTON, CHANGING OUR WORLD, AVENUE OF THE AMERICAS, 5TH.

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)	3 (total number)	
Revenue	1 Gross receipts	4,711,823.	1,907,188.	1,589,389.	8,208,400.
	2 Less: Contributions	3,626,654.	1,651,999.	1,132,316.	6,410,969.
	3 Gross income (line 1 minus line 2)	1,085,169.	255,189.	457,073.	1,797,431.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	363,066.	247,500.	230,684.	841,250.
	8 Entertainment	143,617.			143,617.
	9 Other direct expenses	578,486.	7,689.	226,389.	812,564.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,797,431.
	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 the 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: THE PURSUANT GROUP

(I) ADDRESS OF FUNDRAISER: 15660 N DALLAS PKWAY, #1000, DALLAS, TX 75248

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER:

804 MEETING STREET, SUITE 1, CHARLESTON, SC 29403

(I) NAME OF FUNDRAISER: CHANGING OUR WORLD

(I) ADDRESS OF FUNDRAISER:

1285 AVENUE OF THE AMERICAS, 5TH FLR, NEW YORK, NY 10019

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
ABBVIE INC. 1 NORTH WAUKEGAN ROAD NORTH CHICAGO, IL 60064	32-0375147	PUBLIC SECTOR	1778698.	0.			PARKINSON'S RESEARCH
ABCAM ONE KENDALL SQUARE CAMBRIDGE, MA 02139	98-0487031	PUBLIC SECTOR	43,297.	0.			PARKINSON'S RESEARCH
ALAMAR BIOSCIENCES 47071 BAYSIDE PKWY FREMONT, CA 94538-6517	36-4899036	PUBLIC SECTOR	511,500.	0.			PARKINSON'S RESEARCH
ALECTOR 131 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	46-2702363	PUBLIC SECTOR	1137488.	0.			PARKINSON'S RESEARCH
ALKAHEST 75 SHOREWAY DRIVE, SUITE D SAN CARLOS, CA 94070	46-4535383	PUBLIC SECTOR	18138879	0.			PARKINSON'S RESEARCH
AMPRION 149 NEW MONTGOMERY STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	26-1195143	PUBLIC SECTOR	2800000.	0.			PARKINSON'S RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 81.
- 3 Enter total number of other organizations listed in the line 1 table 61.

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

Schedule I (Form 990) (Rev. 12-2024)

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
ARIZONA STATE UNIVERSITY FOUNDATION - P.O. BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	365,578.	0.			PARKINSON'S RESEARCH
ASIAN WOMEN FOR HEALTH 83 WALLACE STREET SOMERVILLE, MA 02144	32-0390494	501(C)(3)	40,000.	0.			PARKINSON'S RESEARCH
BANNER HEALTH INSTITUTE 901 E. WILLET TA STREET PHOENIX, AZ 85006	86-0768795	501(C)(3)	850,037.	0.			PARKINSON'S RESEARCH
BARROW NEUROLOGICAL INSTITUTE - DIGNITY HEALTH - 350 W. THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)(3)	147,508.	0.			PARKINSON'S RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	7,000.	0.			PARKINSON'S RESEARCH
BERRY CONSULTANTS LLC 3345 BEE CAVES ROAD, SUITE 201 AUSTIN, TX 78746	76-0644163	PUBLIC SECTOR	151,200.	0.			PARKINSON'S RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, E/CLS 650 - BOSTON, MA 02215	04-2103881	PUBLIC SECTOR	50,000.	0.			PARKINSON'S RESEARCH
BEXION PHARMACEUTICALS 632 RUSSELL STREET COVINGTON, KY 41011-2353	30-0965967	PUBLIC SECTOR	1,110,438.	0.			PARKINSON'S RESEARCH
BIOLEGEND, INC. 8999 BIOLEGEND WAY SAN DIEGO, CA 92121	73-1647967	PUBLIC SECTOR	53,900.	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
BIOTECH CONNECTION BAY AREA 447 SUTTER ST STE 405 #485 SAN FRANCISCO, CA 94108	81-2485623	501(C)(3)	35,000.	0.			PARKINSON'S RESEARCH
BOSTON MEDICAL CENTER 725 ALBANY STREET BOSTON, MA 02118	04-3314093	PUBLIC SECTOR	75,678.	0.			PARKINSON'S RESEARCH
BOSTON UNIVERSITY 44 CUMMINGTON ST. ROOM 403 BOSTON, MA 02118	04-2103547	501(C)(3)	825,619.	0.			PARKINSON'S RESEARCH
BRIGHAM & WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,512,159.	0.			PARKINSON'S RESEARCH
C2N DIAGNOSTICS, LLC 4340 DUNCAN AVENUE ST. LOUIS, MO 63110-1110	26-1421386	PUBLIC SECTOR	1,583,780.	0.			PARKINSON'S RESEARCH
CATALYSTNEURO 150 E B ST LBBY 1810 CASPER, WY 82601	83-1000690	PUBLIC SECTOR	262,500.	0.			PARKINSON'S RESEARCH
CHARLES RIVER LABORATORIES 251 BALLARDVALE ST WILMINGTON, MA 01887	76-0509980	PUBLIC SECTOR	64,049.	0.			PARKINSON'S RESEARCH
CLEARVIEW HEALTHCARE PARTNERS ONE NEWTON PLACE, SUITE 405 NEWTON, MA 02458	26-1597664	PUBLIC SECTOR	239,000.	0.			PARKINSON'S RESEARCH
CLEVELAND CLINIC 9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501(C)(3)	1,319,471.	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
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	133,535.	0.			PARKINSON'S RESEARCH
CND LIFE SCIENCES 5070 N 40TH ST, SUITE 220 PHOENIX, AZ 85018	82-1795059	PUBLIC SECTOR	4,054,095.	0.			PARKINSON'S RESEARCH
COLUMBIA UNIVERSITY 630 W. 168TH STREET, 453 GRACE DODGE NEW YORK, NY 10032	13-5598093	501(C)(3)	69,498.	0.			PARKINSON'S RESEARCH
CRESCENT ADVISING LLC 3 CARLETON RD BELMONT, MA 02478-2815	99-1937976	PUBLIC SECTOR	40,580.	0.			PARKINSON'S RESEARCH
CRITICAL PATH INSTITUTE 1730 E RIVER RD # 200 TUCSON, AZ 85718	20-1991334	501(C)(3)	1,813,760.	0.			PARKINSON'S RESEARCH
DATA TECNICA INTERNATIONAL 1275 25TH STREET NW, SUITE 805 WASHINGTON, DC 20037	81-4492729	PUBLIC SECTOR	418,573.	0.			PARKINSON'S RESEARCH
DUKE UNIVERSITY 304 RESEARCH DRIVE, 4TH FLOOR DURHAM, NC 27708	56-0532129	501(C)(3)	3,146,186.	0.			PARKINSON'S RESEARCH
EICOSIS 1930 5TH STREET, SUITE A DAVIS, CA 95616	45-5512599	PUBLIC SECTOR	1,867,317.	0.			PARKINSON'S RESEARCH
EMORY UNIVERSITY 615 MICHAEL ST. ATLANTA, GA 30322	58-0566256	501(C)(3)	3,410,603.	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
ENVIGO 2033 WESTPORT CENTER DRIVE ST. LOUIS, MO 63146	35-1345024	PUBLIC SECTOR	121,295.	0.			PARKINSON'S RESEARCH
EOS THERAPIES INC. 10601 TIERRASANTA BLVD., SUITE G PM SAN DIEGO, CA 92124	99-1972476	PUBLIC SECTOR	1,100,000.	0.			PARKINSON'S RESEARCH
EPL ARCHIVES 45610 TERMINAL DRIVE STERLING, VA 20166	56-2445503	PUBLIC SECTOR	44,488.	0.			PARKINSON'S RESEARCH
EVIDATION HEALTH 167 2ND AVE SAN MATEO, CA 94401	45-4887421	PUBLIC SECTOR	1,621,918.	0.			PARKINSON'S RESEARCH
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH - 11400 ROCKVILLE PIKE, SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)(3)	1,901,404.	0.			PARKINSON'S RESEARCH
GE HEALTHCARE 101 CARNEGIE CENTER PRINCETON, NJ 08540	13-3786405	PUBLIC SECTOR	3,991,055.	0.			PARKINSON'S RESEARCH
GREENPHIRE 1018 W. 9TH AVE., SUITE 200 KING OF PRUSSIA, PA 19406	26-4311202	PUBLIC SECTOR	18,613,259.	0.			PARKINSON'S RESEARCH
HARVARD UNIVERSITY 20 GARDEN STREET CAMBRIDGE, MA 02115	04-2103580	501(C)(3)	3,592,873.	0.			PARKINSON'S RESEARCH
HILLHURST BIOPHARMACEUTICALS, INC 2029 VERDUGO BLVD, NO.125 MONTROSE, CA 91020	46-0859130	PUBLIC SECTOR	1,958,502.	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
ILLINOIS INSTITUTE OF TECHNOLOGY 3440 S. DEARBORN ST. CHICAGO, IL 60616	36-2170136	501(C)(3)	120,709.	0.			PARKINSON'S RESEARCH
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 509 EAST 3RD STREET - BLOOMINGTON, IN 474	35-6001673	501(C)(3)	11,933,381.	0.			PARKINSON'S RESEARCH
INFLAMMANOVA RX, LLC 2805 GLENSTONE LN BIRMINGHAM, AL 35242	99-0400139	PUBLIC SECTOR	1,740,000.	0.			PARKINSON'S RESEARCH
INTERNATIONAL PARKINSON AND MOVEMENT DISORDER SOCIETY - 555 EAST WELLS STREET, SUITE 1100 - MILWAUKEE, WI 53202	06-1263827	PUBLIC SECTOR	165,008.	0.			PARKINSON'S RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY - BALTIMORE, MD 21205	52-0595110	501(C)(3)	334,341.	0.			PARKINSON'S RESEARCH
JPG ENTERPRISES LLC 1320 W. FULLERTON AVE CHICAGO, IL 60614	46-2172360	PUBLIC SECTOR	194,007.	0.			PARKINSON'S RESEARCH
KANNALIFE SCIENCES INC. 3805 OLD EASTON ROAD DOYLESTOWN, PA 18902	27-3236172	PUBLIC SECTOR	150,900.	0.			PARKINSON'S RESEARCH
LABCORP 1341 W. MOCKINGBIRD LANE, SUITE 200 DALLAS, TX 75247	22-3265977	PUBLIC SECTOR	301,010.	0.			PARKINSON'S RESEARCH
LIBRA THERAPEUTICS 3210 MERRYFIELD ROW SAN DIEGO, CA 92121	84-5010331	PUBLIC SECTOR	4,978,912.	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
LONGEVITY BIOTECH 3001 MARKET ST, STE. 140 PHILADELPHIA, PA 19104	27-2351016	PUBLIC SECTOR	1,450,275.	0.			PARKINSON'S RESEARCH
LOUISIANA STATE UNIVERSITY LSUHSC-NEUROLOGY, PO BOX 33932 SHREVEPORT, LA 71130-3932	72-0702002	501(C)(3)	896,409.	0.			PARKINSON'S RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE SOMMERVILLE, MA 02145	04-2697983	501(C)(3)	507,132.	0.			PARKINSON'S RESEARCH
MAYO CLINIC 221 1ST AVE SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	776,748.	0.			PARKINSON'S RESEARCH
MAYO CLINIC FLORIDA 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	454,842.	0.			PARKINSON'S RESEARCH
MEDCHEM IMAGING LLC C/O INVICRO, LLC, 27 DRYDOCK AVENUE BOSTON, MA 02210	47-1925477	PUBLIC SECTOR	350,633.	0.			PARKINSON'S RESEARCH
MEDGENOME, INC. 348 HATCH DR FOSTER CITY, CA 94404-1106	46-3030289	PUBLIC SECTOR	72,624.	0.			PARKINSON'S RESEARCH
MERCK AND COMPANY 33 AVENUE LOUIS PASTEUR BOSTON, MA 02115	22-1918501	PUBLIC SECTOR	150,000.	0.			PARKINSON'S RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824-2600	38-6005984	501(C)(3)	94,383.	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
MID-ATLANTIC PERMANENTE MEDICAL GROUP, P.C. - 700 2ND ST, NE, 5TH FLOOR - WASHINGTON, DC 20002	52-1196226	501(C)(3)	10,453.	0.			PARKINSON'S RESEARCH
MONTARA THERAPEUTICS, INC. 468 NOE STREET SAN FRANCISCO, CA 94114	92-1127857	PUBLIC SECTOR	3,266,335.	0.			PARKINSON'S RESEARCH
MOUNT SINAI HOSPITAL 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-1624096	501(C)(3)	172,605.	0.			PARKINSON'S RESEARCH
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES - 9000 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	501(C)(3)	71,842.	0.			PARKINSON'S RESEARCH
NATIONAL HUMAN GENOME RESEARCH INSTITUTE - 6700B ROCKLEDGE DRIVE, ROOM 1100 - BETHESDA, MD 20892	52-0858115	501(C)(3)	762,659.	0.			PARKINSON'S RESEARCH
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - 6001 EXECUTIVE BLVD., SUITE 2203 - BETHESDA, MD 20892	52-0858115	501(C)(3)	461,638.	0.			PARKINSON'S RESEARCH
NATIONAL INSTITUTE ON AGING AT NIH 251 BAYVIEW BLVD, SUITE 100 BETHESDA, MD 21224	52-2038294	501(C)(3)	95,961.	0.			PARKINSON'S RESEARCH
NEUMORA THERAPEUTICS 490 ARSENAL WAY, SUITE 200 WATERTOWN, MA 02472	84-4367680	PUBLIC SECTOR	1,601,873.	0.			PARKINSON'S RESEARCH
NEURODEX INC 27 STRATHMORE ROAD NATICK, MA 01760	83-1365593	PUBLIC SECTOR	848,091.	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
NEW YORK UNIVERSITY 240 EAST 38TH STREET, 20TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	185,992.	0.			PARKINSON'S RESEARCH
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - 550 1ST AVE. - NEW YORK, NY 10016	13-5562308	501(C)(3)	64,682.	0.			PARKINSON'S RESEARCH
NICO THERAPEUTICS 161 OYSTER POINT BLVD SUITE 200 SOUTH SAN FRANCISCO, CA 94080	92-2420627	PUBLIC SECTOR	6,248,349.	0.			PARKINSON'S RESEARCH
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET, 30TH FLOOR CHICAGO, IL 60603	36-2167808	501(C)(3)	146,833.	0.			PARKINSON'S RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	7,485,471.	0.			PARKINSON'S RESEARCH
NYU LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	281,887.	0.			PARKINSON'S RESEARCH
OCHSNER CLINIC FOUNDATION JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	233,083.	0.			PARKINSON'S RESEARCH
OCTAVE BIOSCIENCE, INC 1440 O'BRIEN DR SUITE B MENLO PARK, CA 94025-1671	47-2289700	PUBLIC SECTOR	958,786.	0.			PARKINSON'S RESEARCH
OPPRINA THERAPEUTICS INC 241 FRANCIS AVENUE MANSFIELD, MA 02048	92-4000038	PUBLIC SECTOR	413,208.	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
OREGON HEALTH AND SCIENCE UNIVERSITY - 3181 S.W. SAM JACKSON PARK ROAD, OP32 - PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	573,510.	0.			PARKINSON'S RESEARCH
OSSIANIX, INC. 609 PEMBROKE RD BRYN MAWR, PA 19010	80-0604594	PUBLIC SECTOR	1,233,799.	0.			PARKINSON'S RESEARCH
PARIMER SCIENTIFIC 221 COOPER LN STE B EASLEY, SC 29642	83-0963932	PUBLIC SECTOR	139,625.	0.			PARKINSON'S RESEARCH
PARKINSON'S FOUNDATION 1359 BROADWAY, SUITE 1509 NEW YORK, NY 10018	13-1866796	501(C)(3)	21,012,000.	0.			PARKINSON'S RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 677 HUNTINGTON AVENUE - BOSTON, MA 02115-6028	04-2103580	PUBLIC SECTOR	979,459.	0.			PARKINSON'S RESEARCH
PROTEOS 4717 CAMPUS DR. KALAMAZOO, MI 49008	26-0069252	PUBLIC SECTOR	21,037.	0.			PARKINSON'S RESEARCH
PSOMAGEN, INC. 1330 PICCARD DRIVE, STE 103 ROCKVILLE, MD 20850	20-1950326	PUBLIC SECTOR	6,368,000.	0.			PARKINSON'S RESEARCH
QLS ADVISORS 245 MAIN STREET CAMBRIDGE, MA 02142	84-1933266	PUBLIC SECTOR	250,000.	0.			PARKINSON'S RESEARCH
QUANTERIX 113 HARTWELL AVE LEXINGTON, MA 02421	20-8957988	PUBLIC SECTOR	120,733.	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
QUEEN'S MEDICAL CENTER 550 S. BERTANIA STREET, SUITE 405 HONOLULU, HI 96813	99-0073524	501(C)(3)	310,310.	0.			PARKINSON'S RESEARCH
RAND CORPORATION 1776 MAIN STREET, PO BOX 2138 SANTA MONICA, CA 90407	95-1958142	501(C)(3)	95,000.	0.			PARKINSON'S RESEARCH
RUTGERS UNIVERSITY 65 DAVIDSON RD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	8,055.	0.			PARKINSON'S RESEARCH
SANDBOX AQ 780 HIGH ST PALO ALTO, CA 94301-2420	45-2295673	PUBLIC SECTOR	1,500,000.	0.			PARKINSON'S RESEARCH
SCHRODINGER 120 W45 ST NEW YORK, NY 10000	95-4284541	PUBLIC SECTOR	2,756,688.	0.			PARKINSON'S RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1325 4TH AVENUE - SEATTLE, WA 98101	91-1452438	501(C)(3)	147,724.	0.			PARKINSON'S RESEARCH
SENSONICS, INC P.O. BOX 112 HADDON HEIGHTS, NJ 08035	23-2225611	PUBLIC SECTOR	19,963.	0.			PARKINSON'S RESEARCH
SIBEL HEALTH 6650 WEST TOUHY AVENUE NILES, IL 60714-4516	83-2935019	PUBLIC SECTOR	1,331,759.	0.			PARKINSON'S RESEARCH
STANFORD UNIVERSITY 450 JANE STANFORD WAY STANFORD, CA 94538	94-1156365	501(C)(3)	1,559,701.	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
STATE UNIVERSITY OF NEW YORK, BINGHAMTON - 4400 VESTAL PKWY E - BINGHAMTON, NY 13902	14-1368361	501(C)(3)	239,730.	0.			PARKINSON'S RESEARCH
TACONIC 1 DISCOVERY DRIVE, SUITE 304 RENSSELAER, NY 12144	33-0675808	PUBLIC SECTOR	743,116.	0.			PARKINSON'S RESEARCH
THE BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	PUBLIC SECTOR	329,067.	0.			PARKINSON'S RESEARCH
THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS - 60 TEMPLE STREET, SUITE 8A - NEW HAVEN, CT 06510	06-1582206	501(C)(3)	9,959,926.	0.			PARKINSON'S RESEARCH
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	516,825.	0.			PARKINSON'S RESEARCH
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA - 96 JONATHAN LUCAS STREET, RUTLEDGE TOWER (CSB301) - CHARLESTON, SC 29425	57-6000722	501(C)(3)	121,332.	0.			PARKINSON'S RESEARCH
THE NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET, THIRD FLOOR NEW YORK, NY 10019	20-2905531	501(C)(3)	243,115.	0.			PARKINSON'S RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD, SUITE 700 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	1,028,441.	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)	1,268,507.	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
THE REGENTS OF THE UNIVERSITY OF COLORADO - 1201 LARIMER ST - DENVER, CO 80204	84-6000555	501(C)(3)	345,589.	0.			PARKINSON'S RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3600 MARKET STREET, SUITE 380 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	838,803.	0.			PARKINSON'S RESEARCH
TRANSTHERA CONSULTING CO. 2017 NW WALMER DRIVE PORTLAND, OR 97229	46-5327006	PUBLIC SECTOR	170,863.	0.			PARKINSON'S RESEARCH
TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	10,000.	0.			PARKINSON'S RESEARCH
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 11100 EUCLID AVE. - CLEVELAND, OH 44106	34-1567805	501(C)(3)	266,045.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1719 6TH AVE SOUTH, CIRC 516 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,085,483.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF ARIZONA SENIOR VP HEALTH SCIENCES, ASSISTANT DIRECTOR, RESEARCH ADMINISTRATION - TUS	74-2652689	501(C)(3)	507,912.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CALIFORNIA, BERKELEY 10 SPROUL HALL #5800 BERKELEY, CA 94720	94-6002123	501(C)(3)	3,279,015.	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)	469,323.	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 CALIFORNIA, SAN FRANCISCO - 675 18TH STREET - SAN FRANCISCO, CA 94107	94-6036493	501(C)(3)	3,404,237.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CALIFORNIA, SANTA CRUZ - 1156 HIGH ST - SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	231,579.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	183,950.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF FLORIDA 207 GRINTER HALL, PO BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	719,221.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF FLORIDA-SHANDS HEALTH CENTER - 1600 SW ARCHER RD - GAINESVILLE, FL 32608	59-1943502	501(C)(3)	172,605.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF GEORGIA 250 W GREEN ST, ROOM 450 ATHENS, GA 30602	58-1353149	501(C)(3)	252,071.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	3,811,739.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	253,723.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF MARYLAND 620 W LEXINGTON ST BALTIMORE, MD 21201	52-6002033	501(C)(3)	209,578.	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 MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	87,976.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF MINNESOTA 20001 6TH ST SE,MTFR - 4-500 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	10,000.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 42ND AND EMILE ST - OMAHA, NE 68198	47-0049123	501(C)(3)	257,617.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF PITTSBURGH 3471 FIFTH AVE, SUITE 810 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	4,664,483.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA USC INSTITUTE FOR NEUROIMAGING AND INFORMATICS, STT 2001 N. SOTO STREET - LO	95-1642394	501(C)(3)	864,432.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, HOUSTON - 7000 FANNIN, UCT 1006 - HOUSTON, TX 77030-5401	74-1761309	501(C)(3)	357,180.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555	74-6000949	501(C)(3)	725,529.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON - 6431 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501(C)(3)	312,934.	0.			PARKINSON'S RESEARCH
UNIVERSITY OF UTAH 257 S 1400 E, SCHOOL OF BIOLOGICAL SCIENCES - SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	59,595.	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 WASHINGTON ROOSEVELT WAY NE SEATTLE, WA 98115	91-6001537	501(C)(3)	41,635.	0.			PARKINSON'S RESEARCH
UT HEALTH SAN ANTONIO 1 UTSA CIRCLE SAN ANTONIO, TX 78249	74-1586031	501(C)(3)	89,999.	0.			PARKINSON'S RESEARCH
VERILY LIFE SCIENCES 269 E GRAND AVE SAN FRANCISCO, CA 94080	47-4724521	PUBLIC SECTOR	954,539.	0.			PARKINSON'S RESEARCH
VINCERE BIOSCIENCES, INC 45 PROSPECT STREET CAMBRIDGE, MA 02139	83-1250020	PUBLIC SECTOR	455,876.	0.			PARKINSON'S RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	391,660.	0.			PARKINSON'S RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 S EUCLID AVE - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,473,355.	0.			PARKINSON'S RESEARCH
WUXI APPTEC SALES LLC 2450 EXECUTIVE DRIVE ST. PAUL, MN 55120	27-4587920	PUBLIC SECTOR	97,500.	0.			PARKINSON'S RESEARCH
XINGIMAGING, LLC 34 N PEASE RD WOODBIDGE, CT 06525	82-3994701	PUBLIC SECTOR	12,650,299.	0.			PARKINSON'S RESEARCH
YALE UNIVERSITY 300 GEORGE ST, STE 901 NEW HAVEN, CT 06511	06-0646973	501(C)(3)	18,387,153.	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.)
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[illegible]

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
RESEARCH GRANTS	9	92,920.	0.		PARKINSON'S RESEARCH

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
REVIEWED BEFORE ADDITIONAL PAYMENTS ARE MADE.

SCHEDULE J
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 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

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1b

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2

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4a

		X
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4b

		X
--	--	---

4c

		X
--	--	---

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5a

		X
--	--	---

5b

		X
--	--	---

--	--	--

6a

		X
--	--	---

6b

		X
--	--	---

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7

X		
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8

		X
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9

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

Schedule J (Form 990) (Rev. 12-2024)

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)	777,004.	690,000.	0.	20,700.	36,595.	1,524,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD SHERER CHIEF MISSION OFFICER	(i)	674,202.	535,000.	0.	20,700.	33,920.	1,263,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SOHINI CHOWDHURY CHIEF PROGRAM OFFICER	(i)	583,510.	400,000.	0.	20,700.	3,866.	1,008,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA BOUDREAU CHIEF DEVLEP. OFFICER (AS OF 7/24)	(i)	408,171.	120,000.	0.	13,200.	11,224.	552,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HOLLY TEICHHOLTZ CHIEF MARKETING OFFICER	(i)	379,518.	125,000.	0.	20,700.	14,600.	539,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN K. FISKE CHIEF SCIENCE OFFICER	(i)	324,937.	105,000.	0.	20,700.	24,319.	474,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK A. FRASIER CHIEF SCIENCE OFFICER	(i)	326,222.	105,000.	0.	20,700.	3,369.	455,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES MCNASBY GENERAL COUNSEL/SECRETARY	(i)	306,939.	85,000.	0.	20,700.	39,637.	452,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VANESSA ARNEO CHIEF PEOPLE OFFICER	(i)	293,455.	90,000.	0.	20,700.	22,409.	426,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WILLIAM FOWLER CHIEF FINANCIAL OFFICER (TO 3/24)	(i)	83,333.	150,000.	0.	13,625.	10,205.	257,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER MOUGHALIAN CHIEF FINANCIAL OFFICER (AS OF 7/24)	(i)	186,750.	0.	0.	3,750.	7,726.	198,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 EXECUTIVE 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 EXECUTIVE COMMITTEE APPROVED NONFIXED BONUS
PAYMENTS FOR LISTED EMPLOYEES FOR 2023 PERFORMANCE PAID IN 2024.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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	251	316,311,574.	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

30a During the year, did the organization receive by contribution any property reported on 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2024

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, LINE 32B:

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

SCHEDULE M, PART I, COLUMN (B):

BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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 COMMITTING MORE THAN \$2 BILLION IN RESEARCH PROGRAMS
THROUGH THE END OF DECEMBER 31, 2024, 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
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 1A:
MJFF'S BOARD OF DIRECTORS HAVE DESIGNATED AN EXECUTIVE COMMITTEE WITH THE
POWER AND AUTHORITY TO ACT ON BEHALF OF THE BOARD IN BETWEEN REGULAR
MEETINGS OF THE FULL BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE MAY NOT
AMEND THE BY-LAWS, FILL VACANCIES ON THE BOARD, OR APPOINT OR TERMINATE
OFFICERS. EXCEPT AS PREVIOUSLY DESCRIBED, THERE ARE NO MATERIAL
DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY.

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

Employer identification number
13-4141945

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:

THE BY-LAWS WERE AMENDED TO REFLECT THE FOLLOWING: (1) DESIGNATION OF AN EXECUTIVE COMMITTEE WITH THE POWER AND AUTHORITY TO ACT ON BEHALF OF THE BOARD IN BETWEEN REGULAR MEETINGS OF THE FULL BOARD; (2) ELIMINATION OF CORPORATION MEMBERS; (3) ELIMINATION OF ADVISORY BOARDS AND COMMITTEES; AND (4) ELIMINATION OF THE VICE CHAIR AS A DESIGNATED OFFICER.

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

PROCESS FOR REVIEW OF FORM 990:

THE EXECUTIVE 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 EXECUTIVE 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	1,312,701.
REFUNDED GRANTS	6,372,119.
LOSS ON UNCOLLECTIBLE ACCOUNTS	-290,566.
TOTAL TO FORM 990, PART XI, LINE 9	7,394,254.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**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

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

Schedule R (Form 990) (Rev. 1-2025)

(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	

(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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	C	90,416.	FMV
(2) THE MICHAEL J. FOX FOUNDATION CANADA	P	1,529,277.	FMV
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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