

BOARD OF DIRECTORS

Skip Irving  
Chairman

Jeff Keefer  
Vice Chairman

Holly S. Andersen, MD

Bonnie M. Bandeen

Glenn Batchelder

Susan Bilotta

Mark Booth

Jon Brooks

Barry J. Cohen

Andrew Creighton

John S. Daly

Donny Deutsch

David Einhorn

Karen Finerman

Lee Fixel

Nelle Fortenberry

Akbar Gbajabiamila

Willie Geist

David Glickman

Mark L. Hart III

Anne M. Holloway

Melanie Bolch Isbill

Edward Kalikow

Alex Krysz

Amar Kuchinad

Marc S. Lipschultz

Barry Malkin

Colin R. Masson

Ofer Nemirovsky

Andy O'Brien

Douglas I. Ostrover

Lisa A. Piazza, MD

Tracy Pollan

Jack F. Quinn

Ryan Reynolds

Hartley T. Richardson

Frederick E. Rowe

Lily Safra

Carolyn Schenker

Curtis Schenker

Richard J. Schnall

Woody Shackleton

Anne-Cecilie Engell Speyer

George Stephanopoulos

Bonnie Strauss

Rick Tigner

Fred G. Weiss

Sonny Whelen

Peter Zaffino

Founders' Council

Lonnie and Muhammad Ali

Steven A. Cohen

Albert B. Glickman

John Griffin

David Golub

Andrew S. Grove

Katie Hood

Jeffrey Katzenberg

Morton M. Kondracke

Edwin A. Levy

Nora McAniff

Donna Shalala, PhD

Executive Scientific  
Advisory Board

Rita Balice-Gordon, PhD

Bastiaan Bloem, MD, PhD

Patrik Brundin, MD, PhD

Jeffrey Kordower, PhD

Ken Marek, MD

Soania Mathur, MD

Kalpna Merchant, PhD

Brit Mollenhauer, MD

Ian J. Reynolds, PhD

Ekemini A. U. Riley, PhD

Eric Siemers, MD

Dalton James Surmeier, PhD

Matthew Troyer, MD

Andrew West, PhD

December 2021

Dear Members of the Parkinson's Community,

The Michael J. Fox Foundation for Parkinson's Research (MJFF) is proud to present our attached Federal Form 990 for 2020. That year was a trying time for many nonprofit organizations, but thanks to the continued generosity of so many patients, families, and supporters like you (including 83,000 donors who gave \$250 or less), MJFF invested over \$150 million toward curing Parkinson's disease and improving therapies for those living with PD today. Additionally, because of the dedication of the Parkinson's research community, MJFF never stopped issuing or paying grants during even the worst of the COVID-19 crisis.

As MJFF has grown, so too has the length of our annual 990 filing and the audited financial statements on which this form is based. Financial reports tell the story of how an organization prioritizes its resources, and that story can sometimes be hard to highlight in a 70+ page tax filing. For that reason, we share this letter to emphasize the core financial operating principles that guide our stewardship of donor dollars, and to show a simple breakdown of our assets at the end of 2020.

Our financial philosophy and operating principles are directly influenced by MJFF's core values of Optimism, Urgency, Resourcefulness, Collaboration, Accountability, and Persistence. Key examples:

- **Accountability: Maintain assets to cover 100% of outstanding scientific grant commitments.**

MJFF agrees to fund a research grant only once we have the resources to pay for it in full. Many of our grants span multiple years, with full payment dependent on pre-defined milestones being achieved over time. We end each year with some amount of liability that aggregates these outstanding future milestone payments. Most of these future payments are considered liabilities under Generally Accepted Accounting Principles (GAAP), though some grant agreements contain contingencies that exclude them from being considered a GAAP liability. Regardless, to ensure that promising research can always move forward as quickly as possible, we hold a reserve of 100% coverage for both GAAP and non-GAAP future milestones.

- **Urgency: Target a three-month "revenue-to-research" turnaround.**

MJFF deliberately holds neither an endowment nor excessive reserves for the future: we spend aggressively *now* to drive science that will accelerate the cure for PD. We put donations to work funding critical scientific research as quickly as possible, and for every dollar given to us, we strive to maintain a three-month lifecycle from donation received to research funded. (One exception: we do not apply the three-month timer to donations that come with donor restrictions, since those typically carry established timelines and purposes.)

- **Collaboration: Participate in partnerships to do the most good for people and families with Parkinson's.**

2020 marked the beginning of the Aligning Science Across Parkinson's (ASAP) program: a transformative collaboration with the Sergey Brin Family Foundation to gain a more complete understanding of the complex biology of Parkinson's disease. MJFF ended 2020 with nearly \$28 million of assets to fund ASAP work in 2021.

- **Optimism: Carry minimal net assets while maintaining prudent liquidity.**

In 2020, the Foundation, like so many other nonprofits, individuals, and businesses, faced economic uncertainty from COVID-19. We made a decision to carry six months' worth of working capital (approximately \$23 million in 2020) as an operating reserve – an increase from our historic levels up to that point. Thanks to the unwavering support of our donors, we anticipate that we will be able to reduce our future operating reserve back to a lower threshold and free up those funds to be used for research.

Applying these principles can help interpret our 2020 balance sheet (see Form 990 Part X):

	<i>All amounts in \$000</i>
Total Assets on 12/31/2020	231,670
Less: Future Grant Milestone Payments (GAAP)	103,022
Less: Other liabilities (Accounts Payable, Deferred Rent, etc.)	21,994
<b>Total Net Assets on 12/31/2020</b>	<b>106,654</b>

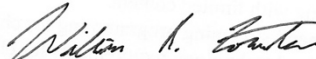
Breakdown of Net Assets:

Total Net Assets on 12/31/2020	106,654
Less: Future Grant Milestone Payments (non-GAAP)	19,439
Less: Restricted assets	20,074
Less: ASAP assets	27,727
Less: Working Capital Operating Reserve	23,286
<b>Available net assets on 12/31/20:</b>	<b>16,128</b>

In other words, MJFF started 2021 with approximately \$16.1 million of available net assets that were not yet designated for a specific use. We used those funds to immediately begin issuing grants and funding research in Q1 2021.

The sustained generosity and support of our community allow us to continue our aggressive funding of Parkinson's research in pursuit of a cure. We are proud of the work this enables and encourage you to visit [michaeljfox.org](http://michaeljfox.org) for the latest updates on research activity and funding programs. Thank you for your interest in the financials of The Michael J. Fox Foundation for Parkinson's Research and for your continued support.

With gratitude,



Will Fowler  
Chief Financial Officer

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2020****Open to Public  
Inspection**

<b>A</b> For the 2020 calendar year, or tax year beginning , 2020, and ending , 20													
<b>B</b> Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input type="checkbox"/></td> <td>Address change</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final return/terminated return</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> </tr> </table>	<input type="checkbox"/>	Address change	<input type="checkbox"/>	Name change	<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Final return/terminated return	<input type="checkbox"/>	Amended return	<input type="checkbox"/>	Application pending
<input type="checkbox"/>	Address change												
<input type="checkbox"/>	Name change												
<input type="checkbox"/>	Initial return												
<input type="checkbox"/>	Final return/terminated return												
<input type="checkbox"/>	Amended return												
<input type="checkbox"/>	Application pending												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;"> <b>C</b> Name of organization <b>THE MICHAEL J. FOX FOUNDATION</b>  <b>FOR PARKINSON'S RESEARCH</b>  <b>Doing business as</b>  <b>Number and street (or P.O. box if mail is not delivered to street address)</b> <b>Room/suite</b>  <b>GRAND CENTRAL STA PO BOX 4777</b>  <b>City or town, state or province, country, and ZIP or foreign postal code</b>  <b>NEW YORK, NY 10163</b> </td> <td style="width:35%;"> <b>D</b> Employer identification number  <b>13-4141945</b> </td> </tr> <tr> <td colspan="2"> <b>F</b> Name and address of principal officer: <b>TODD SHERER</b>  <b>GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY 10163</b> </td> </tr> </table>		<b>C</b> Name of organization <b>THE MICHAEL J. FOX FOUNDATION</b> <b>FOR PARKINSON'S RESEARCH</b> <b>Doing business as</b> <b>Number and street (or P.O. box if mail is not delivered to street address)</b> <b>Room/suite</b> <b>GRAND CENTRAL STA PO BOX 4777</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>NEW YORK, NY 10163</b>	<b>D</b> Employer identification number <b>13-4141945</b>	<b>F</b> Name and address of principal officer: <b>TODD SHERER</b> <b>GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY 10163</b>									
<b>C</b> Name of organization <b>THE MICHAEL J. FOX FOUNDATION</b> <b>FOR PARKINSON'S RESEARCH</b> <b>Doing business as</b> <b>Number and street (or P.O. box if mail is not delivered to street address)</b> <b>Room/suite</b> <b>GRAND CENTRAL STA PO BOX 4777</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>NEW YORK, NY 10163</b>	<b>D</b> Employer identification number <b>13-4141945</b>												
<b>F</b> Name and address of principal officer: <b>TODD SHERER</b> <b>GRAND CENTRAL STA PO BOX 4777, NEW YORK, NY 10163</b>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td> <b>J</b> Website: ▶ <b>WWW.MICHAELJFOX.ORG</b> </td> </tr> <tr> <td> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> <b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>DE</b> </td> </tr> </table>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.MICHAELJFOX.ORG</b>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>DE</b>								
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.MICHAELJFOX.ORG</b>												
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>DE</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;"> <b>G</b> Gross receipts \$ <b>349,381,540.</b> </td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> <b>H(c)</b> Group exemption number ▶ </td> </tr> </table>		<b>G</b> Gross receipts \$ <b>349,381,540.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	<b>H(c)</b> Group exemption number ▶									
<b>G</b> Gross receipts \$ <b>349,381,540.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.												
<b>H(c)</b> Group exemption number ▶													

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION IS DEDICATED TO FINDING A CURE FOR PARKINSON'S DISEASE THROUGH AN AGGRESSIVELY FUNDED RESEARCH AGENDA.</b>	
	2	Check this box <input type="checkbox"/> 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) . . . . .	47.
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	47.
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . .	175.
	6	Total number of volunteers (estimate if necessary) . . . . .	20.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	513.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) . . . . .	157,689,137.
	9	Program service revenue (Part VIII, line 2g) . . . . .	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,850,597.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,107,501.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	202,285,896.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	96,609,120.
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	24,034,862.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	65,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>13,881,513.</b>	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	17,427,564.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	172,205,904.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	30,079,992.
	20	Total assets (Part X, line 16) . . . . .	191,630,286.
	21	Total liabilities (Part X, line 26) . . . . .	125,015,663.
	22	Net assets or fund balances. Subtract line 21 from line 20. . . . .	106,654,225.

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	 Signature of officer	<b>9/16/2021</b> Date	
	<b>Will Fowler, Chief Financial Officer</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CANDICE METH</b>	Preparer's signature 	Date <b>09/16/2021</b>
	Firm's name ▶ <b>EISNER ADVISORY GROUP LLC</b>	Firm's EIN ▶ <b>87-1353108</b>	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ <b>733 THIRD AVENUE NEW YORK, NY 10017-2703</b>	Phone no. <b>212-949-8700</b>	PTIN <b>P01306891</b>
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 150,165,397. including grants of \$ 130,743,478. ) (Revenue \$ )  
TO FUND RESEARCH FOCUSED ON DEVELOPING A CURE FOR PARKINSON'S  
DISEASE.

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 150,165,397.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 175		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b> X	
<b>b</b> If "Yes," enter the name of the foreign country <b>CANADA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	47			
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.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .		47		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .				X
<b>6</b> Did the organization have members or stockholders? . . . . .				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ 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 - MJFF GRAND CENTRAL STA PO BOX 4777 NEW YORK, NY 10163 (212) 509-0995



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH W. BROOKS CO-FOUNDER & EXEC. VICE CHAIR	40.00 0.				X			964,487.	0.	23,117.
(2) TODD SHERER CEO	40.00 0.			X				910,549.	0.	27,055.
(3) SOHINI CHOWDHURY DEPUTY CEO	40.00 0.			X				546,440.	0.	21,050.
(4) MARK A. FRASIER SVP, RESEARCH PROGRAMS	40.00 0.					X		330,300.	0.	17,100.
(5) BRIAN K. FISKE SVP, RESEARCH PROGRAMS	40.00 0.					X		326,905.	0.	20,495.
(6) HOLLY TEICHHOLTZ SVP, COMM & CONTENT STRATEGIES	40.00 0.					X		317,060.	0.	22,843.
(7) WILLIAM FOWLER SVP, STRAT, FIN & OPERATIONS	40.00 0.			X				299,080.	0.	23,321.
(8) RACHEL DOLHUN VP, MEDICAL COMMUNICATIONS	40.00 0.					X		273,839.	0.	17,947.
(9) MICHELE GOLOMBUSKI SVP DEVELOPMENT	40.00 0.					X		273,631.	0.	18,149.
(10) MICHAEL J. FOX FOUNDER	2.00 2.00	X						0.	0.	0.
(11) JEFFREY KEEFER CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(12) FRED G. WEISS TREASURER	2.00 2.00	X		X				0.	0.	0.
(13) SKIP IRVING VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(14) HOLLY S. ANDERSEN, MD MEMBER	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) BONNIE BANDEEN MEMBER	2.00 0.	X						0.	0.	0.
( 16 ) GLENN BATCHELDER MEMBER	2.00 0.	X						0.	0.	0.
( 17 ) SUSAN BILOTTA MEMBER	2.00 0.	X						0.	0.	0.
( 18 ) MARK BOOTH MEMBER	2.00 0.	X						0.	0.	0.
( 19 ) JON BROOKS MEMBER	2.00 0.	X						0.	0.	0.
( 20 ) BARRY J. COHEN MEMBER	2.00 0.	X						0.	0.	0.
( 21 ) ANDREW CREIGHTON MEMBER	2.00 0.	X						0.	0.	0.
( 22 ) JOHN S. DALY MEMBER	2.00 0.	X						0.	0.	0.
( 23 ) DONNY DEUTSCH MEMBER	2.00 0.	X						0.	0.	0.
( 24 ) DAVID EINHORN MEMBER	2.00 0.	X						0.	0.	0.
( 25 ) KAREN FINERMAN MEMBER	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								4,242,291.	0.	191,077.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,242,291.	0.	191,077.

**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 **61**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) LEE FIXEL MEMBER	2.00 0.	X						0.	0.	0.
( 27 ) NELLE FORTENBERRY MEMBER	2.00 0.	X						0.	0.	0.
( 28 ) AKBAR GBAJABIAMILA MEMBER	2.00 0.	X						0.	0.	0.
( 29 ) WILLIE GEIST MEMBER	2.00 0.	X						0.	0.	0.
( 30 ) DAVID GLICKMAN MEMBER	2.00 0.	X						0.	0.	0.
( 31 ) MARK L. HART III MEMBER	2.00 0.	X						0.	0.	0.
( 32 ) ANNE M. HOLLOWAY MEMBER	2.00 0.	X						0.	0.	0.
( 33 ) EDWARD KALIKOW MEMBER	2.00 0.	X						0.	0.	0.
( 34 ) AMAR KUCHINAD MEMBER	2.00 0.	X						0.	0.	0.
( 35 ) MARC S. LIPSCHULTZ MEMBER	2.00 0.	X						0.	0.	0.
( 36 ) BARRY MALKIN MEMBER	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **61**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) COLIN R. MASSON MEMBER	2.00 0.	X						0.	0.	0.
( 38 ) OFER NEMIROVSKY MEMBER	2.00 0.	X						0.	0.	0.
( 39 ) ANDREW J. O'BRIEN MEMBER	2.00 0.	X						0.	0.	0.
( 40 ) DOUGLAS I. OSTROVER MEMBER	2.00 0.	X						0.	0.	0.
( 41 ) LISA A. PIAZZA MEMBER	2.00 0.	X						0.	0.	0.
( 42 ) TRACY POLLAN MEMBER	2.00 0.	X						0.	0.	0.
( 43 ) RYAN REYNOLDS MEMBER	2.00 0.	X						0.	0.	0.
( 44 ) HARTLEY T. RICHARDSON MEMBER	2.00 0.	X						0.	0.	0.
( 45 ) FREDERICK E. ROWE, JR. MEMBER	2.00 0.	X						0.	0.	0.
( 46 ) LILY SAFRA MEMBER	2.00 0.	X						0.	0.	0.
( 47 ) CAROLYN SCHENKER MEMBER	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **61**

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) CURTIS SCHENKER MEMBER	2.00 0.	X						0.	0.	0.
( 49 ) RICHARD J. SCHNALL MEMBER	2.00 0.	X						0.	0.	0.
( 50 ) ROBERT W. SHACKLETON MEMBER	2.00 0.	X						0.	0.	0.
( 51 ) ANNE-CECILIE ENGELL SPEYER MEMBER	2.00 0.	X						0.	0.	0.
( 52 ) GEORGE STEPHANOPOULOS MEMBER	2.00 0.	X						0.	0.	0.
( 53 ) BONNIE STRAUSS MEMBER	2.00 0.	X						0.	0.	0.
( 54 ) RICK TIGNER MEMBER	2.00 0.	X						0.	0.	0.
( 55 ) GEORGE WHELEN MEMBER	2.00 0.	X						0.	0.	0.
( 56 ) PETER ZAFFINO MEMBER	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **61**

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	5,065,698.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	193,889,045.			
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 122,159,602.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		198,954,743.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			1,211,943.		1,211,943.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . .			0.		
	<b>5</b>	Royalties . . . . .			0.		
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real 2,168,822.			
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	2,168,822.			
	<b>d</b>	Net rental income or (loss) . . . . .			2,168,822.		2,168,822.
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities 146,884,888.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	146,873,179.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	11,709.			
	<b>d</b>	Net gain or (loss) . . . . .			11,709.		11,709.
	<b>8a</b>	Gross income from fundraising events (not including \$ 5,065,698. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	206,331.			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	206,331.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .			0.		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0.			
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0.			
	<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	16,647.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	16,134.				
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			513.		513.	
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	MISCELLANEOUS REVENUE		900099	3,439.		3,439.
	<b>b</b>	LOSS ON CURRENCY EXCHANGE		900099	-65,273.		-65,273.
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			-61,834.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			202,285,896.		513.	3,330,640.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	85,350,275.	85,350,275.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	45,393,203.	45,393,203.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,720,556.	1,391,010.	353,994.	975,552.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	17,059,444.	8,635,060.	3,009,251.	5,415,133.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,022,961.	510,412.	173,592.	338,957.
<b>9</b> Other employee benefits . . . . .	1,268,912.	633,130.	215,330.	420,452.
<b>10</b> Payroll taxes . . . . .	1,962,989.	979,444.	333,111.	650,434.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	292,858.	156,432.	62,520.	73,906.
<b>c</b> Accounting . . . . .	66,750.		66,750.	
<b>d</b> Lobbying . . . . .	222,211.			222,211.
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	150.		150.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,804,723.	1,652,590.	593,582.	558,551.
<b>12</b> Advertising and promotion . . . . .	1,979,411.	598,418.		1,380,993.
<b>13</b> Office expenses . . . . .	520,790.	177,019.	4,000.	339,771.
<b>14</b> Information technology . . . . .	1,440,977.	705,993.	222,586.	512,398.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	5,156,473.	1,811,851.	2,619,390.	725,232.
<b>17</b> Travel . . . . .	596,996.	470,729.	11,523.	114,744.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	80,712.		80,712.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,775,784.	977,482.	228,173.	570,129.
<b>23</b> Insurance . . . . .	181,388.	120,354.	21,003.	40,031.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATION PROCESSING . . . . .	780,188.		34,094.	746,094.
<b>b</b> DUES AND SUBSCRIPTIONS . . . . .	339,750.	266,564.	31,965.	41,221.
<b>c</b> PRINTING AND PRODUCTION . . . . .	788,103.	261,566.	394.	526,143.
<b>d</b> OTHER EXPENSES . . . . .	400,300.	73,865.	96,874.	229,561.
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	172,205,904.	150,165,397.	8,158,994.	13,881,513.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	253.	<b>1</b>	253.
	<b>2</b> Savings and temporary cash investments. . . . .	67,406,918.	<b>2</b>	106,800,305.
	<b>3</b> Pledges and grants receivable, net . . . . .	26,227,084.	<b>3</b>	19,451,387.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	62,554.	<b>8</b>	66,708.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,588,901.	<b>9</b>	2,637,555.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 17,653,283.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 7,437,224.		
	<b>11</b> Investments - publicly traded securities. . . . .	81,613,399.	<b>11</b>	88,822,242.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,390,103.	<b>15</b>	3,675,379.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	191,630,286.	<b>16</b>	231,669,888.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	5,141,790.	<b>17</b>	3,673,287.
	<b>18</b> Grants payable . . . . .	97,658,723.	<b>18</b>	103,022,142.
	<b>19</b> Deferred revenue. . . . .	2,000.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	1,150,196.	<b>24</b>	4,854,524.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	13,752,977.	<b>25</b>	13,465,710.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	117,705,686.	<b>26</b>	125,015,663.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	47,282,619.	<b>27</b>	86,579,740.
	<b>28</b> Net assets with donor restrictions. . . . .	26,641,981.	<b>28</b>	20,074,485.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	73,924,600.	<b>32</b>	106,654,225.
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	191,630,286.	<b>33</b>	231,669,888.	

Form **990** (2020)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	202,285,896.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	172,205,904.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	30,079,992.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	73,924,600.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	447,377.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	2,202,256.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	106,654,225.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**13-4141945**

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

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	113,936,698.	105,188,640.	121,180,254.	157,689,137.	198,954,743.	696,949,472.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	113,936,698.	105,188,640.	121,180,254.	157,689,137.	198,954,743.	696,949,472.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						272,829,457.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						424,120,015.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	113,936,698.	105,188,640.	121,180,254.	157,689,137.	198,954,743.	696,949,472.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	104,356.	483,898.	1,068,809.	3,857,217.	3,380,765.	8,895,045.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					513.	513.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	25,194.	1,022,824.	6,422.	68,362.	-61,834.	1,060,968.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						706,905,998.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	60.00 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	63.88 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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).			

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . .			
<b>b</b>	Excess from 2017 . . . .			
<b>c</b>	Excess from 2018 . . . .			
<b>d</b>	Excess from 2019 . . . .			
<b>e</b>	Excess from 2020 . . . .			

Schedule A (Form 990 or 990-EZ) 2020



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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	25,194.	1,022,824.	6,422.	68,362.	-61,984.	1,060,818.
TOTALS	<u>25,194.</u>	<u>1,022,824.</u>	<u>6,422.</u>	<u>68,362.</u>	<u>-61,984.</u>	<u>1,060,818.</u>

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

Name of the organization

THE MICHAEL J. FOX FOUNDATION  
FOR PARKINSON'S RESEARCH

Employer identification number

13-4141945

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Employer identification number**  
**13-4141945**

**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	N/A	\$ 84,582,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 40,875,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Employer identification number**  
**13-4141945**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED SECURITIES	\$ 84,582,554.	12/07/2020
2	DONATED SECURITIES	\$ 33,912,649.	09/27/2020
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Employer identification number  
**13-4141945**

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

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

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

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

OMB No. 1545-0047

**2020**

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

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

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

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

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

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

Employer identification number  
**13-4141945**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

**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.

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .	X		64,296.
<b>e</b> Publications, or published or broadcast statements? . . . . .	X		17,955.
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		69,500.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .	X		70,460.
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			222,211.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .		X	

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4



**Part IV** Supplemental Information *(continued)*

## NARRATIVE OF LOBBYING ACTIVITIES

THE FOUNDATION HIRES PERSONNEL TO LOBBY ON BEHALF OF INCREASED PUBLIC FUNDING FOR RESEARCH AND POLICYMAKING IN MATTERS PERTAINING TO PARKINSON'S DISEASE, SUCH AS BANS ON CHEMICALS KNOWN TO BE LINKED TO INCREASED RISK OF PARKINSON'S, EQUITABLE ACCESS TO CARE FOR EVERYONE LIVING WITH THE DISEASE, AND RESEARCH FREEDOM TO SAFEGUARD AND ACCELERATE SCIENTIFIC PROGRESS TOWARDS BETTER TREATMEANTS.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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.	
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 in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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. . . . .	▶ \$

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

Schedule D (Form 990) 2020

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange program  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		13,772,195.	4,528,465.	9,243,730.
<b>d</b> Equipment . . . . .		1,553,242.	1,513,343.	39,899.
<b>e</b> Other . . . . .		2,327,846.	1,395,416.	932,430.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				10,216,059.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	11,144,505.
(3) INTEREST PAYABLE	772,458.
(4) ANNUITIES PAYABLE	1,548,747.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	204,669,162.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	447,377.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	1,080,000.
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	856,039.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,383,416.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	202,285,746.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	150.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	150.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	202,285,896.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	171,939,537.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	706,078.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	706,078.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	171,233,459.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	150.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	972,295.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	972,445.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	172,205,904.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, QUESTION 2:

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

PART XI, LINE 2D:

RECONCILIATION OF REVENUE:

AMOUNT REPRESENTS REVENUES ATTRIBUTABLE TO THE MICHAEL J.

FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN

ENTITY OF:	\$ 706,078
------------	------------

AND THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS:	149,961
-------------------------------------------------------	---------

-----
\$ 856,039

PART XII, LINE 2D AND 4B:

RECONCILIATION OF EXPENSES:

LINE 2D - AMOUNT REPRESENTS EXPENSES ATTRIBUTABLE TO THE MICHAEL J.

FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN

ENTITY OF: \$ 706,078

LINE 4B - REPRESENTS RETURNED GRANTS OF \$972,295

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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
<b>(1)</b> EUROPE	0.	0.	GRANTMAKING		35,737,575.
<b>(2)</b> NORTH AMERICA	0.	0.	GRANTMAKING		8,663,697.
<b>(3)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		659,915.
<b>(4)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		210,000.
<b>(5)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		122,016.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .					45,393,203.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					45,393,203.

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

**Schedule F (Form 990) 2020**

JSA  
0E1274 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	299,929.	WIRE			
<b>(2)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	715,791.	WIRE			
<b>(3)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	46,250.	WIRE			
<b>(4)</b>			EAST ASIA/PACIFIC	PARKINSON'S	30,000.	WIRE			
<b>(5)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	174,811.	WIRE			
<b>(6)</b>			SOUTH AMERICA	PARKINSON'S	180,000.	WIRE			
<b>(7)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	229,044.	WIRE			
<b>(8)</b>			EAST ASIA/PACIFIC	PARKINSON'S	11,738.	WIRE			
<b>(9)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	193,250.	WIRE			
<b>(10)</b>			SOUTH AMERICA	PARKINSON'S	30,000.	WIRE			
<b>(11)</b>			EAST ASIA/PACIFIC	PARKINSON'S	32,000.	WIRE			
<b>(12)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	292,238.	WIRE			
<b>(13)</b>			NORTH AMERICA	PARKINSON'S	4,260,411.	WIRE			
<b>(14)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	700,895.	WIRE			
<b>(15)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	108,000.	WIRE			
<b>(16)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	22,286.	WIRE			

**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 . . . ►

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	10,283,738.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	40,189.	WIRE			
(3)			NORTH AMERICA	PARKINSON'S	902,874.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,393,344.	WIRE			
(5)			EAST ASIA/PACIFIC	PARKINSON'S	51,236.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	399,711.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	180,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	219,827.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	550,614.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	15,600.	WIRE			
(11)			NORTH AMERICA	PARKINSON'S	90,625.	WIRE			
(12)			SOUTH ASIA	PARKINSON'S	293,899.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	744,071.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	PARKINSON'S	122,016.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	60,000.	WIRE			
(16)			EAST ASIA/PACIFIC	PARKINSON'S	138,439.	WIRE			

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 . . . ►

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

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			NORTH AMERICA	PARKINSON'S	494,501.	WIRE			
<b>(2)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	187,763.	WIRE			
<b>(3)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	149,500.	WIRE			
<b>(4)</b>			NORTH AMERICA	PARKINSON'S	2,842,938.	WIRE			
<b>(5)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	8,414,463.	WIRE			
<b>(6)</b>			NORTH AMERICA	PARKINSON'S	70,792.	WIRE			
<b>(7)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	92,000.	WIRE			
<b>(8)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	4,351,676.	WIRE			
<b>(9)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	306,250.	WIRE			
<b>(10)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,469,830.	WIRE			
<b>(11)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,872,948.	WIRE			
<b>(12)</b>			EAST ASIA/PACIFIC	PARKINSON'S	30,000.	WIRE			
<b>(13)</b>			EAST ASIA/PACIFIC	PARKINSON'S	72,603.	WIRE			
<b>(14)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	1,290,248.	WIRE			
<b>(15)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	50,000.	WIRE			
<b>(16)</b>			EUROPE/ICELAND/GREENLAND	PARKINSON'S	654,886.	WIRE			

**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 . . . ►

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	25,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	85,695.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PARKINSON'S	117,727.	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 . . . 51.

3 Enter total number of other organizations or entities . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020

**Part V** **Supplemental Information**

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

SCHEDULE F - PART I, LINE 1

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES:

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH. GOALS AND MILESTONES ARE DESCRIBED WITHIN EACH GRANT AWARD. MJFF'S RESEARCH TEAM CLOSELY MONITORS THE PROGRESS OF EACH GRANT AWARDED. THERE IS FREQUENT COMMUNICATION BETWEEN GRANTEEES AND MJFF STAFF REGARDING THE PROGRESS OF EACH GRANT. REQUIRED REPORTING IS REVIEWED BEFORE ADDITIONAL PAYMENTS ARE MADE.

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

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public  
Inspection

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

Employer identification number  
13-4141945

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants  
b ☐ Internet and email solicitations f ☐ Solicitation of government grants  
c ☐ Phone solicitations g ☐ Special fundraising events  
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total .....

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNNY THING (event type)	BREAKING PAR (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	4,003,620.	1,034,196.	234,213.	5,272,029.
	2 Less: Contributions . . . . .	4,000,291.	860,359.	205,048.	5,065,698.
	3 Gross income (line 1 minus line 2) . . . . .	3,329.	173,837.	29,165.	206,331.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .		124,815.	20,500.	145,315.
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	3,329.	49,022.	8,665.	61,016.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				206,331.
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

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

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

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

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

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

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



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 21ST CENTURY BIOCHEMICALS 260 CEDAR HILL STREET MARLBORO, MA 01752	56-2352282	PUBLIC SECTOR	74,045.				PARKINSON'S RESEARCH
(2) ABCAM ONE KENDALL SQUARE CAMBRIDGE, MA 02139	98-0487031	PUBLIC SECTOR	146,813.				PARKINSON'S RESEARCH
(3) ALTURA LLC 25950 ACERO #260 MISSION VIEJO, CA 92691	33-0920460	PUBLIC SECTOR	90,000.				PARKINSON'S RESEARCH
(4) AMERICAN TYPE CULTURE COLLECTION (ATCC) 10801 UNIVERSITY BLVD. MANASSAS, VA 20110	53-0196548	501(C)(3)	241,055.				PARKINSON'S RESEARCH
(5) AMYDIS INC. 10210 CAMPUS POINT DR. SAN DIEGO, CA 92121	46-3940755	PUBLIC SECTOR	457,435.				PARKINSON'S RESEARCH
(6) ANAVEX LIFE SCIENCES CORP 51 WEST 52ND STREET NEW YORK, NY 10019	98-0608404	501(C)(3)	995,863.				PARKINSON'S RESEARCH
(7) ARIZONA STATE UNIVERSITY TEMPE, ARIZONA 85287 TEMPE, AZ 85287	86-0196696	501(C)(3)	127,329.				PARKINSON'S RESEARCH
(8) AXIAL BIOTHERAPEUTICS, INC. 9 FOURTH AVE. WALTHAM, MA 02451	46-4394856	PUBLIC SECTOR	443,266.				PARKINSON'S RESEARCH
(9) BANNER SUN HEALTH RESEARCH INSTITUTE 2901 N CENTRAL AVE, SUITE 160	45-0233470	501(C)(3)	39,324.				PARKINSON'S RESEARCH
(10) BBK WORLDWIDE, LLC 117 KEENDRICK STREET NEEDHAM, MA 02494	45-4443058	501(C)(3)	262,856.				PARKINSON'S RESEARCH
(11) BETH ISRAEL-NEW YORK 10 UNION SQUARE EAST, SUITE 5K	13-6171197	501(C)(3)	147,723.				PARKINSON'S RESEARCH
(12) BIOLEGEND 8999 BIOLEGEND WAY SAN DIEGO, CA 92121	73-1647967	PUBLIC SECTOR	326,627.				PARKINSON'S RESEARCH

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

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

F'TX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLACKFYNN, INC. 123 N 3RD ST 2ND FLOOR	47-3043147	PUBLIC SECTOR	4,019,329.				PARKINSON'S RESEARCH
(2) BLUE STATE DIGITAL 41 FLATBUSH AVENUE BROOKLYN, NY 11217	27-4241518	PUBLIC SECTOR	70,000.				PARKINSON'S RESEARCH
(3) BRIGHAM AND WOMEN'S HOSPITAL 4 BLACKFAN CIRCLE, ROOM 542, HIM BUILDING	04-2312909	501(C)(3)	3,031,027.				PARKINSON'S RESEARCH
(4) CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PO BOX 997376 SACRAMENTO, CA 95899-7376	74-3204993	501(C)(3)	369,117.				PARKINSON'S RESEARCH
(5) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-6006144	501(C)(3)	500,000.				PARKINSON'S RESEARCH
(6) CANTABIO PHARMACEUTICALS, INC. 2225 EAST BAYSHORE ROAD PALO ALTO, CA 94303	99-0373067	PUBLIC SECTOR	299,913.				PARKINSON'S RESEARCH
(7) CARAWAY THERAPEUTICS, INC. BUILDING 1400 WEST, SUITE 306	82-4625270	PUBLIC SECTOR	332,555.				PARKINSON'S RESEARCH
(8) CHARLES RIVER 251 BALLARDVALE ST	98-0636737	PUBLIC SECTOR	13,801.				PARKINSON'S RESEARCH
(9) CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	187,633.				PARKINSON'S RESEARCH
(10) CIRCUIT THERAPEUTICS, INC. 1505 O'BRIEN DRIVE MENLO PARK, CA 94025	83-2163243	PUBLIC SECTOR	8,162,906.				PARKINSON'S RESEARCH
(11) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE.   MAIL CODE U2	34-0714585	501(C)(3)	876,976.				PARKINSON'S RESEARCH
(12) COHEN VETERANS BIOSCIENCE, INC. 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	47-1981973	501(C)(3)	549,946.				PARKINSON'S RESEARCH

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

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

Schedule I (Form 990) 2020

JSA

OE1288 1.000

F'TX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSITY 630 W. 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	317,377.				PARKINSON'S RESEARCH
(2) CRITICAL PATH INSTITUTE 1730 E. RIVER ROAD TUCSON, AZ 85718	20-1991334	501(C)(3)	70,597.				PARKINSON'S RESEARCH
(3) CURAX THERAPEUTICS CORPORATION 443 TENNYSON AVE PALO ALTO, CA 94301	83-4462277	501(C)(3)	1,000,000.				PARKINSON'S RESEARCH
(4) DATA TECNICA 11 VASSAR CIRCLE GLEN ECHO, MD 20812	81-4492729	PUBLIC SECTOR	418,520.				PARKINSON'S RESEARCH
(5) DUKE UNIVERSITY 304 RESEARCH DRIVE, 4TH FLOOR	56-0532129	501(C)(3)	37,313.				PARKINSON'S RESEARCH
(6) ENVIGO RMS LLC 8520 ALLISON POINTE BLVD.	84-1753840	PUBLIC SECTOR	157,237.				PARKINSON'S RESEARCH
(7) EVIDATION HEALTH 63 BOVET RD. SAN MATEO, CA 94402	45-4887421	PUBLIC SECTOR	1,886,060.				PARKINSON'S RESEARCH
(8) FLIGHT CENTRE TRAVEL GROUP (USA) INC. 5 PARAGON DRIVE MONTVALE, NJ 07645	13-2635933	PUBLIC SECTOR	130,000.				PARKINSON'S RESEARCH
(9) FULGENT THERAPEUTICS, LLC. 4978 SANTA ANITA AVE, SUITE 205	81-2621304	PUBLIC SECTOR	40,000.				PARKINSON'S RESEARCH
(10) GE HEALTHCARE 251 LOCKE DRIVE MARLBOROUGH, MA 01752	13-3786405	PUBLIC SECTOR	650,000.				PARKINSON'S RESEARCH
(11) GENEDETECT.COM LIMITED 4281 EXPRESS LANE, SUITE L8299	07-6650241	PUBLIC SECTOR	299,000.				PARKINSON'S RESEARCH
(12) GISMO THERAPEUTICS INC. 145 GRAHAM AVE. LEXINGTON, KY 40506	45-1135593	PUBLIC SECTOR	116,519.				PARKINSON'S RESEARCH

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREENPHIRE, INC. 1018 W. 9TH AVE., SUITE 200	26-4311202	PUBLIC SECTOR	3,750,513.				PARKINSON'S RESEARCH
(2) HARVARD UNIVERSITY 25 SHATTACK STREET BOSTON, MA 02115	04-2103580	501(C)(3)	2,422,150.				PARKINSON'S RESEARCH
(3) HENRY FORD HOSPITAL 2799 WEST GRAND BOULEVARD	38-1357020	501(C)(3)	237,340.				PARKINSON'S RESEARCH
(4) ICAHN SCHOOL OF MEDICINE MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	798,807.				PARKINSON'S RESEARCH
(5) ILLUMINA, INC 5200 ILLUMINA WAY SAN DIEGO, CA 92122	33-0804655	501(C)(3)	2,422,580.				PARKINSON'S RESEARCH
(6) INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION 509 EAST	35-6001673	501(C)(3)	3,205,361.				PARKINSON'S RESEARCH
(7) INVICRO, LLC 60 TEMPLE ST. NEW HAVEN, CT 06510	26-3404955	501(C)(3)	140,350.				PARKINSON'S RESEARCH
(8) IRON MOUNTAIN ONE FEDERAL STREET BOSTON, MA 02110	23-2588479	PUBLIC SECTOR	23,940.				PARKINSON'S RESEARCH
(9) KAISER FOUNDATION RESEARCH INSTITUTE ATTN: JOHN DOOLITTLE OAKLAND, CA 94612-3431	94-1105628	PUBLIC SECTOR	402,798.				PARKINSON'S RESEARCH
(10) LONGEVITY BIOTECH, INC 3624 MARKET ST, SUITE 300	27-2351016	PUBLIC SECTOR	50,042.				PARKINSON'S RESEARCH
(11) MASSACHUSETTS GENERAL HOSPITAL (THE GENERAL 55 FRUIT ST. BOSTON, MA 02114	04-2697983	501(C)(3)	3,651,892.				PARKINSON'S RESEARCH
(12) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	344,706.				PARKINSON'S RESEARCH

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MCLEAN HOSPITAL CORPORATION NEUROREGENERATION RESEARCH INSTITUTE	04-2697981	PUBLIC SECTOR	150,000.				PARKINSON'S RESEARCH
(2) MEDCHEM IMAGING LLC C/O INVICRO, LLC 27 DRYDOCK AVENUE, 7TH FLO	47-1925477	PUBLIC SECTOR	400,000.				PARKINSON'S RESEARCH
(3) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10021	13-1924236	501(C)(3)	3,081,824.				PARKINSON'S RESEARCH
(4) MERCK SHARP & DOHME CORP. 2000 GALLOPING HILL ROAD	22-1261880	PUBLIC SECTOR	727,000.				PARKINSON'S RESEARCH
(5) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2	38-6005984	501(C)(3)	294,449.				PARKINSON'S RESEARCH
(6) MONDO ROBOT 5445 CONESTOGA COURT, STE 200	56-2566768	PUBLIC SECTOR	702,709.				PARKINSON'S RESEARCH
(7) NATIONAL HUMAN GENOME RESEARCH INSTITUTE (N 35A CONVENT DR., BUILDING 35A, ROOM 1E623	52-0858115	501(C)(3)	1,121,100.				PARKINSON'S RESEARCH
(8) NATIONAL INSTITUTE ON AGING (NIH) 31 CENTER DRIVE, MSC 2292 BUILDING 31, ROOM	52-2038294	501(C)(3)	1,250,554.				PARKINSON'S RESEARCH
(9) NATIONAL INSTITUTES OF HEALTH, NIA, LNG NIH/NIA/LNG BLDG 35 BETHESDA, MD 20892	52-0858115	GOV'T	791,741.				PARKINSON'S RESEARCH
(10) NEUROLIXIS, INC ADRIAN NEWMAN-TANCREDI, PHD	45-2236871	PUBLIC SECTOR	414,030.				PARKINSON'S RESEARCH
(11) NEUROSCIENCE ASSOCIATES, INC. 10915 LAKE RIDGE DRIVE KNOXVILLE, TN 37934	62-1540123	501(C)(3)	254,320.				PARKINSON'S RESEARCH
(12) NEW ENGLAND INDEPENDENT REVIEW BOARD, LLC 197 FIRST AVENUE NEEDHAM, MA 02494	30-0717648	PUBLIC SECTOR	32,500.				PARKINSON'S RESEARCH

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEXTCEA 600 WEST CUMMINGS PARK, SUITE 6375	20-5963654	PUBLIC SECTOR	253,905.				PARKINSON'S RESEARCH
(2) NORTHWESTERN UNIVERSITY 633 CLARK STREET CHICAGO, IL 60208	36-2167817	501(C)(3)	405,832.				PARKINSON'S RESEARCH
(3) OREGON HEALTH & SCIENCE UNIVERSITY 3181 S.W. SAM JACKSON PARK ROAD	93-1176109	501(C)(3)	107,498.				PARKINSON'S RESEARCH
(4) PARIS ADKINS-JACKSON 19009 S. LAUREL PARK RD	00-0000000	PUBLIC SECTOR	11,500.				PARKINSON'S RESEARCH
(5) PARKINSON'S FOUNDATION 1359 BROADWAY NEW YORK, NY 10018	13-1866796	501(C)(3)	30,000.				PARKINSON'S RESEARCH
(6) PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE, H138	24-6000376	501(C)(3)	73,600.				PARKINSON'S RESEARCH
(7) PROGENRA INC. 277 GREAT VALLEY PARKWAY MALVERN, PA 19355	61-1660578	PUBLIC SECTOR	190,000.				PARKINSON'S RESEARCH
(8) PSOMAGEN, INC. 1330 PICCARD DRIVE ROCKVILLE, MD 20850	20-1950326	PUBLIC SECTOR	300,000.				PARKINSON'S RESEARCH
(9) QUALTRICS 333 W RIVER PARK DR PROVO, UT 84604	45-4964116	PUBLIC SECTOR	33,375.				PARKINSON'S RESEARCH
(10) RANCHO BIOSCIENCES LLC PO BOX 7208 RANCHO SANTA FE, CA 92067	46-1509629	PUBLIC SECTOR	10,000.				PARKINSON'S RESEARCH
(11) RUSH UNIVERSITY MEDICAL CENTER 600 S. PAULINA, SUITE 1022F ARMOUR ACADEMIC	36-2174823	501(C)(3)	2,687,311.				PARKINSON'S RESEARCH
(12) RUTGERS ROBERT WOOD JOHNSON MED SCHOOL 675 HOES LANE WEST PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	676,651.				PARKINSON'S RESEARCH

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

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SENSONICS, INC P.O. BOX 112 HADDON HEIGHTS, NJ 08035	23-2225611	PUBLIC SECTOR	117,666.				PARKINSON'S RESEARCH
(2) SNEHA MANTRI 1208 CLARENDON ST. DURHAM, NC 27705	23-0377358	PUBLIC SECTOR	21,128.				PARKINSON'S RESEARCH
(3) SONICA LLC 1900 GREENWOOD STREET EVANSTON, IL 60201	82-4003472	PUBLIC SECTOR	81,947.				PARKINSON'S RESEARCH
(4) STANFORD UNIVERSITY STANFORD UNIVERSITY LOCKBOX 44253 3440 WALN	94-1156365	501(C)(3)	808,132.				PARKINSON'S RESEARCH
(5) STATE UNIVERSITY OF NEW YORK AT BINGHAMPTON OFFICE SPONSORED PROG, 85 MURRAY HILL ROAD	14-1368361	501(C)(3)	198,889.				PARKINSON'S RESEARCH
(6) TACONIC 1 DISCOVERY DRIVE, SUITE 304	33-0675808	PUBLIC SECTOR	140,536.				PARKINSON'S RESEARCH
(7) THE BRAND UNION COMPANY LLC 114 5TH AVE NEW YORK, NY 10011	13-2631784	PUBLIC SECTOR	350,000.				PARKINSON'S RESEARCH
(8) THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 60 TEMPLE STREET, SUITE 8A	06-1582206	501(C)(3)	4,436,740.				PARKINSON'S RESEARCH
(9) THE RESEARCH FOUNDATION FOR METAL HYGIENE 722 W 168TH ST. NEW YORK, NY 10032	14-1410842	PUBLIC SECTOR	2,999,909.				PARKINSON'S RESEARCH
(10) TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N. FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)(3)	7,964.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 UNIVERSITY BLVD BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	548,482.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF CALIFORNIA (UCSF) 1701 DIVISADERO ST SAN FRANCISCO, CA 94115	94-6036493	501(C)(3)	3,309,624.				PARKINSON'S RESEARCH

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

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

Schedule I (Form 990) 2020

JSA

OE1288 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501(C)(3)	4,484,985.				PARKINSON'S RESEARCH
(2) UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	1,049,887.				PARKINSON'S RESEARCH
(3) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093	95-2544535	501(C)(3)	2,774,065.				PARKINSON'S RESEARCH
(4) UNIVERSITY OF FLORIDA 3450 HULL ROAD, 4TH FLOOR	59-6002052	501(C)(3)	889,000.				PARKINSON'S RESEARCH
(5) UNIVERSITY OF GEORGIA 901 ATLANTIC DR. NW ATLANTA, GA 30332	58-2374837	501(C)(3)	647,325.				PARKINSON'S RESEARCH
(6) UNIVERSITY OF IOWA 2450 UNIVERSITY CAPITOL CENTER	42-6004813	501(C)(3)	1,458,041.				PARKINSON'S RESEARCH
(7) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION ATTN: MS. MARY HICKMAN	61-6033693	501(C)(3)	200,000.				PARKINSON'S RESEARCH
(8) UNIVERSITY OF MINNESOTA 450 MCNAMARA ALUMNI CENTER 200 OAK STREET S	41-6007513	501(C)(3)	2,133,873.				PARKINSON'S RESEARCH
(9) UNIVERSITY OF PENNSYLVANIA 3600 MARKET STREET, SUITE 380	23-1352685	501(C)(3)	576,762.				PARKINSON'S RESEARCH
(10) UNIVERSITY OF PITTSBURGH 3471 FIFTH AVE, SUITE 810	25-0965591	501(C)(3)	742,320.				PARKINSON'S RESEARCH
(11) UNIVERSITY OF ROCHESTER CENTER FOR NEUROTHERAPEUTICS DISCOVERY 601	26-3800000	501(C)(3)	557,502.				PARKINSON'S RESEARCH
(12) UNIVERSITY OF SOUTHERN CALIFORNIA USC INSTITUTE FOR NEUROIMAGING AND INFORMAT	95-1642394	501(C)(3)	1,344,242.				PARKINSON'S RESEARCH

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUST 7000 FANNIN, UCT 1006 HOUSTON, TX 77030	74-1761309	501(C)(3)	2,250,091.				PARKINSON'S RESEARCH
(2) VAN ANDEL RESEARCH INSTITUTE CENTER FOR NEURODEGENERATIVE SCIENCE 333 BO	52-2000820	501(C)(3)	358,634.				PARKINSON'S RESEARCH
(3) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD	22-3849199	PUBLIC SECTOR	481,949.				PARKINSON'S RESEARCH
(4) WELOCALIZE, INC. 241 EAST 4TH ST. FREDERICK, MD 21701	52-2212421	PUBLIC SECTOR	100,000.				PARKINSON'S RESEARCH
(5) YALE UNIVERSITY 34 PARK ST., BLDG: CMHC, RM. W306	06-0646973	501(C)(3)	5,853,984.				PARKINSON'S RESEARCH
(6) YESSE TECHNOLOGIES, INC 430 E. 29TH STREET, 1 4TH FLOOR	82-3885964	PUBLIC SECTOR	667,143.				PARKINSON'S RESEARCH
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**
- 3 Enter total number of other organizations listed in the line 1 table **45.**

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANT FUNDS IN THE UNITED STATES:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

REPORTING IS REVIEWED BEFORE ADDITIONAL PAYMENTS ARE MADE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **THE MICHAEL J. FOX FOUNDATION**

**FOR PARKINSON'S RESEARCH**

Employer identification number

**13-4141945**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH W. BROOKS CO-FOUNDER & EXEC. VICE CHAIR	(i)	414,487.	550,000.	0.	17,100.	6,017.	987,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TODD SHERER CEO	(i)	410,549.	500,000.	0.	17,100.	9,955.	937,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SOHINI CHOWDHURY DEPUTY CEO	(i)	321,440.	225,000.	0.	17,100.	3,950.	567,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 WILLIAM FOWLER SVP, STRAT, FIN & OPERATIONS	(i)	244,080.	55,000.	0.	17,100.	6,221.	322,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MARK A. FRASIER SVP, RESEARCH PROGRAMS	(i)	250,300.	80,000.	0.	17,100.	0.	347,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 BRIAN K. FISKE SVP, RESEARCH PROGRAMS	(i)	246,905.	80,000.	0.	17,100.	3,395.	347,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HOLLY TEICHHOLTZ SVP, COMM & CONTENT STRATEGIES	(i)	247,060.	70,000.	0.	17,100.	5,743.	339,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHELE GOLOMBUSKI SVP DEVELOPMENT	(i)	218,631.	55,000.	0.	16,516.	1,633.	291,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RACHEL DOLHUN VP, MEDICAL COMMUNICATIONS	(i)	223,839.	50,000.	0.	16,516.	1,431.	291,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

**Part III Supplemental Information**

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

DETERMINATION OF COMPENSATION FOR OFFICERS

SCHEDULE J, PART I, QUESTION 3

COMPENSATION DETERMINATION:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

COMPENSATION OF OFFICERS AND KEY EMPLOYEES ANNUALLY.

SCHEDULE J, PART I, QUESTION 7

THE BOARD OF DIRECTORS AND COMPENSATION COMMITTEE APPROVED NONFIXED BONUS

PAYMENTS FOR LISTED EMPLOYEES FOR 2019 PERFORMANCE PAID IN 2020.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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	163.	122,159,602.	FAIR VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) 2020

JSA

0E1298 1.000

FTX33R L161 9/15/2021 6:25:44 PM V 20-6.7F

300043



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

---

PART I, LINE #32A

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
13-4141945

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

ORGANIZATION'S MISSION

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

IN ADDITION TO FUNDING MORE THAN \$1 BILLION IN RESEARCH PROGRAMS THROUGH  
THE END OF DECEMBER 31, 2020, THE FOUNDATION HAS FUNDAMENTALLY ALTERED  
THE TRAJECTORY OF PROGRESS TOWARDS A CURE. POSITIONED AT THE GLOBAL HUB  
OF PARKINSON'S RESEARCH, THE FOUNDATION: (I) FORGES GROUNDBREAKING  
COLLABORATIONS WITH INDUSTRY LEADERS, ACADEMIC SCIENTISTS AND GOVERNMENT  
RESEARCH FUNDERS; (II) LEVERAGES NEW TECHNOLOGIES TO AMPLIFY THE PATIENT  
VOICE IN PARKINSON'S RESEARCH; (III) MOBILIZES PATIENTS AND LOVED ONES TO  
INCREASE THE FLOW OF PARTICIPANTS INTO CLINICAL TRIALS; AND (IV)

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

Employer identification number  
13-4141945

COORDINATES COMMUNITY ENGAGEMENT EFFORTS INCLUDING PATIENT POLICY  
ADVOCACY, EDUCATION AND COMMUNITY BUILDING THROUGH THE GRASSROOTS  
INVOLVEMENT OF THOUSANDS OF TEAM FOX MEMBERS AROUND THE WORLD.

FROM INCEPTION, THE FOUNDATION HAS INVESTED IN HIGH-RISK, HIGH-REWARD  
RESEARCH TARGETS - AN APPROACH THAT IN A FEW SHORT YEARS HAS TRANSFORMED  
THE FIELD OF PARKINSON'S DISEASE RESEARCH. THE FOUNDATION PARTNERS WITH  
THE PARKINSON'S RESEARCH COMMUNITY, SPEEDING FINANCIAL AND INTELLECTUAL  
RESOURCES TO THE SCIENTISTS WHO ARE CARRYING OUT PROJECTS WITH THE  
GREATEST PROMISE TO IMPACT PATIENTS' LIVES IN THE NEAR TERM. THIS  
INCLUDES STRENGTHENING THE PARKINSON'S DRUG DEVELOPMENT PIPELINE BY  
PUSHING FORWARD INVESTIGATIONS OF GENETIC AND OTHER EMERGING TARGETS WITH  
THE BEST CHANCE OF STOPPING OR SLOWING PARKINSON'S DISEASE PROGRESSION,  
AS WELL AS BY ADDRESSING PATIENTS' UNMET SYMPTOMATIC NEEDS. TO DATE, THE  
FOUNDATION HAS EVALUATED WORK ON MORE THAN 600 THERAPEUTIC TARGETS, AND  
HAS SUPPORTED MORE THAN 125 CLINICAL TRIALS.

PART VI, SECTION B, LINE 2

BOARD MEMBER RELATIONSHIPS:

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

PART VI, SECTION B, LINE 11B

PROCESS FOR REVIEW OF FORM 990:

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

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

Employer identification number  
13-4141945

PART VI, SECTION B, LINE 12C

CONFLICT-OF-INTEREST POLICY MONITORING:

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

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

PROCESS FOR DETERMINING COMPENSATION:

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

PART VI, SECTION C, LINE 19

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

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	\$ 149,961
RETURNED GRANTS	972,295
REFUNDED GRANT(INCLUDED WITH INCOME ON FS)	1,080,000
	-----
	\$ 2,202,256

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

Employer identification number  
13-4141945

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
YLD LTD 114 5TH AVE, 17TH FLOOR NEW YORK, NY 10011	TECH. DEVELOPMENT	530,000.
ESRT WEST 34TH STREET, LP 111 WEST 33RD ST, 12TH FL NEW YORK, NY 10120	RENT	5,684,598.
ALLIED PRINTING P.O. BOX 850 MANCHESTER, CT 06045	PRINTING	883,034.
JAMES FITZGERALD 48 W 38TH ST 9TH FLOOR NEW YORK, NY 10018	CONSTRUCTION	509,665.
BRAND UNION COMPANY LLC 3 COLUMBUS CIRCLE NEW YORK, NY 10019	ADVERTISING	900,200.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Name of the organization **THE MICHAEL J. FOX FOUNDATION  
FOR PARKINSON'S RESEARCH**Employer identification number  
**13-4141945****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MJFF CANADA 365 BAY STREET, SUITE 899 TORONTO, ONTARIO CA	RESEARCH	CA			MJFF (US)		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X
<b>2</b> 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	234,271.	
(2) THE MICHAEL J. FOX FOUNDATION CANADA	Q	1,060,142.	
(3)			
(4)			
(5)			
(6)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

**Part VII** **Supplemental Information**

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