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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MICHAEL J FOX FOUNDATION
FOR PARKINSON'S RESEARCH
% STEPHEN GRUBB - MJFF

Doing business as

Number and street (or P O box if mail is not delivered to street address) GRAND CENTRAL STA PO BOX 4777 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 101634777

D Employer identification number
13-4141945

E Telephone number
(212) 509-0995

G Gross receipts $ 141,114,261

F Name and address of principal officer
Todd Sherer
GRAND CENTRAL STA PO BOX 4777
NEW YORK, NY 101634777

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www michaeljfox org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION IS DEDICATED TO ENSURING THE DEVELOPMENT OF BETTER TREATMENTS, AND ULTIMATELY A CURE, FOR PARKINSON'S DISEASE THROUGH AN AGRESSIVELY FUNDED RESEARCH AGENDA

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	40
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	120
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,879
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-13,008

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	82,902,812	97,248,307
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-143,011	-20,192
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	474,702	1,658,693
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,234,503	98,886,808
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	62,595,476	74,935,575
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,931,566	11,906,562
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	63,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,468,983		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,010,733	9,702,446
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,537,775	96,607,583
19	Revenue less expenses Subtract line 18 from line 12	-303,272	2,279,225
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	117,014,438	128,893,606
21	Total liabilities (Part X, line 26)	71,147,805	80,754,915
22	Net assets or fund balances Subtract line 21 from line 20	45,866,633	48,138,691

Part II Signature Block

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

Sign Here

****** 2016-06-07
Signature of officer Date

JOANNE MARTZ CFAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIE FLOCH	JULIE FLOCH			P00736879

Firm's name ▶ EISNERAMPER LLP | Firm's EIN ▶

Firm's address ▶ 750 THIRD AVENUE
NEW YORK, NY 100172703

Phone no (212) 509-0995

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH IS DEDICATED TO ENSURING THE DEVELOPMENT OF BETTER TREATMENTS, AND ULTIMATELY A CURE, FOR PARKINSON'S DISEASE THROUGH AN AGRESSIVELY FUNDED RESEARCH AGENDA

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 $ 86,846,326 including grants of $ 74,935,575) (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 in Schedule O)

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

4e **Total program service expenses** ▶ 86,846,326

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	82		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	120		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶ CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 101634777 (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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,092,382	0	177,697

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 ▶ 23

		Yes	No
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*		No
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*	Yes	
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*		No

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
SCHANER LUBITZ PLLC, 6931 ARLINGTON ROAD SUITE 200 BETHESDA, MD 20814	LEGAL SERVICES	218,622
RUDER FINN INC, 301 EAST 57TH STREET NEW YORK, NY 10022	CONSULTING	270,293
COGNITIVE BOX CONSULTING LLC, 107 WILCOX ROAD STONINGTON, CT 06378	CONSULTING	112,192
SIMPLISSIMUS, 10 EAST 23RD STREET SUITE 600 NEW YORK, NY 10010	CONSULTING	122,713

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	5,438,628			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	91,809,679			
	g	Noncash contributions included in lines 1a-1f $		40,625,442			
	h	**Total.** Add lines 1a-1f		97,248,307			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		0			
	3	Investment income (including dividends, interest, and other similar amounts)		-16,431			-16,431
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
6a	Gross rents	429,678					
b	Less rental expenses						
c	Rental income or (loss)	429,678	0				
d	Net rental income or (loss)			429,678			429,678

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	41,103,986					
b	Less cost or other basis and sales expenses	41,107,747					
c	Gain or (loss)	-3,761					
d	Net gain or (loss)			-3,761			-3,761

8a	Gross income from fundraising events (not including $ 5,438,628 of contributions reported on line 1c) See Part IV, line 18	a	1,095,431				
b	Less direct expenses	b	1,095,431				
c	Net income or (loss) from fundraising events			0			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a	43,154				
b	Less cost of goods sold	b	24,275				
c	Net income or (loss) from sales of inventory			18,879		18,879	

Other Revenue	Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS REVENUE	900099	1,210,136			1,210,136
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		1,210,136			
12	**Total revenue.** See Instructions		98,886,808		18,879	1,619,622

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	53,730,125	53,730,125		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	21,205,450	21,205,450		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,141,647	1,070,824	321,247	749,576
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,977,882	4,243,348	1,129,059	2,605,475
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	267,162	142,937	35,578	88,647
9 Other employee benefits	833,630	405,079	128,030	300,521
10 Payroll taxes	686,241	355,182	92,336	238,723
11 Fees for services (non-employees)				
a Management	0			
b Legal	259,829	172,537	60,668	26,624
c Accounting	54,377		54,377	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	63,000			63,000
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,078,857	701,778	53,427	323,652
12 Advertising and promotion	1,057,633	811,812		245,821
13 Office expenses	779,293	413,251	15,382	350,660
14 Information technology	743,470	357,547	31,157	354,766
15 Royalties	0			
16 Occupancy	2,074,326	1,277,038	227,041	570,247
17 Travel	868,203	588,721	6,499	272,983
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,315,287	990,748	6,474	318,065
20 Interest	64,900		64,900	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	379,508	207,853	53,123	118,532
23 Insurance	88,972	64,214	6,941	17,817
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	310,081			310,081
b DONATION PROCESSING	518,818	16,084	4,351	498,383
c DUES AND SUBSCRIPTIONS	108,892	91,798	1,684	15,410
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	96,607,583	86,846,326	2,292,274	7,468,983
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		616	1	49
	2	Savings and temporary cash investments		96,919,552	2	107,311,685
	3	Pledges and grants receivable, net		15,985,428	3	16,242,283
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		40,920	8	38,257
	9	Prepaid expenses and deferred charges		560,555	9	578,045
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,290,324			
	b	Less accumulated depreciation	10b 1,439,171	1,107,159	10c	851,153
	11	Investments—publicly traded securities		1,554,622	11	1,807,225
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		845,586	15	2,064,909
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		117,014,438	16	128,893,606
Liabilities	17	Accounts payable and accrued expenses		2,282,089	17	3,001,951
	18	Grants payable		66,374,995	18	75,487,583
	19	Deferred revenue		0	19	152,800
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		1,150,196	24	1,150,196
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,340,525	25	962,385
	26	**Total liabilities.** Add lines 17 through 25		71,147,805	26	80,754,915
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,917,079	27	30,195,017
	28	Temporarily restricted net assets		18,949,554	28	17,943,674
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		45,866,633	33	48,138,691
	34	Total liabilities and net assets/fund balances		117,014,438	34	128,893,606

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,886,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,607,583
3	Revenue less expenses Subtract line 2 from line 1	3	2,279,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,866,633
5	Net unrealized gains (losses) on investments	5	-7,167
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,138,691

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 13-4141945
Name: THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Michael J Fox Founder	20.00	X						0	0	0
JEFFREY KEEFER Chairman	20.00	X		X				0	0	0
ROBERT W SHACKLETON VICE CHAIRMAN	20.00	X		X				0	0	0
Fred G Weiss Treasurer	20.00	X		X				0	0	0
Holly S Andersen MD Member	20.00	X						0	0	0
Glenn Batchelder Member	20.00	X						0	0	0
Jon Brooks Member	20.00	X						0	0	0
Mark Booth Member	20.00	X						0	0	0
Barry J Cohen Member	20.00	X						0	0	0
Donny Deutsch Member	20.00	X						0	0	0
David Einhorn Member	20.00	X						0	0	0
Karen Finerman Member	20.00	X						0	0	0
Lee Fixel Member	20.00	X						0	0	0
Nelle Fortenberry Member	20.00	X						0	0	0
Willie Geist Member	20.00	X						0	0	0
David Glickman Member	20.00	X						0	0	0
David Golub Member	20.00	X						0	0	0
Mark L Hart III Member	20.00	X						0	0	0
Skip Irving Member	20.00	X						0	0	0
Edward Kalikow Member	20.00	X						0	0	0
GEORGE E PRESCOTT Member	20.00	X						0	0	0
Amar Kuchinad Member	20.00	X						0	0	0
Edwin A Levy Member	20.00	X						0	0	0
Marc S Lipschultz Member	20.00	X						0	0	0
Douglas I Ostrover Member	20.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Tracy Pollan Member	20.00	X						0	0	0
Ryan Reynolds Member	20.00	X						0	0	0
Frederick E Rowe Jr Member	20.00	X						0	0	0
Lily Safra Member	20.00	X						0	0	0
Carolyn Schenker Member	20.00	X						0	0	0
Curtis Schenker Member	20.00	X						0	0	0
Richard J Schnall Member	20.00	X						0	0	0
Anne-Cecilie Engell Speyer Member	20.00	X						0	0	0
George Stephanopoulos Member	20.00	X						0	0	0
Bonnie Strauss Member	20.00	X						0	0	0
Rick Tigner member	20.00	X						0	0	0
George Whelen Member	20.00	X						0	0	0
OFER NEMIROVSKY MEMBER	20.00	X						0	0	0
ANDREW J O'BRIEN MEMBER	20.00	X						0	0	0
PETER ZAFFINO MEMBER	20.00	X						0	0	0
TODD SHEREER CEO	40.00			X				575,758	0	25,143
JOANNE MARTZ CHIEF FIN AND ADMIN OFFICER	40.00			X				362,710	0	19,755
DEBORAH W BROOKS Co-Founder & Exec Vice Chair	40.00				X			616,016	0	25,143
Sohini Chowdhury SVP, Research Partnerships	40.00				X			275,183	0	7,950
Sheila Kelly SVP, Development	40.00				X			212,301	0	21,688
Holly Teichholtz SVP, Comm & Content Strategies	40.00					X		202,523	0	17,967
Brian K Fiske SVP, Research Programs	40.00					X		242,775	0	18,924
Mark A Frasier SVP, Research Programs	40.00					X		234,150	0	7,063
Ken Kubota Director Data Science	40.00					X		189,723	0	22,855
Claire Meunier VP, RESEARCH ENGAGEMENT	40.00					X		181,243	0	11,209

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SCHEDULE A (Form 990 or 990EZ)

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.**

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

OMB No 1545-0047

2015

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 11, 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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	64,970,818	87,327,249	90,718,569	82,902,812	98,279,060	424,198,508
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	64,970,818	87,327,249	90,718,569	82,902,812	98,279,060	424,198,508
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						177,202,081
6 **Public support.** Subtract line 5 from line 4						246,996,427

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	64,970,818	87,327,249	90,718,569	82,902,812	98,279,060	424,198,508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,326	24,221	38,242	-5,160	-16,431	83,198
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	38,514	21,757	37,124	45,024	1,229,015	1,371,434
11 **Total support.** Add lines 7 through 10						425,653,140

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	58 028 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	57 882 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493161008146

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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 8/17/06, 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? ☐ Yes ☐ No

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		1,822,467	1,154,839	667,628
d Equipment		384,813	236,709	148,104
e Other		83,044	47,623	35,421
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				851,153

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED RENT	560,468
INTEREST PAYABLE	401,917
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	962,385

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	99,910,394
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,167		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,030,753		
e	Add lines **2a** through **2d**			2e	1,023,586
3	Subtract line **2e** from line **1**			3	98,886,808
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	98,886,808

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

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

1	Total expenses and losses per audited financial statements			1	97,638,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,030,753		
e	Add lines **2a** through **2d**			2e	1,030,753
3	Subtract line **2e** from line **1**			3	96,607,583
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	96,607,583

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

Return Reference	Explanation
Schedule D, Page 3, Question 2	The Foundation FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS
RECONCILIATION OF REVENUE AND EXPENSES	AMOUNTS REPRESENT REVENUES AND EXPENSES ATTRIBUTABLE TO THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH'S CANADIAN ENTITY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493161008146

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific			Grantmaking		297,298
(2) Europe (Including Iceland and Greenland)			Grantmaking		14,843,269
(3) Middle East and North Africa			Grantmaking		2,005,394
(4) North America			Grantmaking		4,059,488
(5)					
3a Sub-total					21,205,449
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					21,205,449

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**
Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 63

3 Enter total number of other organizations or entities . . . . . ▶ 26

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash 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 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F	PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES THE FOUNDATION AWARDS RES EARCH 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 freque nt communication between grantees and MJFF staff regarding the progress of each grant Pro gress is verified before additional payments are made

Additional Data

Software ID:
Software Version:
EIN: 13-4141945
Name: THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	603,350				
		Europe (Including Iceland and Greenland)	Parkinson's Research	533,932				
		North America	Parkinson's Research	119,699				
		North America	Parkinson's Research	2,873,894				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Parkinson's Research	149,789				
		Europe (Including Iceland and Greenland)	Parkinson's Research	1,500,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	724,509				
		Europe (Including Iceland and Greenland)	Parkinson's Research	190,750				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	64,425				
		Europe (Including Iceland and Greenland)	Parkinson's Research	45,945				
		Middle East and North Africa	Parkinson's Research	243,241				
		Europe (Including Iceland and Greenland)	Parkinson's Research	10,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Parkinson's Research	8,500				
		Middle East and North Africa	Parkinson's Research	7,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	116,805				
		Europe (Including Iceland and Greenland)	Parkinson's Research	674,956				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Parkinson's Research	147,188				
		Europe (Including Iceland and Greenland)	Parkinson's Research	53,074				
		East Asia and the Pacific	Parkinson's Research	11,250				
		Europe (Including Iceland and Greenland)	Parkinson's Research	127,750				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	104,936				
		Europe (Including Iceland and Greenland)	Parkinson's Research	100,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	240,000				
		Middle East and North Africa	Parkinson's Research	31,872				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Parkinson's Research	13,140				
		Europe (Including Iceland and Greenland)	Parkinson's Research	30,190				
		Europe (Including Iceland and Greenland)	Parkinson's Research	152,488				
		Europe (Including Iceland and Greenland)	Parkinson's Research	40,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	16,667				
		Middle East and North Africa	Parkinson's Research	47,700				
		Middle East and North Africa	Parkinson's Research	39,225				
		Middle East and North Africa	Parkinson's Research	35,020				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Parkinson's Research	33,600				
		Europe (Including Iceland and Greenland)	Parkinson's Research	115,912				
		Europe (Including Iceland and Greenland)	Parkinson's Research	100,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	209,825				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	246,608				
		Europe (Including Iceland and Greenland)	Parkinson's Research	293,479				
		Europe (Including Iceland and Greenland)	Parkinson's Research	95,788				
		East Asia and the Pacific	Parkinson's Research	247,048				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Parkinson's Research	145,453				
		Europe (Including Iceland and Greenland)	Parkinson's Research	286,456				
		Europe (Including Iceland and Greenland)	Parkinson's Research	92,950				
		North America	Parkinson's Research	141,713				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	1,262,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	88,072				
		Europe (Including Iceland and Greenland)	Parkinson's Research	88,072				
		Europe (Including Iceland and Greenland)	Parkinson's Research	83,238				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	80,754				
		Europe (Including Iceland and Greenland)	Parkinson's Research	80,754				
		Europe (Including Iceland and Greenland)	Parkinson's Research	170,670				
		Europe (Including Iceland and Greenland)	Parkinson's Research	986,881				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	30,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	16,980				
		Europe (Including Iceland and Greenland)	Parkinson's Research	16,250				
		Europe (Including Iceland and Greenland)	Parkinson's Research	17,875				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	11,719				
		Europe (Including Iceland and Greenland)	Parkinson's Research	350,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	147,500				
		Europe (Including Iceland and Greenland)	Parkinson's Research	149,600				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	205,907				
		Europe (Including Iceland and Greenland)	Parkinson's Research	375,876				
		Middle East and North Africa	Parkinson's Research	950,603				
		Middle East and North Africa	Parkinson's Research	162,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	102,875				
		East Asia and the Pacific	Parkinson's Research	39,000				
		Middle East and North Africa	Parkinson's Research	174,905				
		Middle East and North Africa	Parkinson's Research	100,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Parkinson's Research	180,000				
		North America	Parkinson's Research	139,370				
		Europe (Including Iceland and Greenland)	Parkinson's Research	282,755				
		Europe (Including Iceland and Greenland)	Parkinson's Research	124,997				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	249,763				
		Europe (Including Iceland and Greenland)	Parkinson's Research	16,500				
		Europe (Including Iceland and Greenland)	Parkinson's Research	110,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	2,014,678				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	222,617				
		Europe (Including Iceland and Greenland)	Parkinson's Research	69,703				
		Europe (Including Iceland and Greenland)	Parkinson's Research	10,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	99,998				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Parkinson's Research	99,572				
		North America	Parkinson's Research	175,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	125,400				
		North America	Parkinson's Research	10,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Parkinson's Research	200,000				
		Europe (Including Iceland and Greenland)	Parkinson's Research	16,750				
		Europe (Including Iceland and Greenland)	Parkinson's Research	12,500				
		Europe (Including Iceland and Greenland)	Parkinson's Research	99,402				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Parkinson's Research	125,000				

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
13-4141945

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

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

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

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 ten 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? Yes	(iii) No	(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
1 EVENT ASSOCIATES INC 162 WEST 56TH STREET SUITE 405 NEW YORK, NY 10019	EVENT STRATEGY		No	5,234,220	63,000	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				5,234,220	63,000	

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

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

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

		(a) Event #1 FUNNY THING (event type)	(b) Event #2 BREAKING PAR (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	5,234,220	694,511	605,328	6,534,059
	2 Less Contributions	4,428,297	526,313	484,018	5,438,628
	3 Gross income (line 1 minus line 2)	805,923	168,198	121,310	1,095,431
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	27,241	73	31,999	59,313
	6 Rent/facility costs	474,404	168,125	69,771	712,300
	7 Food and beverages	0	0	0	0
	8 Entertainment	72,400	0	11,665	84,065
	9 Other direct expenses	231,878	0	7,875	239,753
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,095,431
	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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶

.....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493161008146

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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

(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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 158

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 61

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

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

Return Reference	Explanation
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 grantees and MJFF staff regarding the progress of each grant Progress is verified before additional payments are made

Additional Data

Software ID:
Software Version:
EIN: 13-4141945
Name: THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
115 Park Lexington LLC 336 EAST 15TH STREET NEW YORK, NY 10003	30-0748813	Public Sector	14,122				Parkinson's Research
23andMe Inc 2606 Bayshore Parkway Mountain View, CA 94043	20-4857371	Public Sector	7,667,160				Parkinson's Research
ActivX Biosciences Inc 11025 North Torrey Pines Road Suit La Jolla, CA 92037	33-0831285	Public Sector	62,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Amazon Web Services LLC 410 Terry Avenue North Seattle, WA 98109	20-4938068	Public Sector	110,000				Parkinson's Research
ATCC 10801 University Blvd Manassas, VA 20110	53-0196548	Public Sector	51,000				Parkinson's Research
Banner Health Institute 10515 W Santa Fe Dr Sun City, AZ 85351	86-0768795	501(c)(3)	21,087				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Banner Health Institute 10515 W Santa Fe Dr Sun City, AZ 85351	86-0768795	501(c)(3)	70,634				Parkinson's Research
Banner Health Institute 10515 W Santa Fe Dr Sun City, AZ 85351	86-0768795	501(c)(3)	10,000				Parkinson's Research
Banner Health Institute 10515 W Santa Fe Dr Sun City, AZ 85351	86-0768795	501(c)(3)	42,500				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Baylor College of Medicine One Baylor Plaza Houston,TX 77030	74-1613878	501(c)(3)	10,000				Parkinson's Research
Baylor College of Medicine JHOC Bldg Room 3245 601 N Caroline Baltimore,MD 21287	74-1613878	501(c)(3)	167,173				Parkinson's Research
BioLegend 180 Rustcraft Road Suite 140 Dedham,MA 02026	73-1647967	Public Sector	61,513				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
BioLegend 180 Rustcraft Road Suite 140 Dedham, MA 02026	73-1647967	Public Sector	19,383				Parkinson's Research
BioLegend 180 Rustcraft Road Suite 140 Dedham, MA 02026	73-1647967	Public Sector	67,671				Parkinson's Research
BioLegend 180 Rustcraft Road Suite 140 Dedham, MA 02026	73-1647967	Public Sector	12,183				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Brigham & Women's Hospital 65 Landsdowne Street 301A Cambridge, MA 02139	04-2312909	501(c)(3)	68,296				Parkinson's Research
California Institute of Technology 1200 E California Blvd MC 156-29 Pasadena, CA 91125	95-6006144	501(c)(3)	100,000				Parkinson's Research
Cellular Dynamics International Inc 525 Science Drive Madison, WI 53711	26-1737267	Public Sector	1,255,875				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Charles River Laboratories 251 Ballardvale St Wilmington, MA 01887	06-1397316	Public Sector	1,691,975				Parkinson's Research
Charles River Laboratories 251 Ballardvale St Wilmington, MA 01887	06-1397316	Public Sector	43,744				Parkinson's Research
Cleveland Clinic 9500 Euclid Ave U2 Cleveland, OH 44195	34-0714585	501(c)(3)	36,599				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Columbia University 710 W168th St 3rd floor New York, NY 10032	13-5598093	501(c)(3)	7,475				Parkinson's Research
Columbia University 710 W168th St 3rd floor New York, NY 10032	13-5598093	501(c)(3)	304,995				Parkinson's Research
Columbia University Medical Center 710 W168th St 3rd floor New York, NY 10032	13-5598093	501(c)(3)	180,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Columbia University Medical Center 710 W168th St 3rd floor New York, NY 10032	13-5598093	501(c)(3)	95,918				Parkinson's Research
Covance 8211 SciCor Drive Indianapolis, IN 46214	22-3265977	Public Sector	6,005				Parkinson's Research
Covance 8211 SciCor Drive Indianapolis, IN 46214	22-3265977	Public Sector	104,970				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
CPC Scientific 1245 Reamwood Avenue Sunnyvale,CA 94089	52-2459250	Public Sector	113,300				Parkinson's Research
Deloitte Consulting LLP 1750 Tysons Boulevard Suite 800 Mclean,VA 22102	06-1454513	Public Sector	175,615				Parkinson's Research
Deloitte Consulting LLP 1750 Tysons Boulevard Mclean,VA 22102	06-1454513	Public Sector	278,590				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Deloitte Consulting LLP 1750 Tysons Boulevard Mclean,VA 22102	06-1454513	Public Sector	500,000				Parkinson's Research
Duke University 488 CARL BLDG Research Durham,NC 22710	56-0532129	501(c)(3)	350,000				Parkinson's Research
EMD Millipore Corporation 10394 Pacific Center Court San Diego,CA 92121	04-2170233	Public Sector	15,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Emory University 1841 Clifton Road NE Suite 350 Atlanta, GA 30329	58-0566256	501(c)(3)	180,000				Parkinson's Research
Emory University 1760 Haygood Drive Suite W200 Atlanta, GA 30322	58-0566256	501(c)(3)	599,978				Parkinson's Research
Emory University 615 Michael St Atlanta, GA 30322	58-0566256	501(c)(3)	150,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Emory University Room 141 Whitehead Bldg Atlanta, GA 30322	58-0566256	501(c)(3)	99,999				Parkinson's Research
Emory University 605L Whitehead Biomedical Research Atlanta, GA 30322	58-0566256	501(c)(3)	490,732				Parkinson's Research
Emory University 605L Whitehead Biomedical Research Atlanta, GA 30322	58-0566256	501(c)(3)	100,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Emory University Emory University School of Medicine Atlanta, GA 30322	58-0566256	501(c)(3)	2,000,000				Parkinson's Research
Emulate Inc 210 Broadway Suite 201 Cambridge, MA 02139	46-4857430	Public Sector	741,169				Parkinson's Research
EPL Archives 45610 Terminal Drive Sterling, VA 20166	54-1077359	Public Sector	10,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EPL Archives 45610 Terminal Drive Sterling, VA 20166	54-1077359	Public Sector	40,000				Parkinson's Research
Evotec 380 Oyster Point Blvd 1 South San Francisco, CA 94080	94-3353740	Public Sector	8,500				Parkinson's Research
Florida Agricultural and Mechanical University Department of Neurology 1275 Center Gainesville, FL 32610	59-6002052	501(c)(3)	100,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FPRT Bio Inc 2910 Glendale Drive Colleyvile,TX 76034	45-4804420	Public Sector	305,565				Parkinson's Research
Geisel School of Medicine at Dartmouth Rubin Building Rm 7511 1 Medical C Lebanan,NH 03756	02-0222111	501(c)(3)	99,396				Parkinson's Research
GNS Healthcare 1 Charles Park Cambridge,MA 02141	27-1667187	For-Profit Sect	85,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Harvard University Neurology/Radiology East Building 1 Charlestown, MA 02129	04-2103580	501(c)(3)	100,000				Parkinson's Research
Harvard University Neurology/Radiology East Building 1 Charlestown, MA 02129	04-2103580	501(c)(3)	429,299				Parkinson's Research
Harvard University Nine Cambridge Center Cambridge MA Boston, MA 02115	04-2103580	501(c)(3)	155,071				Parkinson's Research

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ICB International Inc 505 Coast Blvd South 405 La Jolla, CA 92037	26-3513464	Public Sector	171,262				Parkinson's Research
Illumina Inc 5200 Illumina Way San Diego, CA 92122	33-0804655	Public Sector	147,185				Parkinson's Research
Imago Pharmaceuticals PO Box 4971 Jackson, WY 83001	47-1913512	Public Sector	96,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	353,330				Parkinson's Research
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	813,099				Parkinson's Research
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	450,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	1,100,000				Parkinson's Research
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	129,428				Parkinson's Research
Indiana University Indiana University 410 W Tenth Str Indianapolis,IN 462023002	35-6001673	501(c)(3)	386,050				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
International Parkinson and Movement Disorder Soci 555 E Wells Street Suite 1100 Milwaukee, WI 53202	06-1263827	Public Sector	30,240				Parkinson's Research
International Parkinson and Movement Disorder Soci 555 E Wells Street Suite 1100 Milwaukee, WI 53202	06-1263827	Public Sector	139,480				Parkinson's Research
Longevity Biotech Inc 3624 Market Street Suite 300 Philadelphia, PA 19104	27-2351016	Public Sector	113,037				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts General Hospital Department of Radiology 55 Fruit St Boston, MA 02114	04-2697983	501(c)(3)	188,373				Parkinson's Research
Massachusetts General Hospital Department of Neurology 149 13th St Charlestown, MA 02129	04-2697983	501(c)(3)	100,000				Parkinson's Research
Massachusetts General Physicians Organization PO Box 3662 Boston, MA 02241	04-2807148	501(c)(3)	21,490				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts General Physicians Organization PO Box 3662 Boston, MA 02241	04-2807148	501(c)(3)	14,000				Parkinson's Research
Massachusetts General Physicians Organization PO Box 3662 Boston, MA 02241	04-2807148	501(c)(3)	31,850				Parkinson's Research
Massachusetts General Physicians Organization PO Box 3662 Boston, MA 02241	04-2807148	501(c)(3)	82,040				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Institute of Technology Harvard-MIT Division of Health Scie Cambridge, MA 02139	04-2103594	501(c)(3)	200,907				Parkinson's Research
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	59-3337028	501(c)(3)	251,081				Parkinson's Research
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	59-3337028	501(c)(3)	300,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	59-3337028	501(c)(3)	125,000				Parkinson's Research
Mayo Clinic Department of Health Sciences Resea Rochester, MN 55905	59-3337028	501(c)(3)	19,632				Parkinson's Research
Mayo Clinic 13400 East Shea Blvd Scottsdale, AZ 85259	59-3337028	501(c)(3)	10,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Mayo Clinic Arizona 13400 East Shea Blvd Scottsdale, AZ 85259	59-3337028	501(c)(3)	10,000				Parkinson's Research
Mayo Clinic Arizona 5777 E Mayo Blvd Phoenix, AZ 85054	59-3337028	501(c)(3)	6,250				Parkinson's Research
McLean HospitalHarvard Medical School Neuroregeneration Research Institut Boston, MA 02478	04-2103580	501(c)(3)	400,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Meso Scale Discovery 1601 Reseaerch Boulevard Rockville,MD 20850	52-1974952	Public Sector	290,500				Parkinson's Research
Mondo Robot 1737 15th Street 1st Floor Boulder,CO 80302	56-2566768	Public Sector	15,000				Parkinson's Research
Mondo Robot 1737 15th Street 1st Floor Boulder,CO 80302	56-2566768	Public Sector	308,476				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Mondo Robot 1737 15th Street 1st Floor Boulder, CO 80302	56-2566768	Public Sector	322,675				Parkinson's Research
Mondo Robot 1737 15th Street 1st Floor Boulder, CO 80302	56-2566768	Public Sector	750,750				Parkinson's Research
Mount Sinai School of Medicine Neurology Dept One Gustave L Levy New York, NY 100296574	13-6171197	501(c)(3)	26,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
National Academy of Sciences 500 Fifth Street NW Washington, DC 20001	53-0196932	501(c)(3)	7,500				Parkinson's Research
National Institute on Aging Laboratory of Neurogenetics 35 Linc Bethesda, MD 20892	52-2038294	501(c)(3)	1,047,210				Parkinson's Research
National Institute on Aging Laboratory of Neurogenetics NIA N Bethesda, MD 20892	52-2038294	501(c)(3)	96,627				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
National Institutes of Health (NIH) Laboratory of Neurogenetics 35 Linc Bethesda, MD 20892	52-0858115	501(c)(3)	264,000				Parkinson's Research
Neuroscience Associates 10915 Lakeridge Drive Knoxville, TN 37922	62-1540123	Public Sector	105,796				Parkinson's Research
Neuroscience Associates 10915 Lakeridge Drive Knoxville, TN 37922	62-1540123	Public Sector	42,890				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Neuroscience Associates 10915 Lakeridge Drive Knoxville,TN 37922	62-1540123	Public Sector	284,360				Parkinson's Research
New England Independent Review Board LLC PO Box 360690 Pittsburgh,PA 15251	30-0717648	Public Sector	5,295				Parkinson's Research
New England Independent Review Board LLC PO Box 360690 Pittsburgh,PA 15251	30-0717648	Public Sector	10,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
New York University 530 FIRST AVENUE Suite 9Q New York, NY 10016	13-5562308	501(c)(3)	732,981				Parkinson's Research
Northwestern University Department of Neurology 710 N Lake Chicago, IL 11030	36-2167817	501(c)(3)	6,000				Parkinson's Research
Northwestern University 260 East Chestnut Street Unit 4204 Chicago, IL 60611	36-2167817	501(c)(3)	28,872				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Northwestern University Department of Neurology 710 N Lake Chicago,IL 60611	36-2167817	501(c)(3)	7,000				Parkinson's Research
Northwestern University Department of Neurology 710 N Lake Chicago,IL 60611	36-2167817	501(c)(3)	124,976				Parkinson's Research
Northwestern University Feinberg School of Medicin Department of Physiology Chicago,IL 60611	36-2167817	501(c)(3)	125,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Oregon Health & Science University 3181 SW Sam Jackson Park Road L103 Portland, OR 972393098	93-1176109	501(c)(3)	17,740				Parkinson's Research
Parkinson's Action Network 1025 Vermont Avenue Suite 1120 Washington, DC 20005	94-3172675	501(c)(3)	250,000				Parkinson's Research
Pebble Technology Corp 925 Alma Street Palo Alto, CA 94301	90-0739557	Public Sector	37,125				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Philadelphia VA Medical Center Center for Brain Injury Repair De Philadelphia, PA 94301	23-3066002	501(c)(3)	375,000				Parkinson's Research
Proteos 4717 Campus Dr Kalamazoo, MI 49008	26-0069252	Public Sector	162,300				Parkinson's Research
Proteos 4717 Campus Dr Kalamazoo, MI 49008	26-0069252	Public Sector	25,154				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Proteos 4717 Campus Dr Kalamazoo, MI 49008	26-0069252	Public Sector	25,671				Parkinson's Research
Proteos 4717 Campus Dr Kalamazoo, MI 49008	26-0069252	Public Sector	9,338				Parkinson's Research
Rush University Department of Neurological Sciences Chicago, IL 60612	36-2174823	501(c)(3)	224,275				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Rush University Rush University Medical Center 1735 Chicago,IL 60612	36-2174823	501(c)(3)	126,713				Parkinson's Research
Rush University Medical Center Medical Center 1725 Chicago,IL 60612	36-2174823	501(c)(3)	10,000				Parkinson's Research
Rush University Department of Neurological Sciences Chicago,IL 60612	36-2174823	501(c)(3)	6,250				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Rutgers Robert Wood Johnson Medical School 675 Hoes Lane D-317 Piscataway, NJ 08854	46-2354111	Public Sector	675,332				Parkinson's Research
SAGE Labs Inc 670 Englesville Road Boyertown, PA 19512	27-1857911	501(c)(3)	7,980				Parkinson's Research
SISCAPA Assay Technologies 1759 Willard St NW Washington, DC 20009	45-2942855	Public Sector	47,650				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SomaLogic Inc 2945 Wilderness Place Boulder, CO 80301	52-2195896	Public Sector	312,500				Parkinson's Research
STATegics Inc 1455 Adams Dr Suite 2050 Menlo Park, CA 94025	26-0305594	Public Sector	124,850				Parkinson's Research
Taconic Taconic Biosciences Inc 273 Hover Germantown, NY 94025	33-0675808	Public Sector	7,200				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	400,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	750,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	500,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	207,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	1,150,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	390,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	10,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	1,200,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	704,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	600,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	500,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	381,115				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	350,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	10,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	108,730				Parkinson's Research

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	10,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	520,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	500,000				Parkinson's Research

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The Institute for Neurodegenerative Disorders 60 Temple Street Suite 8B New Haven, CT 06510	06-1582206	501(c)(3)	15,000				Parkinson's Research
The Institute for Neurodegenerative Disorders 60 Temple St Suite 8B New Haven, CT 06511	06-1582206	501(c)(3)	9,000				Parkinson's Research
The J David Gladstone Institutes 1650 Owens St Office 317 San Francisco, CA 94158	23-7203666	501(c)(3)	296,699				Parkinson's Research

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The Jackson Laboratory 610 Main Street Harbor, ME 04609	01-0211513	501(c)(3)	125,000				Parkinson's Research
The Jackson Laboratory 600 Main Street Harbor, ME 04609	01-0211513	501(c)(3)	15,204				Parkinson's Research
The Jackson Laboratory 600 Main Street Harbor, ME 04609	01-0211513	501(c)(3)	74,484				Parkinson's Research

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The Jackson Laboratory 610 Main Street Harbor, ME 04609	01-0211513	501(c)(3)	370,054				Parkinson's Research
The Jackson Laboratory 610 Main Street Harbor, ME 04609	01-0211513	501(c)(3)	8,925				Parkinson's Research
The Lovelace Respiratory Research Institute 2425 Ridgecrest Dr SE Albuquerque, NM 87108	85-0110669	501(c)(3)	1,202,543				Parkinson's Research

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The Parkinson's Institute and Clinical Center 675 Almanor Avenue Sunnyvale,CA 94085	94-3061594	501(c)(3)	264,564				Parkinson's Research
The Pennsylvania State University College of Medic Office of Research Affairs H138 5 Hersey,PA 17033	24-6000376	501(c)(3)	148,554				Parkinson's Research
The Trustees of the University of Pennsylvania Perelman School of Medicine at the Philadelphia,PA 19104	23-1352685	501(c)(3)	56,217				Parkinson's Research

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The Trustees of the University of Pennsylvania 5 Ravdin Pavillion Hospital of the Philadelphia, PA 19104	23-1352685	501(c)(3)	499,453				Parkinson's Research
Thomas Jefferson University Dept of Pathology Anatomy and Cel Philadelphia, PA 19107	23-2829095	501(c)(3)	75,000				Parkinson's Research
Thomson Reuters (Scientific) LLC PO Box 71416 Chicago, IL 71416	23-1569117	Public Sector	286,014				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Thomson Reuters (Scientific) LLC PO Box 71416 Chicago,IL 60694	23-1569117	Public Sector	39,745				Parkinson's Research
Thomson Reuters (Scientific) LLC PO Box 71416 Chicago,IL 71416	23-1569117	Public Sector	34,320				Parkinson's Research
Thomson Reuters (Scientific) LLC PO Box 71416 Chicago,IL 60694	23-1569117	Public Sector	112,266				Parkinson's Research

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Thomson Reuters (Scientific) LLC PO Box 71416 Chicago,IL 71416	23-1569117	Public Sector	95,338				Parkinson's Research
Translational Genomics Research Institute 445 N Fifth Street Phoenix,AZ 85004	75-3065445	501(c)(3)	12,030				Parkinson's Research
Translational Genomics Research Institute 445 N Fifth Street Phoenix,AZ 85004	75-3065445	501(c)(3)	197,458				Parkinson's Research

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Tufts-New England Medical Center 800 Washington Street Box 8486 Boston, MA 02111	04-3400617	501(c)(3)	75,000				Parkinson's Research
University of Alabama at Birmingham 1825 University Blvd Room SHEL 1106 Birmingham, AL 35294	63-6005396	501(c)(3)	135,588				Parkinson's Research
University of Alabama at Birmingham 924 18th Street South Room 234 Birmingham, AL 35294	63-6005396	501(c)(3)	25,000				Parkinson's Research

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University of Alabama at Birmingham 1900 University Blvd THT 926A Birmingham, AL 35294	63-6005396	501(c)(3)	75,000				Parkinson's Research
University of Alabama at Birmingham 1719 6th Ave S CIRC 560D Birmingham, AL 35294	63-6005396	501(c)(3)	237,912				Parkinson's Research
University of Alabama at Birmingham Department of Neurology Birmingham, AL 35294	63-6005396	501(c)(3)	165,000				Parkinson's Research

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University of Alabama at Birmingham Department of PUniversity of Alabam Birmingham, AL 35294	63-6005396	501(c)(3)	250,000				Parkinson's Research
University of Alabama at Birmingham 1719 6th Avenue South CIRC 516 Birmingham, AL 35233	63-6005396	501(c)(3)	180,000				Parkinson's Research
University of Alabama at Birmingham 1719 6th Avenue South CIRC 516 Birmingham, AL 35233	63-6005396	501(c)(3)	10,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Arizona 1501 N Campbell Ave Life Sciences Tucson, AZ 85724	74-2652689	501(c)(3)	124,929				Parkinson's Research
University of California Berkeley Helen Willis Neuroscience Institute Berkeley, CA 94720	94-6002123	501(c)(3)	396,146				Parkinson's Research
University of California San Diego 9500 Gilman Dr MTF 344 MC 0624 La Jolla, CA 92093	95-2544535	501(c)(3)	16,665				Parkinson's Research

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University of California San Diego 9500 Gilman Dr MTF 344 MC 0624 La Jolla, CA 92093	95-2544535	501(c)(3)	374,991				Parkinson's Research
University of California San Francisco 4150 Clement St 114M San Francisco, CA 94121	94-6036493	501(c)(3)	106,306				Parkinson's Research
University of California San Francisco 4150 Clement St 114M San Francisco, CA 94121	94-6036493	501(c)(3)	15,334				Parkinson's Research

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University of California San Francisco 4150 Clement St 114M San Francisco, CA 94121	94-6036493	501(c)(3)	120,000				Parkinson's Research
University of California San Francisco 4150 Clement St 114M San Francisco, CA 94121	94-6036493	501(c)(3)	99,863				Parkinson's Research
University of California San Francisco 4150 Clement St 114M San Francisco, CA 94121	94-6036493	501(c)(3)	450,000				Parkinson's Research

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University of Central Florida Research Foundation 12201 Research Parkway Suite 501 Orlando, FL 328263246	59-3086453	501(c)(3)	100,000				Parkinson's Research
University of Chicago 5841 S Maryland Ave Chicago, IL 60637	36-2177139	501(c)(3)	313,415				Parkinson's Research
University of Chicago 5841 S Maryland Ave Chicago, IL 60637	36-2177139	501(c)(3)	73,347				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Colorado at Denver & Health Sciences Department of Neurology Academic Of Aurora,CO 80045	84-6000555	501(c)(3)	165,975				Parkinson's Research
University of Illinois at Urbana-Champaign 600 South Mathews Avenue Box 50-6 Urbana,IL 61801	37-6000511	501(c)(3)	74,491				Parkinson's Research
University of Iowa 200 Hawkins Drive Iowa City,IA 52242	42-6004813	501(c)(3)	199,986				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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University of Iowa 2450 University Capitol Center Iowa City,IA 52242	42-6004813	501(c)(3)	780,000				Parkinson's Research
University of Iowa 2450 University Capitol Center Iowa City,IA 52242	42-6004813	501(c)(3)	326,203				Parkinson's Research
University of Iowa 51 Newton Rd BSB 2-505 Iowa City,IA 54424	42-6004813	501(c)(3)	100,000				Parkinson's Research

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University of Iowa 500 Newton Road Iowa City,IA 52242	42-6004813	501(c)(3)	66,970				Parkinson's Research
University of Iowa 2450 University Capitol Center Iowa City,IA 52242	42-6004813	501(c)(3)	18,750				Parkinson's Research
University of Iowa 2450 University Capitol Center Iowa City,IA 52242	42-6004813	501(c)(3)	22,500				Parkinson's Research

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University of Louisville 300 E Market st Suite 300 Louisville, KY 40292	61-1029626	501(c)(3)	43,750				Parkinson's Research
University of Michigan 109 Zina Pitcher Place Ann Arbor, MI 481092200	38-6006309	501(c)(3)	125,000				Parkinson's Research
University of Michigan 5023 BSRB 109 Zina Pitcher Place Ann Arbor, MI 481092200	38-6006309	501(c)(3)	524,315				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of North Carolina at Chapel Hill 7109E Neuroscience Research Buildin Chapel Hill, NC 27599	56-6001393	501(c)(3)	109,901				Parkinson's Research
University of Pennsylvania 283 Chemistry Building 231 S 34th Philadelphia, PA 19107	23-1352685	501(c)(3)	625,000				Parkinson's Research
University of Pennsylvania 3615 Chestnut St 330 Philadelphia, PA 19003	23-1352685	501(c)(3)	89,833				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Pennsylvania 330 South 9th Street Philadelphia, PA 19107	23-1352685	501(c)(3)	10,000				Parkinson's Research
University of Pittsburgh 200 Lothrop Street Pittsburgh, PA 15213	25-0965591	501(c)(3)	625,000				Parkinson's Research
University of Rochester 265 Crittenden Blvd Rochester, NY 14620	26-3800000	501(c)(3)	120,985				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Rochester 265 Crittenden Blvd Rochester, NY 14620	26-3800000	501(c)(3)	10,831				Parkinson's Research
University of Rochester 265 Crittenden Blvd Rochester, NY 14642	26-3800000	501(c)(3)	873,343				Parkinson's Research
University of Rochester Department of Neurology Center for Rochester, NY 14642	26-3800000	501(c)(3)	365,581				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Rochester 265 Crittenden Blvd Rochester, NY 14642	26-3800000	501(c)(3)	250,006				Parkinson's Research
University of Rochester 919 Westfall Road New York, NY 14618	26-3800000	501(c)(3)	254,497				Parkinson's Research
University of Rochester 357 West Bloomfield Road Pittsford, NY 14534	26-3800000	501(c)(3)	14,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Rochester Medical Center 919 Westfall Road Clinton Crossings Rochester, NY 14618	16-0743209	501(c)(3)	40,378				Parkinson's Research
University of Southern California 2001 North Soto Street - Room 102 Los Angeles, CA 900899235	95-1642394	501(c)(3)	48,300				Parkinson's Research
University of Southern California 2001 North Soto Street - Room 102 Los Angeles, CA 900899235	95-1642394	501(c)(3)	935,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
University of Southern California 2001 North Soto Street - Room 102 Los Angeles, CA 900899235	95-1642394	501(c)(3)	31,250				Parkinson's Research
University of Southern California 2001 North Soto Street - Room 102 Los Angeles, CA 900899235	95-1642394	501(c)(3)	20,000				Parkinson's Research
University of Washington Box 359791 Seattle, WA 98104	91-6001537	501(c)(3)	152,567				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Van Andel Research Institute 333 Bostwick Ave NE Grand Rapids, MI 495032518	52-2000823	501(c)(3)	100,000				Parkinson's Research
Vanderbilt University 1161 21st Ave S Suite A-1106 MCN Nashville, TN 37212	62-0476822	501(c)(3)	35,057				Parkinson's Research
Venice Operation LLC 1600 Main Street Venice, CA 90291	46-2774441	Public Sector	146,806				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Venice Operation LLC 1600 Main Street Venice, CA 90291	46-2774441	Public Sector	69,000				Parkinson's Research
Virginia Commonwealth University 1101 East Marshall Street Richmond, VA 23230	54-6001758	501(c)(3)	867,928				Parkinson's Research
Voyager Therapeutics 75 Sidney St Cambridge, MA 02139	16-0743209	Public Sector	10,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
Washington University in St Louis 660 South Euclid Avenue Box 8111 St Louis, MO 63110	43-0653611	501(c)(3)	125,203				Parkinson's Research
Washington University in St Louis 7800 Brooten Mountain Rd P O Box 10 Pacific City, OR 97135	43-0653611	501(c)(3)	25,000				Parkinson's Research
WIL Research Laboratories 1407 George Road Ashland, OH 44805	26-0564612	Public Sector	102,000				Parkinson's Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
WIL Research Laboratories 1407 George Road Ashland, OH 44805	26-0564612	Public Sector	165,000				Parkinson's Research
World Parkinson Coalition Inc 1359 Broadway Suite 1509 New York, NY 10018	57-1206493	501(c)(3)	20,100				Parkinson's Research
Yale University 295 Congress Avenue BCMM 236 New Haven, CT 06510	06-0646973	501(c)(3)	100,000				Parkinson's Research

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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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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

Employer identification number
13-4141945

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not 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
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Return Reference	Explanation
DETERMINATION OF COMPENSATION FOR OFFICERS	SCHEDULE J, PART I, QUESTION 3 Compensation Determination The Compensation Committee of the Board of Directors reviews and approves compensation of key employees annually

Additional Data

Software ID:

Software Version:

EIN: 13-4141945

Name: THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1TODD SHEREERCEO	(I)	325,758	250,000	0	7,950	17,193	600,901	0
	(II)	0	0	0	0	0	0	0
1JOANNE MARTZ CHIEF FIN AND ADMIN OFFICER	(I)	227,710	135,000	0	7,950	11,805	382,465	0
	(II)	0	0	0	0	0	0	0
2DEBORAH W BROOKS Co-Founder & Exec Vice Chair	(I)	326,016	290,000	0	7,950	17,193	641,159	0
	(II)	0	0	0	0	0	0	0
3Sohini Chowdhury SVP, Research Partnerships	(I)	208,574	65,000	1,609	7,950	0	283,133	0
	(II)	0	0	0	0	0	0	0
4Sheila Kelly SVP, Development	(I)	157,840	37,500	16,961	5,986	15,702	233,989	0
	(II)	0	0	0	0	0	0	0
5Holly Teichholtz SVP, Comm & Content Strategies	(I)	177,523	25,000	0	6,162	11,805	220,490	0
	(II)	0	0	0	0	0	0	0
6Brian K Fiske SVP, Research Programs	(I)	207,775	35,000	0	7,119	11,805	261,699	0
	(II)	0	0	0	0	0	0	0
7Mark A Frasier SVP, Research Programs	(I)	199,150	35,000	0	7,063	0	241,213	0
	(II)	0	0	0	0	0	0	0
8Ken Kubota Director Data Science	(I)	180,259	3,800	5,664	5,662	17,193	212,578	0
	(II)	0	0	0	0	0	0	0
9Claire Meunier VP, RESEARCH ENGAGEMENT	(I)	161,243	20,000	0	5,561	5,648	192,452	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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	85	40,625,442	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - PART I, LINE 1 AND PART III, LINE 1 FINDING THE CURE FOR PARKINSONS TAKES AN ORGANIZATION WITH EXTRAORDINARY VISION Actor Michael J Fox established The Michael J Fox Foundation for Parkinson's Research (the "Foundation"), incorporated in Delaware in 2000, after publicly disclosing in 1998 that he had been diagnosed with Parkinson's disease seven years earlier, at age 29 Today, The Michael J Fox Foundation is the world's largest private funder of Parkinson's research It is dedicated to accelerating a cure for Parkinson's disease and improved therapies for the estimated five million people living with the condition today The Foundation pursues its goals through an aggressively funded, highly targeted research program coupled with active global engagement of scientists, Parkinson's patients, business leaders, clinical trial participants, donors and volunteers In addition to funding more than $600,000,000 in research through the end of December 31, 2015, the Foundation has fundamentally altered the trajectory of progress toward a cure Operating at the hub of worldwide Parkinson's research, the Foundation forges (I) 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) moblizes patients and loved ones to increase the flow of participants into clinical trials, and (IV) coordinates 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 disease-modifying targets with the best chance of slowing Parkinson's disease progression, as well as addressing patients' unmet symptomatic needs To date, the Foundation has evaluated work on more than 600 therapeutic targets, and is supporting more than 70 clinical trials
Form 990, Page 6	GOVERNANCE, MANAGEMENT AND DISCLOSURE Line 2 BOARD MEMBER RELATIONSHIPS Two board member s are in-laws and two sets of board members are married Line 11A Process for Review of F orm 990 The Finance Committee of the Board of Directors, in association with external aud itors, approves the annual IRS Form 990 which is then made available to the entire Board b efore it is filed Line 12A Conflict of Interest Policy monitoring Officers, directors a nd key employees complete a conflict of interest questionnaire annually The information i s reviewed by the Chief Financial and Administrative Officer, and conflicts are reviewed w ith the Board of Directors Line 15 PROCESS FOR DETERMINING COMPENSATION The Compensation Committee of the Board of Directors reviews and approves compensation of key employees an nually Line 19 Governing documents are available upon request Conflict of interest poli cy is available upon request Financial statements are available at www michaeljfox org

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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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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

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	(g) No
(1) MJFF CANADA 365 Bay Street Suite 899 Toronto, Ontario CA	RESEARCH	CA	501(c)(3)		MJFF (US)		No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation