

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** , **2008**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>THE MICHAEL J. FOX FOUNDATION</b> Doing Business As <b>FOR PARKINSON'S RESEARCH</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>CHURCH STREET STATION P.O. BOX 780</b> City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10008-0780</b>	<b>D Employer identification number</b> <b>13-4141945</b>
	<b>F Name and address of principal officer:</b> <b>KATHERINE HOOD</b> <b>CHURCH STREET STATION PO 780 NEW YORK, NY 10008-0780</b>		<b>E Telephone number</b> <b>(212) 509-0995</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> <b>49,174,548.</b>	
<b>J Website:</b> ▶ <b>WWW.MICHAELJFOX.ORG</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>2000</b>
			<b>M State of legal domicile:</b> <b>DE</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>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 AGGRESSIVELY FUNDED RESEARCH AGENDA.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>53</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	8	Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	<b>37,700,456.</b>	<b>42,077,867.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>748,125.</b>	<b>661,997.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>117.</b>	<b>25,682.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,448,698.</b>	<b>42,765,546.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>23,655,060.</b>	<b>32,848,659.</b>
<b>Expenses</b>	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,026,043.</b>	<b>4,689,722.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>64,170.</b>	<b>87,500.</b>
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ <b>4,130,806.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,489,748.</b>	<b>3,835,706.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>31,235,021.</b>	<b>41,461,587.</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	<b>7,213,677.</b>	<b>1,303,959.</b>
	20	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	<b>48,340,293.</b>	<b>58,309,589.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>32,665,098.</b>	<b>41,329,777.</b>
			<b>15,675,195.</b>	<b>16,979,812.</b>

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____	
	Type or print name and title _____	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ <b>13-1639826</b> Phone no. ▶ <b>212 949-8700</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>EISNER LLP</b> <b>750 THIRD AVENUE NEW YORK, NY 10017-2703</b>		

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

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 01/01, 2008, and ending 12/31, 2008

# 2008

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**THE MICHAEL J. FOX FOUNDATION**

Employer identification number

**13-4141945**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	1b	<u>42765546.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

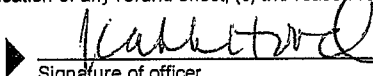
### Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here



Signature of officer

06/20/2009  
Date

CHIEF EXECUTIVE OFFICER  
Title

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<u>Queli &amp; Power CPA</u>	Date	<u>6/23/09</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00736879</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>EISNER LLP</u> <u>750 THIRD AVENUE</u> <u>NEW YORK NY 10017-2703</u>							EIN	<u>13-1639826</u>
									Phone no.	<u>212 949-8700</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed

Preparer's SSN or PTIN

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 36,236,785. including grants of \$ 32,848,659. ) (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 ► \$ 36,236,785. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	<input checked="" type="checkbox"/>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	<input checked="" type="checkbox"/>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	<input checked="" type="checkbox"/>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	<input checked="" type="checkbox"/>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	<input checked="" type="checkbox"/>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	<input checked="" type="checkbox"/>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and charitable trusts. Includes a table with 'Yes' and 'No' columns and a grid for numerical answers.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about Form 990 filing states, public inspection of Forms 1023/1024, website availability, governing documents, and contact information for the organization.





**Part VIII Statement of Revenue**

**13-4141945**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	6,741,990.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	35,335,877.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		5,833,024.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		42,077,867.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
		<b>2a</b>						
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶							
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>STMT 3</b> ▶		744,930.			744,930.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b>	Royalties . . . . . ▶						
			(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .						
	<b>b</b>	Less: rental expenses . . . . .						
	<b>c</b>	Rental income or (loss) . . . . .						
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			5,991,719.					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .			6,074,652.			
	<b>c</b>	Gain or (loss) . . . . .			-82,933.			
	<b>d</b>	Net gain or (loss) . . . . . ▶			-82,933.		-82,933.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 6,741,990. of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>	<b>STMT 4</b>					
					334,350.			
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>			334,350.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>STMT 5</b> ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>							
<b>b</b>	Less: direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶							
Miscellaneous Revenue				<b>Business Code</b>				
<b>11a</b>	MISCELLANEOUS			25,682.			25,682.	
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			25,682.				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			42,765,546.			687,679.	

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	25,816,707.	25,816,707.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	141,800.	141,800.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	6,890,152.	6,890,152.		
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,608,044.	634,110.	361,059.	612,875.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages . . . . .	2,487,761.	1,059,577.	386,108.	1,042,076.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	71,009.	30,152.	12,399.	28,458.
9 Other employee benefits . . . . .	268,679.	90,964.	69,242.	108,473.
10 Payroll taxes . . . . .	254,229.	104,212.	47,730.	102,287.
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	41,685.	33,421.	744.	7,520.
c Accounting . . . . .	35,000.		35,000.	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17	87,500.			87,500.
f Investment management fees . . . . .				
g Other . . . . .	250,871.	132,689.		118,182.
12 Advertising and promotion . . . . .	61,163.	24,991.		36,172.
13 Office expenses . . . . .	606,014.	149,924.	16,482.	439,608.
14 Information technology . . . . .	112,300.	40,110.	13,863.	58,327.
15 Royalties . . . . .				
16 Occupancy . . . . .	428,507.	175,946.	78,424.	174,137.
17 Travel . . . . .	703,755.	538,163.	13,328.	152,264.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . .	288,746.	288,746.		
20 Interest . . . . .	13,089.		13,089.	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . .	134,488.	55,321.	24,658.	54,509.
23 Insurance . . . . .	18,511.	7,439.	3,480.	7,592.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CREDIT CARD &amp; BROKERAGE FEES</u> . . . . .	142,118.			142,118.
b <u>OTHER SPECIAL EVENTS EXPENSE</u> . . . . .	778,963.			778,963.
c <u>DONATION PROCESSING</u> . . . . .	81,672.			81,672.
d <u>MARATHON RUNNER FEES</u> . . . . .	78,950.			78,950.
e <u>DUES AND SUBSCRIPTIONS</u> . . . . .	15,829.	12,536.	427.	2,866.
f All other expenses . . . . .	44,045.	9,825.	17,963.	16,257.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	<b>41,461,587.</b>	<b>36,236,785.</b>	<b>1,093,996.</b>	<b>4,130,806.</b>
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	49,912.	<b>1</b>	45,476.
	<b>2</b> Savings and temporary cash investments . . . . .	32,124,521.	<b>2</b>	2,088,489.
	<b>3</b> Pledges and grants receivable, net . . . . .	15,566,497.	<b>3</b>	26,762,424.
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . . <b>SFMT 6</b>	29,988.	<b>9</b>	162,957.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . . <b>10a</b>	1,017,822.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . . <b>10b</b>	629,211.	518,718.	<b>10c</b> 388,611.
	<b>11</b> Investments - publicly traded securities . . . . . <b>SFMT 7</b>	10,569.	<b>11</b>	28,828,571.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	40,088.	<b>15</b>	33,061.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	48,340,293.	<b>16</b>	58,309,589.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	957,787.	<b>17</b>	1,066,594.
	<b>18</b> Grants payable . . . . .	31,331,041.	<b>18</b>	38,882,706.
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	1,013,285.
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	376,270.	<b>25</b>	367,192.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	32,665,098.	<b>26</b>	41,329,777.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,766,811.	<b>27</b>	-5,516,236.
	<b>28</b> Temporarily restricted net assets . . . . .	8,908,384.	<b>28</b>	22,496,048.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	15,675,195.	<b>33</b>	16,979,812.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	48,340,293.	<b>34</b>	58,309,589.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>X</b>	
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> THE MICHAEL J. FOX FOUNDATION	<b>Employer identification number</b>
FOR PARKINSON'S RESEARCH	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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above? .....	11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 98.62%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 87.01%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	2,696.	23,424.	58,519.	117.	25,682.	110,438.
<b>TOTALS</b>	<b>2,696.</b>	<b>23,424.</b>	<b>58,519.</b>	<b>117.</b>	<b>25,682.</b>	<b>110,438.</b>

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

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

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

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

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

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

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

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

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

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		300,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total lines 1c through 1i			300,000.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE C, PAGE 3, LINE 1 F

GRANT TO THE PARKINSON'S ACTION NETWORK FOR GENERAL OPERATING SUPPORT.



**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

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

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-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 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:  
 a Revenues included in 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 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 XIV.

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,765,546.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,461,587.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,303,959.
4	Net unrealized gains (losses) on investments	4	658.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	658.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,304,617.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	42,766,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	658.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	658.
3	Subtract line 2e from line 1	3	42,765,546.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	42,765,546.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	41,461,587.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	41,461,587.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	41,461,587.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE F

PROCEDURES FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT

OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTISTS WHO

SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  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 activities?  **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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT ASSOCIATES, INC.						
EVENT PLANNING			X	57,500.		
HOLMAN CONSULTING, INC.						
PLANNED GIVING CONSULTANT			X	30,000.		
<b>Total</b> . . . . .				<b>87,500.</b>		

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))		
		FUNNY THING (event type)	BREAKING PAR (event type)	3 (total number)			
Revenue	1	Gross receipts	4,390,594.	834,240.	1,851,506.	7,076,340.	
	2	Less: Charitable contributions	4,196,844.	769,840.	1,775,306.	6,741,990.	
	3	Gross revenue (line 1 minus line 2)	193,750.	64,400.	76,200.	334,350.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Other direct expenses	193,750.	64,400.	76,200.	334,350.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					( 334,350. )
	9	Net income summary. Combine lines 3 and 8 in column (d)					

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		Yes	No	Yes	No	Yes	No	
Revenue	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash 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. Combine lines 1 and 7 in column (d)						

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b	If "No," Explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b	If "Yes," Explain: _____		
11	Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
	Name ▶ _____			
	Address ▶ _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
<b>c</b>	If "Yes," enter name and address:			
	Name ▶ _____			
	Address ▶ _____			
<b>16</b>	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶ \$ _____			
	Description of services provided ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</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 III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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
SUSAN B BRESSMAN		84,000.			
CYNTHIA RASK		57,800.			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING GRANT FUNDS IN THE UNITED STATES

THE FOUNDATION AWARDS RESEARCH GRANTS BASED UPON THE GUIDANCE AND INPUT

OF THE SCIENTIFIC ADVISORY BOARD AND OTHER HIGHLY REGARDED SCIENTIST WHO

SERVE ON GRANT REVIEW COMMITTEES SPECIALIZING IN PARKINSON'S RESEARCH.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

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

Employer identification number  
**13-4141945**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
23ANDME, INC. 1 MOUNTAIN VIEW, CA 94043	20-4857371		210,000.				SEE STATEMENT O
ACADIA PHARMACEUTICALS 2 SAN DIEGO, CA 92121	06-1376651		830,433.				SEE STATEMENT O
ARIZONA STATE UNIV. 4 TEMPE, AZ 85287-6006	86-0196696		272,976.				SEE STATEMENT O
ARMAGEN TECHNOLOGIES, INC. 5 SANTA MONICA, CA 90401	77-0626715		1,052,127.				SEE STATEMENT O
AVID RADIOPHARMACEUTICALS, INC. 6 PHILADELPHIA, PA 19104	20-1811104		367,031.				SEE STATEMENT O
AVID RADIOPHARMACEUTICALS, INC. 7 KIRKLAND, WA 98034	20-1811104		168,438.				SEE STATEMENT O
BIODESY, LLC 8 BURLINGAME, CA 94010	13-4140664		100,000.				SEE STATEMENT O
BOSTON UNIV. 9 BOSTON, MA 02118	04-2103547		247,229.				SEE STATEMENT O
BRANDEIS UNIV. 10 WALTHAM, MA 02454	04-2103552		75,000.				SEE STATEMENT O
BROWN UNIV. 11 PROVIDENCE, RI 02912	05-1258809		458,560.				SEE STATEMENT O
C2N DIAGNOSTICS 12 PIKESVILLE, MD 21208	26-1421386		74,894.				SEE STATEMENT O
CALIFORNIA INSTITUTE OF TECHNOLOGY 13 PASADENA, CA 91125	95-1643307		75,000.				SEE STATEMENT O
CALIPER LIFE SCIENCES (XENOGEN) 14 CRANBURY, NJ 08512	33-0675808		90,000.				SEE STATEMENT O
CASE WESTERN RESERVE UNIV. 15 CLEVELAND, OH 44106-7288	34-1018992		220,000.				SEE STATEMENT O
CLEVELAND CLINIC 16 CLEVELAND, OH 44195	34-0714585		310,260.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶ **68**  
 3 Enter total number of other organizations ..... ▶ **19**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 UNIV. 17 NEW YORK, NY 10027	13-5598093		74,998.				SEE STATEMENT O
COLUMBIA UNIV. 18 NEW YORK, NY 10032	13-5598093		430,030.				SEE STATEMENT O
COVANCE 19 EMERYVILLE, CA 94608	94-2887844		7,500.				SEE STATEMENT O
DECODE CHEMISTRY & BIOSTRUCTURES 20 WOODRIDGE, IL 60517	91-1821586		75,000.				SEE STATEMENT O
DEPOMED, INC 21 MENLO PARK, CA 94025-1436	94-3229046		83,848.				SEE STATEMENT O
EMORY UNIV. 22 ATLANTA, GA 30322-3090	58-0566256		250,000.				SEE STATEMENT O
HARVARD UNIV. 23 CHARLESTOWN, MA 02129	04-2103580		629,899.				SEE STATEMENT O
HARVARD UNIV. 24 CHARLESTOWN, MA 02129	04-2103580		4,234,643.				SEE STATEMENT O
JOHNS HOPKINS UNIV. 25 CHICAGO, IL 60693	52-0595110		75,000.				SEE STATEMENT O
JOHNS HOPKINS UNIV. 26 BALTIMORE, MD 21218	52-0595110		75,000.				SEE STATEMENT O
KINEMED INC 27 EMERYVILLE, CA 94608	91-2104596		694,441.				SEE STATEMENT O
LINK MEDICINE CORPORATION 28 CAMBRIDGE, MA 02142	20-2671760		197,745.				SEE STATEMENT O
MASSACHUSETTS GENERAL HOSPITAL 29 BOSTON, MA 02199	04-1564655		234,338.				SEE STATEMENT O
MASSACHUSETTS GENERAL HOSPITAL 30 BOSTON, MA 02199	04-1564655		75,000.				SEE STATEMENT O
MASSACHUSETTS GENERAL HOSPITAL 31 BOSTON, MA 02199	04-1564655		511,113.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 32 BOSTON, MA 02199	04-1564655		248,757.				SEE STATEMENT O
MASSACHUSETTS GENERAL HOSPITAL 33 BOSTON, MA 02199	04-1564655		75,000.				SEE STATEMENT O
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 34 CAMBRIDGE, MA 02139	04-2103594		250,000.				SEE STATEMENT O
MAYO CLINIC 35 JACKSONVILLE, FL 32224	59-3337028		74,757.				SEE STATEMENT O
MEMORIAL HOSPITAL OF RHODE ISLAND 36 PAWTUCKET, RI 02860	05-0258954		41,423.				SEE STATEMENT O
MOUNT SINAI SCHOOL OF MEDICINE 37 NEW YORK, NY 10029	13-1624096		500,000.				SEE STATEMENT O
NATIONAL INSTITUTE ON AGING (NIA)/NIH 38 BALTIMORE, MD 21224	53-0196960		25,000.				SEE STATEMENT O
NORTHEASTERN UNIV. 39 BOSTON, MA 02115	04-1679980		187,500.				SEE STATEMENT O
NORTHWESTERN UNIV. 40 CHICAGO, IL 60611	04-1679980		2,100,507.				SEE STATEMENT O
NORTHWESTERN UNIV. 41 EVANSTON, IL 60208	04-1679980		591,058.				SEE STATEMENT O
OMEROS CORPORATION 42 SEATTLE, WA 98104	91-1663741		464,489.				SEE STATEMENT O
PARKINSON'S ACTION NETWORK 43 WASHINGTON, DC 20005	94-3172675		300,000.				SEE STATEMENT O
RUSH UNIV. 44 CHICAGO, IL 60612	36-2174823		70,074.				SEE STATEMENT O
RUSH UNIV. 45 CHICAGO, IL 60612	36-2174823		298,874.				SEE STATEMENT O
RUSH UNIV. 46 CHICAGO, IL 60612	36-2174823		113,531.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RUSH UNIV. 47 CHICAGO, IL 60612	36-2174823		372,263.				SEE STATEMENT O
RUSH UNIV. 48 CINCINNATI, OH 45221-0222	36-2174823		74,999.				SEE STATEMENT O
SCYNEXIS, INC. 49 DURHAM, NC 27713	56-2181648		17,218.				SEE STATEMENT O
SHANARX INC. 50 REDWOOD CITY, CA 94061	26-2494281		669,900.				SEE STATEMENT O
SPAULDING REHABILITATION HOSPITAL 51 BOSTON, MA 02114	04-2551124		322,588.				SEE STATEMENT O
STATE UNIV. OF NEW YORK AT BUFFALO 52 BUFFALO, NY 14260	14-6013200		75,000.				SEE STATEMENT O
SUN HEALTH RESEARCH INSTITUTE 53 SUN CITY, AZ 85351	86-0768795		75,000.				SEE STATEMENT O
SUNY DOWNSTATE MEDICAL CENTER 54 BROOKLYN, NY 11203	95-2872494		96,800.				SEE STATEMENT O
THE INSTITUTE FOR NEURODEGENERATIVE DISORDE 55 NEW HAVEN, CT 06510	06-1582206		140,395.				SEE STATEMENT O
THE PARKINSON'S INSTITUTE 58 SUNNYVALE, CA 94085	94-3061594		75,000.				SEE STATEMENT O
THE PARKINSON'S INSTITUTE 59 SUNNYVALE, CA 94085	94-3061594		409,156.				SEE STATEMENT O
THE PARKINSON'S INSTITUTE 60 SUNNYVALE, CA 94085	94-3061594		74,998.				SEE STATEMENT O
THE PARKINSON'S INSTITUTE 61 SUNNYVALE, CA 94085-2934	94-3061594		75,000.				SEE STATEMENT O
UNIV. OF ALABAMA AT BIRMINGHAM 62 BIRMINGHAM, AL 35294	63-6005396		125,000.				SEE STATEMENT O
UNIV. OF ARKANSAS AT LITTLE ROCK 63 LITTLE ROCK, AR 72204	71-0236904		75,000.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

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

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
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Name of the organization

Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV. OF CALIFORNIA, BERKELEY 64 BERKELEY, CA 94720-1103	94-6090626		75,000.				SEE STATEMENT O
UNIV. OF CALIFORNIA, LOS ANGELES 65 LOS ANGELES, CA 90095-1432	95-6006143		287,031.				SEE STATEMENT O
UNIV. OF CALIFORNIA, LOS ANGELES 66 LOS ANGELES, CA 90073	95-6006143		250,000.				SEE STATEMENT O
UNIV. OF CALIFORNIA, LOS ANGELES 67 LOS ANGELES, CA 90024-6503	95-6006143		75,000.				SEE STATEMENT O
UNIV. OF CALIFORNIA, SAN FRANCISCO 68 SAN FRANCISCO, CA 94103-0897	94-6036493		750,000.				SEE STATEMENT O
UNIV. OF CALIFORNIA, SAN FRANCISCO 69 SAN FRANCISCO, CA 94103-0897	94-6036493		50,000.				SEE STATEMENT O
UNIV. OF KENTUCKY 70 LEXINGTON, KY 40506-0057	61-6001218		68,661.				SEE STATEMENT O
UNIV. OF KENTUCKY 71 LEXINGTON, KY 40506-0057	61-6001218		68,661.				SEE STATEMENT O
UNIV. OF MARYLAND 72 BALTIMORE, MD 21201-1531	52-6002033		341,171.				SEE STATEMENT O
UNIV. OF ROCHESTER 73 ROCHESTER, NY 14623	16-0743209		1,304,234.				SEE STATEMENT O
UNIV. OF ROCHESTER 74 ROCHESTER, NY 14620	16-0743209		18,875.				SEE STATEMENT O
UNIV. OF TEXAS MEDICAL SCHOOL AT HOUSTON 75 HOUSTON, TX 77030	74-1761309		325,000.				SEE STATEMENT O
UNIV. OF TEXAS SOUTHWESTERN MEDICAL CENTER 76 DALLAS, TX 75390-9072	75-6002868		250,000.				SEE STATEMENT O
UNIV. OF VIRGINIA 77 CHARLOTTESVILLE, VA 22904	54-6001796		204,135.				SEE STATEMENT O
UNIV. OF WISCONSIN, MADISON 78 MADISON, WI 53715-1218	39-6006492		75,000.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV. OF WISCONSIN, MADISON 79 MADISON, WI 53715-1218	39-6006492		14,788.				SEE STATEMENT O
UNIV. OF WISCONSIN, MADISON 80 MADISON, WI 53715-1218	39-6006492		139,380.				SEE STATEMENT O
UNIV. OF WISCONSIN, MADISON 81 MADISON, WI 53715-1218	39-6006492		100,000.				SEE STATEMENT O
VANDERBILT UNIV. 82 ATLANTA, GA 31192-0303	62-0476822		250,000.				SEE STATEMENT O
VANDERBILT UNIV. 83 ATLANTA, GA 31192-0303	62-0476822		104,565.				SEE STATEMENT O
VANDERBILT UNIV. 84 ATLANTA, GA 31192-0303	62-0476822		250,000.				SEE STATEMENT O
WASHINGTON UNIV. IN ST. LOUIS 85 ST. LOUIS, MO 63112	43-0653611		100,000.				SEE STATEMENT O
YALE UNIV. 86 NEW HAVEN, CT 06520-8250	06-0646973		125,000.				SEE STATEMENT O
ZENOBIA THERAPEUTICS, INC 87 LA JOLLA, CA 92037	26-2726709		349,842.				SEE STATEMENT O
OTHER GRANTS			10,674.				SEE STATEMENT O

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule I-1 (Form 990) 2008



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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

Employer identification number  
**13-4141945**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . . **4a**  **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**  **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**  **X**
- 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) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in 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**  **X**
- b** Any related organization? . . . . . **5b**  **X**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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**  **X**
- b** Any related organization? . . . . . **6b**  **X**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in 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 . . . . .

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

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

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DEBORAH BROOKS	(i)	275,605.	160,000.	NONE	NONE	4,662.	440,267.	410,605.
	(ii)							
KATHERINE H HOOD	(i)	275,605.	75,000.	NONE	NONE	3,340.	353,945.	212,220.
	(ii)							
JOANNE MARTZ	(i)	175,385.	35,000.	NONE	NONE	5,345.	215,730.	190,363.
	(ii)							
TODD SHERER	(i)	175,385.	27,500.	NONE	NONE	3,245.	206,130.	190,352.
	(ii)							
KAREN LEIES	(i)	175,385.	35,000.	NONE	NONE	4,742.	215,127.	200,385.
	(ii)							
ALEXANDRA DRAYTON	(i)	149,527.	NONE	NONE	NONE	546.	150,073.	NONE
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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

Employer Identification number  
**13-4141945**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J FOX FOUNDER	2.	X						NONE	NONE	
HOLLY S ANDERSEN MD MEMBER	2.	X						NONE	NONE	
EVA ANDERSSON DUBIN MD MEMBER	2.	X						NONE	NONE	
JON BROOKS MEMBER	2.	X						NONE	NONE	
BARRY COHEN MEMBER	2.	X						NONE	NONE	
DONNY DEUTSCH MEMBER	2.	X						NONE	NONE	
DAVID EINHORN MEMBER	2.	X						NONE	NONE	
KAREN FINERMAN MEMBER	2.	X						NONE	NONE	
NELLE FORTENBERRY MEMBER	2.	X						NONE	NONE	
ALBERT B GLICKMAN MEMBER	2.	X						NONE	NONE	
DAVID GOLUB VICE CHAIRMAN	2.	X						NONE	NONE	
SKIP IRVING MEMBER	2.	X						NONE	NONE	
KATHLEEN KENNEDY MEMBER	2.	X						NONE	NONE	
MORTON M KONDRACKE MEMBER	2.	X						NONE	NONE	
EDWIN A LEVY MEMBER	2.	X						NONE	NONE	
KENNETH OLDEN PHD MEMBER	2.	X						NONE	NONE	
DOUGLAS I OSTROVER MEMBER	2.	X						NONE	NONE	
TRACY POLLAN MEMBER	2.	X						NONE	NONE	
GEORGE E PRESCOTT CHAIRMAN	2.	X						NONE	NONE	
FREDERICK E ROWE MEMBER	2.	X						NONE	NONE	
LILY SAFRA MEMBER	2.	X						NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA  
8E1294 1.000



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$										

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DONNY DEUTSCH	BOARD OF DIRECTOR	72,654.	DESIGN AND CREATIVE SERVICES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

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

Employer identification number  
**13-4141945**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 . . . . .	<b>X</b>	<b>33</b>	<b>5,833,024.</b>	<b>FAIR VALUE</b>
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
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 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? . . . . .		<b>X</b>
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? . . . . .	<b>X</b>	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000



SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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FORM 990, PART VI, PAGE 6

GOVERNANCE, MANAGEMENT, AND DISCLOSURE, PARTS A,B,C

FORM 990, PAGE 4 CHECK LIST OF REQUIRED SCHEDULES, LINE 28 A,B,C;

PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE, LINE 2;

SCHEDULE L, PART IV;

TWO BOARD MEMBERS ARE MARRIED TO ONE ANOTHER.

TWO BOARD MEMBERS ARE IN-LAWS.

THE FOUNDATION INCURRED DESIGN AND CREATIVE ADVICE EXPENSES OF \$72,654

FOR SERVICES RENDERED BY A COMMUNICATIONS, BRAND DEVELOPMENT AND DESIGN

AGENCY, THE CHAIRMAN OF WHICH IS A FOUNDATION BOARD MEMBER.

PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE, LINE 10

PROCESS FOR REVIEW OF FORM 990: THE FINANCE COMMITTEE OF THE BOARD OF

DIRECTORS, IN ASSOCIATION WITH THE EXTERNAL AUDITORS, APPROVES THE ANNUAL

IRS FORM 990 BEFORE IT IS FILED.

PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE, LINE 12C

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS THE CONFLICTS OF

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

INTEREST POLICY THROUGH ANNUAL AFFIRMATIONS.

PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE, LINE 15

COMPENSATION DETERMINATION: THE COMPENSATION COMMITTEE OF THE BOARD OF  
DIRECTORS REVIEWS AND APPROVES COMPENSATION OF KEY EMPLOYEES.

PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE, LINE 19

THE ORGANIZATIONS MAKES THE FOLLOWING AVAILABLE TO THE PUBLIC:

- 1. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST;
- 2. CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST; AND
- 3. FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.MICHAELJFOX.ORG.

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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FORM 990, PAGE 1, LINE 1 AND PAGE 2, LINE 1

FINDING THE CURE FOR PARKINSON'S TAKES AN ORGANIZATION WITH EXTRAORDINARY VISION.

THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH IS COMMITTED TO A FOCUSED, PROACTIVE STRATEGY TO DO WHATEVER IT TAKES TO SPEED TRANSFORMATIVE TREATMENTS TO THE NEARLY FIVE MILLION PEOPLE LIVING WITH PARKINSON'S DISEASE WORLDWIDE. WE ARE WORKING TO MAXIMIZE IMPACT BY PUSHING BASIC DISCOVERIES TOWARD CLINICAL TRIALS AND STRATEGICALLY TARGETING RESOURCES TOWARD CRITICAL RESEARCH HURDLES THAT OTHER FUNDERS CANNOT OR WILL NOT PRIORITIZE. AS THE LARGEST NON-GOVERNMENT FUNDER OF PARKINSON'S RESEARCH, WE STAND READY TO FORGE A NEW MODEL OF WHAT A RESEARCH FUNDING ORGANIZATION CAN BE - STEPPING UP TO DELIVER PARKINSON'S SOLUTIONS AND, IN THE PROCESS, TRANSFORMING A FLAWED BIOMEDICAL RESEARCH SYSTEM IN WAYS THAT ULTIMATELY COULD IMPACT EVERY LIFE TOUCHED BY ILLNESS OR INJURY.

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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FORM 990, SCHEDULE I-1, PURPOSE OF GRANT OR ASSISTANCE

23ANDME, INC.

\$210,000.00

BUILDING A NEW APPROACH FOR PD CLINICAL RESEARCH AND PERSONALIZED

MEDICINE/SOCIAL NETWORKING: DEVELOPMENT

AND VALIDATION OF WEB BASED ASSESSMENT TOOLS

ACADIA PHARMACEUTICALS

\$830,432.68

DEVELOPMENT OF ERB AGONISTS FOR THE TREATMENT OF PARKINSON'S DISEASE

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

\$5,000.00

DRUG DISCOVERY FOR NEURODEGENERATION CONFERENCE

ARIZONA STATE UNIV.

\$272,976.00

IN VIVO SPECT IMAGING OF SYNUCLEIN AGGREGATION WITH MORPHOLOGY SPECIFIC

ANTIBODY BASED LIGANDS

ARMAGEN TECHNOLOGIES, INC.

\$1,052,127.00

GDNF FUSION PROTEIN FOR BLOOD-BRAIN BARRIER DELIVERY AND TREATMENT IN

PARKINSON'S DISEASE

AVID RADIOPHARMACEUTICALS, INC.

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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\$168,437.50

18F-LABELED ALPHA-SYNUCLEIN LIGANDS FOR PET IMAGING OF LEWY BODIES

AVID RADIOPHARMACEUTICALS, INC.

\$367,031.25

18F-LABELED ALPHA-SYNUCLEIN LIGANDS FOR PET IMAGING OF LEWY BODIES

BIODESY, LLC

\$100,000.00

DEVELOPMENT OF MODULATORS OF ALPHA-SYNUCLEIN CONFORMATION FOR PD  
THERAPEUTICS

BOSTON UNIV.

\$247,229.00

SIRT1 ACTIVATORS AS THERAPY FOR PARKINSON'S DISEASE

BRANDEIS UNIV.

\$75,000.00

STRUCTURAL MAPPING AND DRUG DESIGN FOR PREVENTION AND TREATMENT OF  
PARKINSON'S DISEASE

BROWN UNIV.

\$458,560.00

NEUROCOGNITIVE COMPUTATIONS IN PARKINSON'S DISEASE

C2N DIAGNOSTICS

\$74,893.50

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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MEASURING METABOLISM OF ALPHA-SYNUCLEIN IN EXTRACELLULAR FLUIDS

CALIFORNIA INSTITUTE OF TECHNOLOGY

\$75,000.00

NEURONAL NICOTINIC ACETYLCHOLINE RECEPTOR UPREGULATION FOR THE TREATMENT  
OF PARKINSON'S DISEASE

CALIPER LIFE SCIENCES (XENOGEN)

\$90,000.00

BACTERIAL ARTIFICIAL CHROMOSOME (BAC) TECHNOLOGY TO DEVELOP THREE  
SEPARATE MOUSE LINES EXPRESSING WILDTYPE LRRK2, THE G2019S MUTATION, OR  
THE R1441G MUTATION

CASE WESTERN RESERVE UNIV.

\$220,000.00

CHARACTERIZATION AND VALIDATION OF C. ELEGANS LRRK2 MODEL OF PD

CLEVELAND CLINIC

\$310,260.05

ONLINE MOTOR AND COGNITIVE ANALYSIS SYSTEM

COLUMBIA UNIV.

\$74,998.00

MICRORNA REGULATION OF ASYNUCLEIN AS A DRUG TARGET

COLUMBIA UNIV.

\$430,029.61

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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MODIFIED MIRNAS TARGETED AT ASYNUCLEIN AS PD THERAPY

COVANCE

\$7,500.00

ALPHA-SYNYCLEIN ELISA TRANSFER

DECODE CHEMISTRY & BIOSTRUCTURES

\$75,000.00

EXPRESSION, PURIFICATION AND CRYSTALLIZATION OF THE LRRK2 KINASE

DEPOMED, INC

\$83,847.50

NOVEL GASTRIC RETENTIVE CONTROLLED-RELEASE DOSAGE FORMS OF

LEVODOPA/CARBIDOPA: IN VIVO ASSESSMENT IN DOGS

EMORY UNIV.

\$250,000.00

VALIDATION OF THE NR2D SUBUNIT OF THE NMDA RECEPTOR AS A THERAPEUTIC

TARGET FOR PARKINSON'S DISEASE

HARVARD UNIV.

\$629,899.26

NEUROIMAGING MARKERS PREDICT COGNITIVE DECLINE IN PD

HARVARD UNIV.

\$4,234,643.05

INOSINE FOR PARKINSON'S DISEASE: SAFETY AND TRIAL DESGIN OPTIMIZATION

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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JOHNS HOPKINS UNIV.

\$75,000.00

EVALUATION OF LRRK2 INHIBITORS IN THE LRRK2 DROSOPHILA PD MODEL

JOHNS HOPKINS UNIV.

\$75,000.00

EXPLORING LRRK2 SUBSTRATE(S) FOR PARKINSON DISEASE BY PROTEIN ARRAYS

KINEMED INC

\$694,441.00

CEREBROSPINAL FLUID BIOMARKERS OF MICROTUBULE-MEDIATED AXONAL TRANSPORT

FOR MONITORING OF DISEASE PROGRESSION AND THERAPEUTIC INTERVENTIONS IN

PARKINSON'S DISEASE

LINK MEDICINE CORPORATION

\$197,745.00

LNK-754 AND AUTOPHAGY CSF PROTEOMICS STUDY

MASSACHUSETTS GENERAL HOSPITAL

\$234,338.13

DEVELOPMENT AND SCREENING OF CONTRAST AGENTS FOR IN VIVO IMAGING OF

PARKINSON'S DISEASE

MASSACHUSETTS GENERAL HOSPITAL

\$75,000.00

SCREEN FOR DRUGS TO REDUCE ER STRESS

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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MASSACHUSETTS GENERAL HOSPITAL

\$511,113.00

AN ADVANCED SCIENTIFIC WEB COMMUNITY FOR PARKINSON'S DISEASE RESEARCH

MASSACHUSETTS GENERAL HOSPITAL

\$248,757.33

HSP90 AS A TARGET FOR NEUROPROTECTIVE AGENTS IN PARKINSON'S DISEASE

MASSACHUSETTS GENERAL HOSPITAL

\$75,000.00

POSIPHEN AS A WELL-TOLERATED ALPHA-SYNUCLEIN INHIBITOR AND A POTENTIAL

5'UTR DIRECTED DRUG TREATMENT OF PARKINSON'S DISEASE

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

\$250,000.00

EVALUATION OF THE STRIATUM-ENRICHED GENES, CALDAG-GEF1 AND CALDAG-GEF2,

AS TARGETS FOR THE TREATMENT AND PREVENTION OF L-

DOPA INDUCED DYSKINESIAS

MAYO CLINIC

\$74,757.45

ROLE OF PERIPHERAL ENTERIC INFLAMMATION IN SYNUCLEIN PATHOLOGY IN A

MURINE MODEL OF PARKINSON'S DISEASE

MEMORIAL HOSPITAL OF RHODE ISLAND

\$41,422.50

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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A WEB-BASED ASSESSMENT OF VISUAL AND SPATIAL SYMPTOMS IN PARKINSON'S DISEASE.

MOUNT SINAI SCHOOL OF MEDICINE

\$500,000.00

STRUCTURAL AND CHEMICAL APPROACHES TO UNDERSTAND AND MODULATE LRRK2 KINASE ACTIVITY IN PARKINSON'S DISEASE

NATIONAL INSTITUTE ON AGING (NIA)/NIH

\$25,000.00

2008 LANGSTON AWARD

NORTHEASTERN UNIV.

\$187,500.00

INTRANASAL DELIVERY OF GDNF FOR PARKINSON'S DISEASE: NEXT STEPS

NORTHWESTERN UNIV.

\$2,100,507.00

A PILOT PHASE II DOUBLE-BLIND, PLACEBO-CONTROLLED, DOSAGE FINDING AND TOLERABILITY STUDY OF ISRADIPINE AS A DISEASE MODIFYING AGENT IN PATIENTS WITH EARLY PARKINSON'S DISEASE

NORTHWESTERN UNIV.

\$591,058.06

IDENTIFICATION OF A NOVEL CALCIUM SELECTIVE ANTAGONIST FOR NEUROPROTECTION IN PD

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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OMEROS CORPORATION

\$464,489.30

SELECTIVE INHIBITION OF CYCLIC NUCLEOTIDE PHOSPHODIESTERASE TYPE 7

(PDE7): A NOVEL AND EFFICACIOUS APPROACH TO TREATING PARKINSON'S DISEASE

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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FORM 990, SCHEDULE I-1, PURPOSE OF GRANT OR ASSISTANCE

PARKINSON'S ACTION NETWORK

\$300,000.00

PAN FUNDING 2008

RUSH UNIV.

\$74,999.10

VIRAL OVER-EXPRESSION OF ALPHA SYNUCLEIN IN YOUNG AND AGED RATS: CAN WE

MODEL YOUNG ONSET VERSUS AGED ONSET PD?

RUSH UNIV.

\$70,074.40

POST-MORTEM ANALYSIS OF LONG TERM FETAL GRAFTS IN PATIENTS WITH

PARKINSON'S DISEASE

RUSH UNIV.

\$298,873.75

A MONKEY ALPHASYNUCLEIN MODEL OF PARKINSON'S DISEASE

RUSH UNIV.

\$113,531.25

A RODENT MODEL OF PATHOLOGICAL GAMBLING ASSOCIATED WITH MEDICATED

PARKINSONIAN PATIENTS.

RUSH UNIV.

\$372,263.00

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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NBD PEPTIDES IN A MONKEY MODEL OF PARKINSON'S DISEASE

SCYNEXIS

\$17,217.55

VALIDATION OF METABOTROPIC GLUTAMATE-RECEPTOR TYPE 5 AS A TARGET FOR THE  
TREATMENT OF L-DOPA-INDUCED DYSKINESIA IN A MACAQUE MODEL OF PARKINSON'S  
DISEASE.

SHANARX INC.

\$669,900.00

MULTIPHOSPHATASE INHIBITORS AS PD THERAPEUTICS

SPAULDING REHABILITATION HOSPITAL

\$322,588.13

WEARABLE SENSORS AND A WEB-BASED APPLICATION TO MONITOR PATIENTS WITH  
PARKINSON'S DISEASE IN THE HOME ENVIRONMENT

STATE UNIV. OF NEW YORK AT BUFFALO

\$75,000.00

GENERATING PATIENT-SPECIFIC INDUCED PLURIPOTENT STEM CELLS TO STUDY  
PARKINSON'S DISEASE

SUN HEALTH RESEARCH INSTITUTE

\$75,000.00

A RANDOMIZED, DOUBLE-BLIND, TRIAL OF NEXALIN® VS. PLACEBO IN SUBJECTS  
WITH EARLY PARKINSON'S DISEASE

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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SUNY DOWNSTATE MEDICAL CENTER

\$96,800.00

CALPAIN INHIBITORS TO TREAT PARKINSONS DISEASE

THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS

\$140,395.20

A STRATEGY TO DEVELOP A RADIOTRACER TARGETING ALPHA SYNUCLEIN

THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS

\$3,000.00

PPMI PROTOCOL DEVELOPMENT

THE PARKINSON ALLIANCE

\$1,900.00

UDALL CENTERS MEETING HELD IN CHICAGO ON OCTOBER 21-23, 2008

THE PARKINSON'S INSTITUTE

\$75,000.00

CAN THE ELECTROCARDIOGRAM BE USED TO IDENTIFY PRE-MOTOR PARKINSON'S  
DISEASE.

THE PARKINSON'S INSTITUTE

\$409,156.00

BUILDING A NEW APPROACH FOR PD CLINICAL RESEARCH AND PERSONALIZED  
MEDICINE/SOCIAL NETWORKING: DEVELOPMENT AND VALIDATION OF WEB BASED  
ASSESSMENT TOOLS

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

\$74,998.00

NICOTINIC RECEPTOR AGONISTS AND L-DOPA-INDUCED DYSKINESIAS

THE PARKINSON'S INSTITUTE

\$75,000.00

DNA METHYLATION AS AN EPIGENETIC MECHANISM IN THE ETIOPATHOGENESIS OF  
PARKINSON'S DISEASE

UNIV. OF ALABAMA AT BIRMINGHAM

\$125,000.00

VALIDATION OF TORSINA AS A TARGET FOR PD THERAPY IN MAMMALIAN MODELS

UNIV. OF ARKANSAS AT LITTLE ROCK

\$75,000.00

MODELING STUDIES OF SEVERAL DRUG MOLECULES AND THEIR DERIVATIVES FOR  
TREATMENT OF PARKINSON'S DISEASE.

UNIV. OF CALIFORNIA, BERKELEY

\$75,000.00

A PORE-BASED METHOD TO SORT AND CHARACTERIZE HUMAN EMBRYONIC STEM  
CELL-DERIVED DOPAMINERGIC NEURONS

UNIV. OF CALIFORNIA, LOS ANGELES

\$287,031.00

UTILITY OF THE AMYLOID LIGAND [18F]FDDNP IN HUMAN PET IMAGING IN  
PARKINSON DISEASE

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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UNIV. OF CALIFORNIA, LOS ANGELES

\$250,000.00

MU OPIOID RECEPTORS AS A DRUG TARGET FOR TREATING MOTOR FLUCTUATIONS IN PD

UNIV. OF CALIFORNIA, LOS ANGELES

\$75,000.00

GENERATION OF A DORSAL MOTOR NUCLEUS X (DMX) SPECIFIC MOUSE MODEL OF ALPHA SYNUCLEIN OVER EXPRESSION TO STUDY THE ETIOLOGY OF AUTONOMIC DYSFUNCTION IN PD

UNIV. OF CALIFORNIA, SAN FRANCISCO

\$750,000.00

IMAGE-GUIDED CONVECTIVE DELIVERY OF AAV VECTORS

UNIV. OF CALIFORNIA, SAN FRANCISCO

\$50,000.00

ARTIFICIAL CHROMOSOME TRANSGENIC MICE AS MODEL FOR PROGRESSIVE PARKINSON'S DISEASE

UNIV. OF KENTUCKY

\$68,660.90

DNA NANOPARTICLE THERAPY FOR PARKINSON'S DISEASE

UNIV. OF KENTUCKY

\$68,660.90

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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DNA NANOPARTICLE THERAPY FOR PARKINSON'S DISEASE

UNIV. OF MARYLAND

\$341,171.25

REAL-TIME MONITORING OF TARGETING, DELIVERY AND SPREAD OF THERAPEUTIC  
AGENTS IN THE BRAIN

UNIV. OF ROCHESTER

\$1,304,233.74

INOSINE FOR PARKINSON'S DISEASE: SAFETY AND TRIAL DESGIN OPTIMIZATION

UNIV. OF ROCHESTER

\$18,875.00

OE3 TRIAL ANCILLARY BIOMARKERS STUDY

UNIV. OF TEXAS MEDICAL SCHOOL AT HOUSTON

\$325,000.00

NOVEL ALPHA-SYNUCLEIN ISOMERS AS IMMUNOGENS FOR IMMUNOTHERAPY OF  
PARKINSON DISEASES

UNIV. OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

\$250,000.00

DOPAMINERGIC NEUROPROTECTION BY REGULATOR OF G-PROTEIN SIGNALING 10  
(RGS10)

UNIV. OF VIRGINIA

\$204,135.00

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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CONVECTION ENHANCED DELIVERY TO STUDY THE PATHOPHYSIOLOGY UNDERLYING THE

CLINICAL FEATURES OF HUMAN PARKINSON'S DISEASE

UNIV. OF WISCONSIN, MADISON

\$75,000.00

MECHANISM AND MODULATION OF ALPHA-SYNUCLEIN EXPRESSION

UNIV. OF WISCONSIN, MADISON

\$14,787.69

EVALUATION OF PIOGLITAZONE CSF PENETRATION

UNIV. OF WISCONSIN, MADISON

\$139,379.63

ACTIVATION OF NRF2 NEUROPROTECTIVE PATHWAYS FOR PARKINSON'S DISEASE

UNIV. OF WISCONSIN, MADISON

\$100,000.00

NOVEL ANTIBODIES FOR THE DELIVERY OF PARKINSON'S THERAPEUTICS

VANDERBILT UNIV.

\$250,000.00

CAMKII AS A THERAPEUTIC TARGET IN PARKINSON'S DISEASE

VANDERBILT UNIV.

\$104,565.40

VALIDATION OF THE DOPAMINE-DEPLETED CHT HEMIZYGOUS MOUSE AS AN ANIMAL

MODEL OF PARKINSON'S DISEASE WITH DEMENTIA.

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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VANDERBILT UNIV.

\$250,000.00

NR2B AS A THERAPEUTIC TARGET IN PARKINSON'S DISEASE

WASHINGTON UNIV. IN ST. LOUIS

\$100,000.00

VALIDATION OF NEUROIMAGING BIOMARKERS FOR NIGROSTRIATAL NEURONS

YALE UNIV.

\$125,000.00

DEEP BRAIN IMAGING TO DETERMINE MOVEMENT OF COMPOUNDS RELEVANT TO

PARKINSON'S DISEASE

ZENOBIA THERAPEUTICS, INC

\$349,841.53

DISCOVERY OF NOVEL INHIBITORS OF LRRK2 FOR THE TREATMENT OF PARKINSON'S

DISEASE

FORM 990, SCHEDULE I, PART III

SUSAN B BRESSMAN

GOLF OUTING AWARD

\$84,000

CYNTHIA RASK

INOSINE FOR PD: SAFETY AND TRIAL DEDIGN OPTIMIZATION

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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**\$57,800**

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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FORM 990, SCHEDULE F, PART II

PURPOSE OF GRANT

ACADEMIC MEDICAL CENTER

NETHERLANDS

\$303,578.75

COGNITIVE DECLINE IN PARKINSON'S DISEASE

FOUNDATION FOR BIOMEDICAL RESEARCH OF THE ACADEMY OF ATHENS

GREECE

\$74,998.00

IN VIVO ASSESSMENT OF ALPHA-SYNUCLEIN SECRETION

FOUNDATION FOR BIOMEDICAL RESEARCH OF THE ACADEMY OF ATHENS

GREECE

\$74,999.10

SELECTIVE NEUROPROTECTIVE EFFECTS OF THE S18Y POLYMORPHIC VARIANT OF

UCH-L1

FREIE UNIVERSITÄT BERLIN

GERMANY

\$109,195.00

EFFECTS OF KCNQ (KV7) CHANNEL OPENERS IN LEVODOPA-INDUCED DYSKINESIAS

HOSPITAL GENERAL YAGUE

SPAIN

\$333,401.25

DEVELOPING AND VALIDATING WEB-BASED CLINICAL ASSESSMENTS FOR PARKINSON'S

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

INSERM

FRANCE

\$75,000.00

BEE VENOM AS A NEUROPROTECTIVE AGENT IN PARKINSON'S DISEASE

INSTITUTE OF MOLECULAR MEDICINE

PORTUGAL

\$103,125.00

UNRAVELING THE GENETIC BASIS FOR ALPHA-SYNUCLEIN OLIGOMERIZATION IN

LIVING CELLS USING BIMOLECULAR FLUORESCENCE COMPLEMENTATION

INSTITUTE OF NEUROLOGY

UNITED KINGDOM

\$75,000.00

THE GLUCOSYLCERAMIDE PATHWAY IN PARKINSON'S DISEASE AND OTHER

SYNUCLEINOPATHIES: GENETIC DEFECTS, NEUROPATHOLOGICAL CHARACTERIZATION

AND CELL CULTURE MODELS.

INSTITUTE OF NEUROLOGY

UNITED KINGDOM

\$64,900.00

A NOVEL CELL MODEL FOR LRRK2 PARKINSON'S DISEASE

LUND UNIVERSITY

SWEDEN

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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\$75,000.00

EXPLORING A NOVEL PATHOGENETIC MECHANISM IN PARKINSON'S DISEASE

LUND UNIVERSITY

SWEDEN

\$365,000.00

PRE-CLINICAL CHARACTERIZATION OF 5-HT1A/1B RECEPTOR AGONISTS FOR THE  
TREATMENT OF L-DOPA-INDUCED DYSKINESIA

LUND UNIVERSITY

SWEDEN

\$60,000.00

UNDERSTANDING AND MODELING THE COMPLEXITY OF SPORADIC PARKINSON'S  
DISEASE: GENETIC AND ENVIRONMENTAL FACTORS

LUNDBECK A/S

DENMARK

\$281,875.00

GPR88, A NEW PD TARGET INVOLVED IN THE MODULATION OF BASAL GANGLIA  
CIRCUITRY.

LUNDBECK A/S

DENMARK

\$614,625.00

HIF PROLYL HYDROXYLASE INHIBITORS: NEW TREATMENT POTENTIAL AGAINST  
PARKINSON'S DISEASE

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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MAASTRICHT UNIVERSITY HOSPITAL

NETHERLANDS

\$257,960.00

THE VALIDATION OF ANXIETY SCALES IN PARKINSON'S DISEASE

PHILIPPS UNIVERSITY MARBURG

GERMANY

\$72,160.00

INTERFERING WITH MITOCHONDRIAL FISSION TO PREVENT NEURONAL DEATH IN

PARKINSON'S DISEASE

PHILIPPS UNIVERSITY MARBURG

GERMANY

\$74,580.00

MULTIMODAL ASSESSMENT OF GASTRIC MOTILITY IN SUBJECTS AT (PRE)CLINICAL

STAGES OF PARKINSON'S DISEASE - A PATHOHISTOLOGICAL AND FUNCTIONAL

IN-VIVO-TESTING OF BRAAK'S PATHOANATOMICAL MODEL

RENTSCHLER BIOTECHNOLOGIE GMBH

GERMANY

\$825,718.30

PASSIVE IMMUNOTHERAPY FOR PARKINSON'S DISEASE BASED ON NATURALLY

OCCURRING AUTOANTIBODIES AGAINST ALPHA-SYNUCLEIN

THE SCHOOL OF PHARMACY

UNITED KINGDOM

\$63,800.00

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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**EFFECTS OF NORADRENERGIC OR SEROTONINERGIC SYSTEM LESIONS COMBINED WITH  
NS LESIONS ON RODENT MODELS OF 'NON-MOTOR'-LIKE SYMPTOMS.**

**UNIVERSITÉ DE BORDEAUX**

**FRANCE**

**\$765,030.00**

**A RANDOMISED, PLACEBO-CONTROLLED, MULTIPLE CROSSOVER (N-OF-1), PILOT  
TRIAL OF SIMVASTATIN ON THE TREATMENT OF LEVODOPA-INDUCED DYSKINESIA IN  
PARKINSON'S DISEASE PATIENTS**

**UNIVERSITY OF AARHUS**

**DENMARK**

**\$261,810.00**

**GENERATION OF AS CONFORMATION SPECIFIC APTAMERS FOR IN VIVO BIOIMAGING OF  
AS PATHOLOGY**

**UNIVERSITY OF AARHUS**

**DENMARK**

**\$75,000.00**

**IDENTIFICATION OF BINDING PROTEINS FOR ALPHA-SYNUCLEIN OLIGOMERS IN BRAIN  
AND CELLS**

**UNIVERSITY OF AUCKLAND**

**NETHERLANDS**

**\$100,000.00**

**ARE ANTI-PARKINSONIAN TREATMENTS DISEASE MODIFYING?**

Name of the organization <b>THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH</b>	Employer identification number <b>13-4141945</b>
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UNIVERSITY OF CAMBRIDGE

UNITED KINGDOM

\$74,000.00

EVALUATION OF A NOVEL NON-CODING VIRAL RNA TO PREVENT NEURODEGENERATION

UNIVERSITY OF ULM

GERMANY

\$177,218.92

THE ANATOMIC BASIS OF CARDIAC AND COGNITIVE CHANGES IN PARKINSON'S  
DISEASE: A COLLABORATIVE STUDY WITH THE PARKINSON'S INSTITUTE, SUNNYVALE,  
CA (USA)

THE INSTITUTE FOR NEURODEGENERATIVE DISORDERS

UNITED ARAB EMIRATES

\$159,858.60

A STRATEGY TO DEVELOP A RADIOTRACER TARGETING ALPHA SYNUCLEIN

UNITED ARAB EMIRATES UNIVERSITY

UNITED ARAB EMIRATES

\$259,948.00

DEVELOPMENT OF LEWY BODIES MRI IMAGING AGENTS FOR THE EARLY DIAGNOSIS OF  
PARKINSON'S DISEASE AND RELATED DISORDERS

MOLECULAR BIOMETRICS

CANADA

\$387,662.00

SPECTROSCOPY OF HUMAN PLASMA FOR DIAGNOSIS OF IDIOPATHIC PARKINSON'S

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

TORONTO WESTERN HOSPITAL

CANADA

\$555,436.50

VALIDATING THE MONTREAL COGNITIVE ASSESSMENT FOR THE DIAGNOSIS OF MILD

COGNITIVE IMPAIRMENT IN PARKINSON'S DISEASE

UNIVERSITY OF OTTAWA

CANADA

\$107,892.50

RAISING ANTIBODIES TO ALPHA-SYNUCLEIN FOR THE MICHAEL J FOX FOUNDATION

FOR PARKINSON'S RESEARCH

UNIVERSITY OF CHILE

CHILE

\$61,380.00

A ROLE OF THE UNFOLDED PROTEIN RESPONSE (UPR) IN PARKINSON'S DISEASE

FORM 990, PART III, LINE 1 - 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.

FORM 990, PART VI, LINE 17 - STATES  
=====

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

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
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INTEREST AND DIVIDENDS	744,930.			744,930.
TOTALS	744,930.			744,930.
	=====	=====	=====	=====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

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DESCRIPTION	AMOUNT
-----	-----
2008 PLAYING TO WIN NY SP EVNT	483,550.
2008 PLAYING TO WIN LA SP EVNT	573,133.
2008 FUNNY THING SPECIAL EVENT	4,196,845.
2008 BREAKING PAR GOLF FND RAS	769,840.
2008 GREAT INVESTORS	718,622.
	-----
TOTAL	6,741,990.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS

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DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----
2008 PLAYING TO WIN NY SP EVNT	33,200.	33,200.
2008 PLAYING TO WIN LA SP EVNT	43,000.	43,000.
2008 FUNNY THING SPECIAL EVENT	193,750.	193,750.
2008 BREAKING PAR GOLF FND RAS	64,400.	64,400.
2008 GREAT INVESTORS		
	-----	-----
TOTALS	334,350.	334,350.
	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID INSURANCE	2,539.	3,763.
PREPAID OTHER	27,449.	159,194.
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TOTALS	29,988.	162,957.
	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
COMMON STOCK	10,569.	16,948.	FMV
GOVERNMENT SECURITIES	-----	28,811,623.	FMV
TOTALS	10,569.	28,828,571.	
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FEDERAL FOOTNOTES

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FORM 8868 - APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN WAS PAPER FILED.