PUBLIC INSPECTION COPY

Amended Return - See Statement 1

Form	990-T		xempt Organization Bus			'ax Returi	1	OMB No. 1545-0687
	ment of the Treasury		(and proxy tax und					2005
-	I Revenue Service	For c	alendar year 2005 or other tax year beginning JUL 1			UN 30, 20		LUUU
A L	Check box if address changed	_	Name of organization (Check box if name c				(Emplo	yer identification number byees' trust, see instructions ick D on page 7.)
	empt under section	1 .	McKnight Brain Researc					5-6301255
X	501(c)(3)	or Type	Number, street, and room or suite no. (If a P.O. bo		age 7 of instructions.)		(See in	nrelated bus. activity codes structions for Block E
<u> </u>	408(e) 220(e	4	Post Office Box 620005			The second secon	on pag	le 7.)
<u> </u>	408A530(a)	City or town, state, and ZIP code					
	529(a)	ļ	Orlando, FL 32862		22/2		9000	000
	ok value of all assets and of year	Description of the last of the	coexemption number (see instructions for Block F) corganization type		N/A X 501(c) trust	401(a) trust		Other trust
49	,782,127.	4. 0 11001	to rgameaton typo		<u>aa</u>			
		on's prim	ary unrelated business activity. > Investm	ent	in partner	ships	**************************************	
I Dui	ring the tax year, wa	s the corp	poration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?		Yes	s X No
If "	Yes," enter the name	and iden	tifying number of the parent corporation.					
J The	e books are in care o	of 🕨 i	SunTrust Bank		Teleph	one number 🕨	(407)237-5907
Pai	rt I Unrelate	ed Tra	de or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sa	ales						
	Less returns and all		c Balance	1c				
			e A, line 7)	2				
			rom line 1c	3				
			ch Schedule D)	4a	26,158.			26,158.
			Part II, line 17) (attach Form 4797)	4b				***************************************
			sts	4c	60 E00	G1 1		<u> </u>
			ips and S corporations (attach statement)	5	67,570.	Stmt	2	67,570.
	Rent income (Sched	dule C)		6				
			me (Schedule E)	7		<u> </u>		
			and rents from controlled organizations (Sch. F)	8				
			on 501(c)(7), (9), or (17) organization	9				
			ome (Schedule I)	10				
			e J)	11				NOT THE PROPERTY OF THE PROPER
12	Other income (See	inetructio	ns - attach schedule.)	12				
			igh 12	13	93,728.			93,728.
	rt II Deducti	ons N	ot Taken Elsewhere (See instructions for				-	
			utions, deductions must be directly connecte					
14	Compensation of o	officers, d	irectors, and trustees (Schedule K)				14	
15								
16								
17	Bad debts						17	****
18	Interest (attach sc	hedule)			***************************************		18	
19	Taxes and licenses	3					19	(2)
20			e instructions for limitation rules.)			ement 3	20	44,784.
21	Depreciation (attac	ch Form 4	562)		21		_	
22			n Schedule A and elsewhere on return				22b	
23								
24			mpensation plans					
25			chadula I)					
26			chedule I)					·
27 28	Other deductions	icusis (5)	chedule J) hedule)		See Stat	ement 4	28	3,160.
20 29	Total deduction	il hh∆ ar	nes 14 through 28	• • • • • • • • • • • • • • • • • • • •	wee wear	was a way of the last of the	29	47,944.
30			income before net operating loss deduction. Subtra					45,784.
31			n (limited to the amount on line 30)					237,010
32			income before specific deduction. Subtract line 31 f					45,784.
33			ly \$1,000, but see instructions for exceptions)					1,000.
34			able income. Subtract line 33 from line 32. If line					***************************************
	of zero or line 32						34	44,784.

Part II	Tax Computation			
L	Organizations Taxable as Corporations. See instru	ctions for tax computation		
	Controlled group members (sections 1561 and 156		q.	
	Enter your share of the \$50,000, \$25,000, and \$9,9			
	1	(3) \$	'' <i>).</i> 	
	Enter organization's share of: (1) Additional 5% tax			
	(2) Additional 3% tax (not more than \$100,000)			▶ 35c
00	Income tax on the amount on line 34	to a computation because to an the amount	an line Of trans	300
36				→ 36 12,968.
07	Tax rate schedule or X Schedule D (For			
	Proxy tax. See instructions			
	***************************************	vor applica	***************************************	**
	Total. Add lines 37 and 38 to line 35c or 36, whiche Tax and Payments	vei applies		00
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	40a	
	Other credits (See instructions)		40b	-
	General business credit - Check here and indicate w		700	-
U			40c	
A	Credit for prior year minimum tax (attach Form 880	1 or 0007\		
			Company of the Compan	40e
	Total credits. Add lines 40a through 40d			
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255	Form 8611	366 Other (attach schedu	(e) 42
				43 12,968.
	Payments: A 2004 overpayment credited to 2005			
	2005 estimated tax payments		-	-
	Tax deposited with Form 8868			-
	Foreign organizations - Tax paid or withheld at sour			-
	Backup withholding (see instructions)			-
1	Other credits and payments: Form 4136 X Ot	17 502 > Total	44f <17,50	2
AE	Tatal naumanta Add lines 44s through 44f	ner <17,302.> 10tal	441 717,30	~~ 455
45 46	Total payments. Add lines 44a through 44f Estimated tax penalty (See instructions). Check ▶			The second secon
	Tax due. If line 45 is less than the total of lines 43 a			(Market Annual Control C
47 40	Overpayment. If line 45 is larger than the total of lines 45 a			48 17,487.
48 49	Enter the amount of line 48 you want: Credited to 2		Refunded	49 17,487.
Dart V	Statements Regarding Certain	Activities and Other Informat	on (See instructions on r	page 16.)
	ny time during the 2005 calendar year, did the organ			
	reign country (such as a bank account, securities ac			
	90-22.1. If "Yes," enter the name of the foreign cou		the organization may have to	1110101111
	ng the tax year, did the organization receive a distrib		feror to a foreign trust?	
	es," see page 5 of the instructions for other forms th		ioror to, a foreign trustr	
	es, see page 5 of the histractions for other forms to the amount of tax-exempt interest received or acc			
ENGINEERING AND AND AND ADDRESS OF THE PARTY	ule A - Cost of Goods Sold. Enter me		Σ	
JUITEU	are A " Cost of Goods Cold. Enter Int	Saled of hiverholy valuation	ta ata	
1 Inve	ntory at beginning of year 1	6 Inventory at end of year	ar	1 6 1
	chases 2	7 Cost of goods sold. S		···· •
	t of labor 3		and in Part I, line 2	7
	itional section 263A costs 4a	8 Do the rules of section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
	er costs (attach schedule) 4b	and the state of t	r acquired for resale) apply to	
	al. Add lines 1 through 4b 5	more and the contract of the c	abquired for receive, appriy to	50-96/2/2023-2-5- unusersuned
- :00	Under penalties of periury, I declare that I have examined	d this return, including accompanying schedules and	statements, and to the best of my	
Sign	correct, and complete. Declaration of preparer (other tha	n taxpayer) is based on all information of which prep	arer has any knowledge.	
Here		1		May the IRS discuss this return with the preparer shown below (see
	Signature of officer	Date Title		instructions)? X Yes No
	Preparer's	Date	Chools if	Preparer's SSN or PTIN
Paid	signature	05/17/	10 Check if self-employed	P00428093
Ph				
Preparer	Firm's name (or Batts Morrisc			20-4193611
Use Only	Firm's name (or Batts Morrisc	on Wales & Lee, P.A. Place, Suite 701	EIN Phone r	20-4193611 no. 407-770-6000

Page 3

Form 990-T (2005) McKnig	ht Brain R	esearc	h Fo	undation		(55-6	301255	Page 4
Schedule G - Investme	nt Income of a	Section 5			ganizat	ion			
(See insti	ructions on page 19.	.)							-
1 Descr	ription of income			2 Amount of income	3 Ded directly c	onnected	4 (atta	Set-asides ch schedule)	5 Total deductions and set-asides
(1)		желисоонгозом-изга-доска-казаска-инг	***************************************		(attach s	chedule)			(col. 3 plus col. 4)
(2)	**************************************	****						equality in the extension to be a separate to this beauty	***************************************
(3)	ингания расположенна постанова при	nich och och det um har i styde bestämmen de en de den de po		ntigeraytandyo <u>manyonyonyo</u> materiaanstatooneettoonatoolaateetsiooneet	**************************************				***************************************
(4)				encember version de constant d	***************************************			enyeldaniyy oyondikayi didelik lelikid (relikin)	
		NACIONAL INCOMENSACIONE EN CONTRACTOR DE LA CONTRACTOR DE	***************************************	Enter here and on page 1,		L			Enter here and on page 1,
				Part I, line 9, column (A).					Part I, line 9, column (B).
Totals			▶	0.					0.
Schedule I - Exploited (See instru	Exempt Activity uctions on page 19.)		Other	Than Advertis	ing Inco	me			
				4 Net income		T			
	2 Gross	3 Expen directly con		(loss) from unrelated trade	5 Gross		6	Expenses	7 Excess exempt expenses (column
1 Description of exploited activity	unrelated business income from	with produ	ction	or business (column 2 minus	from acti	nrelated	att	ributable to	6 minus column 5, but not more than
	trade or business	business in		column 3). If a gain, compute	business	income		Joidini J	column 4).
				cols. 5 through 7.					
(1)								mpropromporancy distributed ACMAD+FERMAN	
(2) (3)		**************************************							***************************************
(3)				***************************************			če se produktova s		
(4)	Fatou bour and an	Catas basa							Entar have and
	Enter here and on page 1, Part I,	Enter here a	art I,						Enter here and on page 1,
T-4-1-	line 10, col. (A).	line 10, co							Part II, line 26.
Totals ► Schedule J - Advertisi		instructions	on page	19)					l V
	Periodicals Rep								
LI CITE I				4 Advertising	T				7 Excess
	2 Gross advertising		Direct	gain or (loss) (col. 2 minus col. 3). If		rculation	6 F	eadership	readership costs (column 6 minus
1 Name of periodical	income	adverti	sing costs	a gain, compute cols. 5 through 7.	in	come		costs	column 5, but not more than
				oole. o tillough 7.					column 4).
(1)									
(2)			-				disservation and the second		
(3)									
(4)							***		
Totals (carry to Part II,			0					-	0
line (5))		0.	0			ا ما الماد	dia Da	سالة القال	0 .
Part II Income From columns 2 through	reriodicals nep 7 on a line-by-line ba		а эер	arate basis (For	each pend	odicai iistet	ı in Pa	T. II, IIII III	
(1)									
(2)									
(2)									
(4)									
(5) Totals from Part I		0.	0						0 .
	Enter here and page 1, Part I	, page	ere and on						Enter here and on page 1,
Takala Davi II (lines 4 5)	line 11, col. (A	· 1	1, col. (B).						Part II, line 27.
Totals, Part II (lines 1-5)	▶ sation of Office	0. rs Direct	ors a		e instructi	ons on nac	ie 20 \		0 .
odicanie v - odiiheli	Janui VI VIIICE	13, 11166	1013, a	iiu iiustees (Se	o monuoli	3 Percer	nt of	A Comp	ensation attributable
1 1	lame			2 Title		time devot	ed to		elated business
			 		· · · · · · · · · · · · · · · · · · ·	 	%		***************************************
			-			 	70	***************************************	

0.

%

Total - Enter here and on page 1, Part II, line 14

SCHEDULE D

(Form 1041) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

Name of estate or trust

Employer identification number

McKnight Brain Research Found	lation				65-	6301255
Note: Form 5227 filers need to complete only Parts I and II.						
Part I Short-Term Capital Gains and Losses - Assets I	leid One Year or L	ess				
(a) Description of property (Example, 100 shares 7% preferred of "Z" Go.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or o basis	ther	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1						***************************************

	<u> </u>	<u> </u>			r	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6					2	15 000
3 Net short-term gain or (loss) from partnerships, S corporat		ites or trusts			3	17,093.
4 Short-term capital loss carryover. Enter the amount, if any,					4	,
2004 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1 through 4 in					4	
column (3) below	, ,				5	17,093.
Part II Long-Term Capital Gains and Losses - Assets H					-	
(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or o	other	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6			42-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		NAME OF THE OWNER OWNER OF THE OWNER OWNE	
					***************************************	***************************************

7 Long-term capital gain or (loss) from Forms 2439, 4684, 6					7	
8 Net long-term gain or (loss) from partnerships, S corporati					8	9,065.
9 Capital gain distributions					9	
10 Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover. Enter the amount, if any,					۱.,	
Carryover Worksheet					11	1
12 Net long-term gain or (loss). Combine lines 6 through 11					12	9,065.
column (3) below Part III Summary of Parts I and II			(1) Beneficiaries	(2) Estate	*************	(3) Total
Caution: Read the instructions before completin	n this nart		(1) 5011011011011010	or trust's		(0) 10 m
- Custors I load the mediatorie service compositi	g tillo parti					
13 Net short-term gain or (loss)		13		17,0	93.	17,093.
14 Net long-term gain or (loss):		***************************************			***************************************	
a Total for year 14a 9						9,065.
b Unrecaptured section 1250 gain (see line 18 of						
the worksheet on page 35)		14b				
c 28% rate gain or (loss)		14c				

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

15 Total net gain or (loss). Combine lines 13 and 14a

26,158.

26,158.

6	5	 6	3	0	1	2	5	5
v	~	v	~	v	100	المك	_	~

Page 2

LF	art IV	Capital Loss Limitation						
16	Enter here	e and enter as a (loss) on Form 1041, line 4, tl	ne smal	ler of :	oinan harras na mareka (a fastaren en		***************************************	
	a The lo	ss on line 15, column (3) or						
	b \$3,000	0					16	()
If th	e loss on lir	ne 15, column (3), is more than \$3,000, or if F	orm 10	41, page 1, line 22, is a loss, c	complete th	e Capital Loss		
Car	ryover Wor	ksheet on page 37 of the instructions to deter	THE RESIDENCE OF THE PERSON OF					
F	art V	Tax Computation Using Maximum Capital 15 in column (2) are gains, or an amount is	Gains R	ates (Complete this part only	if both line	s 14a and		
100000		line 2b(2), and Form 1041, line 22 is more t line 14b, column (2) or line 14c, column (2) is	han zer	o.)	s an enuy t	711 FORTH 1041,		
			more ti	nan zero, complete the worksh	neet on pag	je 38 of the instructions		
Dipononesia	апа ѕкір	Part V. Otherwise, go to line 17.	***********					
17	Enter tavak	ole income from Form 1041, line 22			17	44,784.		
		maller of line 14a or 15 in column (2)			17	11/1010		
		s than zero	18	9,065.				
19		state's or trust's qualified dividends						
		1041, line 2b(2)	19					
		, , , , , , , , , , , , , , , , , , , ,						
20	Add lines	18 and 19	20	9,065.				
21	If the estat	e or trust is filing Form 4952, enter the						
	amount fro	om line 4g; otherwise, enter -0-	21	0.				
22	Subtract li	ne 21 from line 20. If zero or less, enter -0- $$			22	9,065.		
						25 540		
23	Subtract li	ne 22 from line 17. If zero or less, enter -0			23	35,719.	-	
						2 000		
		smaller of the amount on line 17 or \$2,000			24	2,000.	-	
25	-	unt on line 23 equal to or more than the amou						
		s. Skip lines 25 through 27; go to line 28 and of Enter the amount from line 23			25			
	NO.	Effer the amount nom line 25			20			
26	Subtract li	ne 25 from line 24			26			
20	Oubtruot III	10 20 11 0311 1410 2 1	* · · · · · · · · · · · · · · · · · · ·		L		200000000	(44)
27	Multiply lin	ne 26 by 5% (.05)					27	,
		nounts on lines 22 and 26 the same?						
	Yes	s. Skip lines 28 through 31; go to line 32.						
	X No.	Enter the smaller of line 17 or line 22			28	9,065.	1	
						•		
29	Enter the a	amount from line 26 (if line 26 is blank, enter -	0-)		29	0 .	4	
						0 065		
30	Subtract li	ne 29 from line 28			30	9,065.	4	
	A.A 142 1 12.	00 h 450/ (45)					04	1,360.
31	Multiply III	ne 30 by 15% (.15)	.,	,			31	1,3000
30	Figure the	tax on the amount on line 23. Use the 2005 T	av Rate	Schadula on nage 23 of the in	netructione		32	11,608.
JZ	rigure trie	tax off the amount of line 23. Ose the 2003 T	ax maic	Schedule on page 25 of the h	ion actions		04	
33	Add lines	27, 31, and 32					33	12,968.
50		,,,,,,,,,,						The state of the s
34	Figure the	tax on the amount on line 17. Use the 2005 T	ax Rate	Schedule on page 23 of the in	nstructions		34	4 14,781.
- •				, -9		***************************************		
35	Tax on all	taxable income. Enter the smaller of line 33	or line	34 here and on line 1a of Sch	edule G, Fo	rm 1041	35	12,968.
JW								Schedule D (Form 1041) 2005

1

Footnotes

Statement

This return is being amended to correct the following:

Form 990-T, Page 1, line 4a - income has been reclassified to properly reflect the portion of UBTI that represents capital gain net income as reported on the Forms K-1 received by the Foundation from its partnership investments.

Form 990-T, Page 1, line 5 - income has been reclassified to properly reflect the portion of UBTI that represents capital gain net income as reported on the Forms K-1 received by the Foundation from its partnership investments.

Form 990-T, Page 1, line 20 - the Foundation is deducting charitable contributions made by the Foundation to 50% charities during the 6/30/06 tax year, which were inadvertently omitted from the originally filed return.

Schedule D has been attached to compute the tax due on the Form 990-T, as required due to the reporting of long term net capital gain.

Form 990-T Income	e (Loss) from Partnerships	Statement	2
Description		Amount	
Lighthouse Global Long/Short I Lighthouse Diversified Fund (25.> 95.	
Total to Form 990-T, Page 1,	line 5	67,5	70.
Form 990-T	Contributions	Statement	
Description/Kind of Property	Method Used to Determine FMV	Amount	
University of Miami University of Alabama	875,000. 1,000,000.		
Total to Form 990-T, Page 1,	line 20	1,875,0	00.
Form 990-T	Other Deductions	Statement	4
Description		Amount	
Legal Fees		3,1	60.
Total to Form 990-T, Page 1,	line 28	3,1	60.