

# **CLIENT COPY**

# For the tax year ended: June 30, 2020

#### Sent via email on November 13, 2020

#### Melanie:

The Foundation's Form 990-PF, Return of Private Foundation, for the year ended June 30, 2020 was transmitted electronically and accepted by the Internal Revenue Service on **November 12, 2020**.

The following returns have been mailed to the Internal Revenue Service or other appropriate authority on behalf of McKnight Brain Research Foundation on **November 12**, **2020**:

- Copy of Form 990-PF, Return of Private Foundation, for filing with Florida Attorney General
- Form 990-T, Exempt Organization Business Income Tax Return

Please use the following link to download electronic copies of the above mentioned returns for the Organization's records:

https://nonprofitcpa.sharefile.com/d-s618aa5b425724b3

Please note that excess qualifying distributions in the amount of \$4,505,825 are being carried forward. The Foundation is not required to make any qualifying distributions during the year ending June 30, 2020.

Additionally, please note there is no  $1^{st}$  quarter estimated tax due in connection with the June 30, 2021 Form 990-PF. We will contact you at the appropriate time to inform you of the estimated tax payments due for the  $2^{nd}$  through  $4^{th}$  quarters.

Further, there are no estimated tax payments due in connection with the June 30, 2021 Form 990-T.

As you requested, we have not prepared any state income tax returns for the June 30, 2020 year, based on the Board's decision (under the advice of the Foundation's legal counsel) to not file state returns due to the lack of information from the partnerships necessary to make complete and accurate state filings.

Copies of Forms 990-PF and 990-T and related schedules (excluding those marked "Not Open to Public Inspection") must be available for inspection by the public during regular office hours for a period of <a href="https://docs.org/regular.org/">https://docs.org/</a> from the date filed. Copies of Forms 990-PF and 990-T (for any of the past three years) must be provided to anyone who requests it in person or in writing unless you elect to make such copies "widely available" through the use of the Internet. If the request is made in person, the copy must generally be provided the same business day. If the request is made in writing, you must generally provide the copy within 30 days after receiving the request. Federal law allows you to charge those who request copies a "reasonable" amount for copying costs and postage. You may require clear payment in advance. For your convenience, electronic public inspection copies of Forms 990-PF and 990-T have been in the download link above. Guidelines describing the details of federal regulations regarding providing copies of your Forms 990-PF and 990-T have been included with your client copy of these returns.

Please note that any documentation substantiating income and deductions reported on your returns should be maintained for a minimum of seven years should the Internal Revenue Service and/or the Florida Department of Revenue select your return for audit. Your copy of the returns should be filed with other permanent records you maintain.

If you have any questions concerning the above or if I can be of any assistance, please contact me at your convenience. As always, we appreciate the opportunity to be of service to you.

Sincerely,

Michele M. Wales
Partner • National Director - Tax Services

BATTS MORRISON WALES & LEE, P.A. CERTIFIED PUBLIC ACCOUNTANTS
801 North Orange Avenue, Suite 800
Orlando, FL 32801

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# **TAX RETURN FILING INSTRUCTIONS**

FORM 990-PF

### FOR THE YEAR ENDING

June 30, 2020

Prepared for	McKnight Brain Research Foundation 200 South Orange Avenue, SOAB 10 Orlando, FL 32801
Prepared by	Batts Morrison Wales & Lee, P.A. 801 North Orange Avenue, Suite 800 Orlando, FL 32801
Amount due or refund	An overpayment of \$34,027. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been electronically filed. Do not mail a paper copy of the return to the IRS.  Please note that the Form 990-PF return contains excess distribution carryover of \$4,505,825. This may be applied to tax year 2020 and subsequent years.

# Form **990-PF**Department of the Treasury

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2019**Open to Public Inspection

For calendar year 2019 or tax year beginning JUL 1, 2019 JUN 30, 2020 , and ending A Employer identification number Name of foundation McKnight Brain Research Foundation 65-6301255 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 407-237-4485 200 South Orange Avenue, SOAB 10 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 32801 Orlando, FL **D** 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 49, 237, 291. (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 1,000,000 N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 603,647. 569,088. Statement 2 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 853,699. Statement 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 36,278,494. 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 25,524. 9,683. Statement 3 11 Other income 2,467,029 594,612. Total. Add lines 1 through 11 250,289. 500,579. 250,290. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages \_\_\_\_\_ 15 Pension plans, employee benefits ..... 23,976. 4,795. 14,386. 16a Legal fees Stmt 4 21,729 7,605. **b** Accounting fees Stmt 5 7,605. 44,839. 85,294. 25,509. c Other professional fees Stmt 6 Administrative 17 Interest Taxes Stmt 7 117,201. 5,701. 0. 18 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings ..... 22 Printing and publications ...... 142,448. 167,462. 25,014. 23 Other expenses Stmt 8 Operating 24 Total operating and administrative 916,241 318,913. 459,568. expenses. Add lines 13 through 23 2,062,589. 2,062,589. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 2,978,830 318,913. 2,522,157. Add lines 24 and 25 27 Subtract line 26 from line 12: -511,801 **8** Excess of revenue over expenses and disbursements 275,699. **b Net investment income** (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	ar t	column should be for end-of-year amounts only.	(a) Book Value	( <b>b)</b> Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	739,043.	226,390.	226,390.
	3	Accounts receivable ▶			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 9	34,974,920.	34,975,772.	49,010,901.
		Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	35,713,963.	35,202,162.	49,237,291.
		Accounts payable and accrued expenses			
		Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
			0	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
Ses	١	and complete lines 24, 25, 29, and 30.			
<u>a</u>		Net assets without donor restrictions			
Ва	25	Net assets with donor restrictions			
Fund Balan		Foundations that do not follow FASB ASC 958, check here			
	26	and complete lines 26 through 30.	35,713,963.	35,202,162.	
S O	26	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or		Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ę	ı	Total net assets or fund balances	35,713,963.	35,202,162.	
Š	23	Total liet assets of fully balances	33,713,3031	33,202,102.	
_	30	Total liabilities and net assets/fund balances	35,713,963.	35,202,162.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	35,713,963.
		amount from Part I, line 27a			-511,801.
		r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	35,202,162.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6	35,202,162.

Page 3

I	Part IV Capital Gains a	nd Losses for Tax on In	vestment	Income						
		ne kind(s) of property sold (for exal ehouse; or common stock, 200 shs		ate,	<b>(b)</b> ⊢ P · D	low acquire - Purchase - Donation	ed (	<b>c)</b> Date ad (mo., day		( <b>d)</b> Date sold (mo., day, yr.)
1										
	See Attached	Statements								
	С									
_	d									
_	e				Ц,					
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(		n or (loss) (f) minus (	
_	a				_					
	b									
_	C									
_	d 26 270 404		2	C 507 07	, ,					240 270
_	e 36,278,494.	gain in column (h) and owned by		6,527,87	4.		(1) (	)-: (O-	l (la)!	-249,378.
_	Complete only for assets snowing						(I) (	aains (Co k), but no	l. (h) gain ot less thar	minus 1 -0-) <b>or</b>
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)				Losses (f	rom col. (	h))
_	_	40 0. 12/0 // 00		(),, a						
_	a b				$\dashv$					
_	_				-					
_	c d				-					
_	e e				-					-249,378.
_	<u> </u>	C. C			$\overline{}$					245,570
2	Capital gain net income or (net cap	ital loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	in Part I, line	7	١	2				-249,378.
				; /	· 기	-				213/3/00
3	Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c		id (6):		٦١					
	If (loss), enter -0- in Part I, line 8				1	3			N/A	
Ī		der Section 4940(e) for	Reduced	Tax on Net	Inve	stment	Inco	me	-17	
(F	For optional use by domestic private t	foundations subject to the section 4	1940(a) tax or	n net investment i	ncome	2.)				
•		•	( ,			/				
lf	section 4940(d)(2) applies, leave this	s part blank.								
W	/as the foundation liable for the section	on 4942 tax on the distributable am	nount of any v	ear in the base pe	eriod?					Yes X No
	"Yes," the foundation doesn't qualify									
1	Enter the appropriate amount in ea	ach column for each year, see the ir	nstructions be	fore making any e	entries					
	(a) Base period years	(b)			(c)				Dietrib	(d) ution ratio
	Calendar year (or tax year beginning	g in) Adjusted qualifying dist	tributions	Net value of no	onchar	itable-use a	essets	(0	ol. (b) div	ided by col. (c))
	2018	2,02	8,707.			,172,				.043937
	2017		2,616.			,783,0				.055723
	2016		9,566.			,225,				.077999
	2015		1,405.			,431,				.112394
	2014	3,19	0,468.		47	,806,!	566.			.066737
2	Total of line 1, column (d)							2		.356790
3	Average distribution ratio for the 5-					•				
	the foundation has been in existence	ce if less than 5 years						3		.071358
4	Enter the net value of noncharitable	e-use assets for 2019 from Part X,	line 5					4	4	7,989,697 <b>.</b>
5	Multiply line 4 by line 3							5		3,424,449.
6	Enter 1% of net investment income	(1% of Part I, line 27b)						6		2,757.
7	Add lines 5 and 6							7		3,427,206.
8	Enter qualifying distributions from							8		2,522,157.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	th, and com	plete that part usi	ing a 1	% tax rate.				

1 0111	Hoself (2013) Heitinghe Brain Rebearen Foundaeron		0301	<u> </u>		i ugo -		
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see iı	ารtru	ctior	าร)		
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.							
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1			<u>5,5</u>	14.		
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) $\supset$							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.		
	Add lines 1 and 2	3			5,5			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5,5	14.		
6	Credits/Payments:							
a	a 2019 estimated tax payments and 2018 overpayment credited to 2019	_						
b	Exempt foreign organizations - tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c							
C	<b>1</b> Backup withholding erroneously withheld 6d 0	.]						
7	Total credits and payments. Add lines 6a through 6d	7		3	9,5	41.		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed	9						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid	10		3	4,0	27.		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax   34,027. Refunded	11				0.		
Pa	art VII-A Statements Regarding Activities							
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No		
	any political campaign?			1a		Х		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de	inition <sub>.</sub>		1b		Х		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or							
	distributed by the foundation in connection with the activities.							
C	c Did the foundation file Form 1120-POL for this year?							
c	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:							
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	,						
6	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-						
	managers. ▶ \$0.							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х		
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х		
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	Х			
	olf "Yes," has it filed a tax return on Form 990-T for this year?			4b	X			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х		
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ate law						
	remain in the governing instrument?			6		Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	Х			
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶							
	FL							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)							
	of each state as required by General Instruction G? If "No," attach explanation			8b	X			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca							
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9		Х		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х		

Form **990-PF** (2019)

	990-PF (2	<u>,                                     </u>	65-6301	L255	;	Page 5
Pa	rt VII-A	Statements Regarding Activities (continued)				
					Yes	No
11	At any tim	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
• •	-	2(b)(13)? If "Yes," attach schedule. See instructions		11		Х
12		undation make a distribution to a donor advised fund over which the foundation or a disqualified person had a		<del></del>		
12				12		x
10	,			13	Х	
13		undation comply with the public inspection requirements for its annual returns and exemption application?		13	Λ	
		ddress www.tmbrf.org	- / / 07 \ ′	127	4 4 0	_
14		are in care of SunTrust Bank  Telepho	one no. $\triangleright (407)2$	<u> </u>	440	<u> </u>
		▶200 South Orange Avenue, Orlando, FL	ZIP+4 <b>►</b> 32		•	
15		147(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			, Þ	•
	and enter	the amount of tax-exempt interest received or accrued during the year	15	N	[/A	
16	At any tim	e during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bai	ık,		Yes	No
	securities	or other financial account in a foreign country?		16		X
	See the in	structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign co	untry <b>&gt;</b>				
Pa	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Forr	n 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		year, did the foundation (either directly or indirectly):				
		ge in the sale or exchange, or leasing of property with a disqualified person?	Ves X No			
	(1) Enga	w money from, lend money to, or otherwise extend credit to (or accept it from)	103 [22] 110			
			Vee Y No			
		ualified person?	Ves V No			
	(3) Furni	sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes A No			
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes No			
		fer any income or assets to a disqualified person (or make any of either available				
	for th	e benefit or use of a disqualified person)?	Yes X No			
	(6) Agree	to pay money or property to a government official? (Exception. Check "No"				
	if the	foundation agreed to make a grant to or to employ the official for a period after				
	termi	nation of government service, if terminating within 90 days.)	Yes X No			
b		wer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
	section 53	.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
		ons relying on a current notice regarding disaster assistance, check here				
С		undation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corr				
_		first day of the tax year beginning in 2019?		1c		х
2		ailure to distribute income (section 4942) (does not apply for years the foundation was a private operating for				
_		section 4942(j)(3) or 4942(j)(5)):	maaton			
		of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
а			Vee V Ne			
		of or tax year(s) beginning before 2019?				
	it "Yes," iis	any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to	<del>.</del> .			
b						
		of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" al				
		- see instructions.)	N/A	2b		
C	If the prov	isions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
	▶	, <u> </u>				
3a	Did the fo	undation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		year?	Yes X No			
b		d it have excess business holdings in 2019 as a result of(1) any purchase by the foundation or disqualified pe	rsons after			
		969; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c				
	-	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Forn				
		C, to determine if the foundation had excess business holdings in 2019.)		3b		
40	Did the fo	undation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
		undation invest during the year any amount in a mainter that would jeopardize its charitable purposes? Undation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitabl		74		
U		en removed from jeopardy before the first day of the tax year beginning in 2019?		16		x
	Hau HUL DI	on romovou nom jeoparuy belore ine inai uay or ine iax year beginning in 2013:		4b	1	1 4

Ctatemente regarding / teatrice for trineir	orm may be	rioquirou (contini	ucu)			
5a During the year, did the foundation pay or incur any amount to:				Yes	s No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive? Yes X No						
(3) Provide a grant to an individual for travel, study, or other similar purposes	es X No					
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes X No						
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, o					
the prevention of cruelty to children or animals?			es X No			
${f b}$ If any answer is "Yes" to $5a(1)$ -(5), did <b>any</b> of the transactions fail to qualify uno						
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check	nere		▶□			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f						
expenditure responsibility for the grant?		N/A Y	es L No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?		Ye	es 🔼 No			
$\boldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a $\boldsymbol{p}$	personal benefit contract?			6b	X	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es X No			
${f b}$ If "Yes," did the foundation receive any proceeds or have any net income attribute.			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
excess parachute payment(s) during the year?		\ Ye	es X No			
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation M	anagers, Highly	1			
List all officers, directors, trustees, and foundation managers and t	hoir componention					
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) F)	pense	
(a) Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	accoun	ıt, other	
	to position	`enter'-0-)'	compensation	allow	ances	
				1		
See Statement 10		500,579.	0.	1	0.	
see statement 10		300,373.	0.	<del> </del>	0.	
				1		
				1		
				<del></del>		
				1		
				1		
				<del>                                     </del>		
				1		
				1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If non	e. enter "NONE."				
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Ex	pense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	it, other ances	
NONE			compensation			
				1		
				1		
				1		
				1		
				1		
Total number of other employees paid over \$50,000		1		1	0	

Form 990-PF (2019) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. See Statement 11 35,935. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form **990-PF** (2019)

▶

Part X Minimum Investment Return (All don	nestic foundations must complete this pa	rt. Foreign four	ndations,	see instructions.)
1 Fair market value of assets not used (or held for use) directly i				
a Average monthly fair market value of securities			1a	47,604,652.
<b>b</b> Average of monthly cash balances			1b	1,115,853.
c Fair market value of all other assets			1c	
d Total (add lines 1a, b, and c)			1d	48,720,505.
e Reduction claimed for blockage or other factors reported on lin				
1c (attach detailed explanation)	1e	0.		
2 Acquisition indebtedness applicable to line 1 assets			2	0.
3 Subtract line 2 from line 1d			3	48,720,505.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line	e 3 (for greater amount, see instructions)		4	730,808.
5 Net value of noncharitable-use assets. Subtract line 4 from li			5	47,989,697.
6 Minimum investment return. Enter 5% of line 5			6	2,399,485.
Part XI Distributable Amount (see instructions) foreign organizations, check here ▶ ☐ and do i		g foundations an	d certain	
1 Minimum investment return from Part X, line 6			1	2,399,485.
2a Tax on investment income for 2019 from Part VI, line 5	2a	5,514.		
<b>b</b> Income tax for 2019. (This does not include the tax from Part	VI.) 2b			
c Add lines 2a and 2b			2c	5,514.
3 Distributable amount before adjustments. Subtract line 2c from	n line 1		3	2,393,971.
4 Recoveries of amounts treated as qualifying distributions			4	0.
5 Add lines 3 and 4			5	2,393,971.
<b>6</b> Deduction from distributable amount (see instructions)			6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5.			7	2,393,971
Part XII Qualifying Distributions (see instruction  1 Amounts paid (including administrative expenses) to accompli	<i>,</i>			
<b>a</b> Expenses, contributions, gifts, etc total from Part I, column (			1a	2 522 157
b Program-related investments - total from Part IX-B			1b	2,522,157.
2 Amounts paid to acquire assets used (or held for use) directly			2	
3 Amounts set aside for specific charitable projects that satisfy t				
			3a	
a Suitability test (prior IRS approval required)     b Cash distribution test (attach the required schedule)			3b	
<ul><li>b Cash distribution test (attach the required schedule)</li></ul>	and on Part V. line 9: and Part VIII. line 4		4	2,522,157
5 Foundations that qualify under section 4940(e) for the reduced			+	2,522,157
			5	0.
income. Enter 1% of Part I, line 27b <b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4			6	2,522,157
Note: The amount on line 6 will be used in Part V, column (b),				
4940(e) reduction of tax in those years.	, in subsequent years when calculating whether	i ilio luulluailull (	4uaiiiicə II	UI 1110 30611UH

Form **990-PF** (2019)

## Part XIII Undistributed Income (see instructions)

	( <b>a)</b> Corpus	(b) Years prior to 2018	( <b>c)</b> 2018	( <b>a</b> ) 2019
1 Distributable amount for 2019 from Part XI,				0 202 084
line 7				2,393,971.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
Excess distributions carryover, if any, to 2019:		0.		
<b>b</b> From 2015 2,739,220.				
cFrom 2016 1,266,263.				
dFrom 2017 372,156.				
e From 2018				
f Total of lines 3a through e	5,130,906.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: $\triangleright$ \$ 2,522,157.				
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				2,393,971.
e Remaining amount distributed out of corpus	128,186.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as	0.			0.
indicated below:	5,259,092.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,233,032.			
<b>b</b> Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'		0.		
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
assessed  d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line		<u> </u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	753,267.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	4,505,825.			
10 Analysis of line 9:				
a Excess from 2015 2,739,220.				
b Excess from 2016 1,266,263. c Excess from 2017 372,156.				
c Excess from 2017 372,156.				
d Excess from 2018				
e Excess from 2019 128,186.				

Page 10

Part XIV   Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2019, enter the date of	the ruling			
<b>b</b> Check box to indicate whether the foun	dation is a private operati	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	<b>(b)</b> 2018	(c) 2017	( <b>d</b> ) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
<b>d</b> Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	l te this nart only i	f the foundation	had \$5 000 or mo	re in assets
at any time during t			i tilo iodiladiloli	παα φο,σσο στ πτο	ic iii doccio
1 Information Regarding Foundation		,			
a List any managers of the foundation when	-	than 20/2 of the total cont	ributions received by the	foundation before the clo	ca of any tay
year (but only if they have contributed			indutions received by the	i loulluation before the cio	Se of any tax
None	, , ,	,,,,,			
<b>b</b> List any managers of the foundation wl	o own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a r	partnershin or
other entity) of which the foundation ha			(or air equally large porti	on or the ownership or a p	artiforship of
None					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarshin etc. Pr	ourams.		
	only makes contributions		_	not accent unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.					10313 101 141143. 11
<b>a</b> The name, address, and telephone num	her or email address of the	ne nerson to whom annli	rations should be addres	sed: See Sta	tement 13
a The hame, address, and telephone ham	ber or email address of th	to person to whom applic	sations should be address	30u. 200 20u	000110 10
See Statement 12					
<b>b</b> The form in which applications should	he suhmitted and informa	tion and materials they s	hould include:		
The form in which applications should	Jo Submittou anu midima	and materials tries 5	nouru moiuu6.		
c Any submission deadlines:					
• Any Submission deadines.					
d Any restrictions or limitations on award	ls, such as hy geographic	al areas, charitable fields	kinds of institutions or	other factors:	

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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year American Brain Foundation ÞС Funding scholarship in 201 Chicago Ave cognitive aging and Minneapolis, MN 55415-1126 memory loss 330,000. University of Alabama, Birmingham PC Funding of the Evelyn F. McKnight Brain 1530 3rd Avenue South Birmingham, AL 35294 Institute at UAB 83,935. Funding of the Evelyn University of Arizona - Evelyn F. PC. McKnight Brain Institute F. McKnight Brain P.O. Box 245115 Institute at the Tucson, AZ 85724 University of Arizona 1,067,441. University of Arizona - Evelyn F. ÞС Expenses paid for McKnight Brain Institute cloud services on P.O. Box 245115 behalf of the Evelyn Tucson, AZ 85724 F. McKnight Brain Institute at the 69,500. University of Florida Foundation PC Funding of research P.O. Box 14425 Gainesville, FL 32604 198,213. See continuation sheet(s) ➤ 3a 2,062,589. Total **b** Approved for future payment None Total

### Form 990-PF (2019)

## Part XVI-A Analysis of Income-Producing Activities

Exclusion code	(d)	(e)
		Related or exempt
code	Amount	function income
14	603,647.	
18		
18	779,929.	
1 4	115,525.	
$\vdash$		
<del>                                     </del>		
	1,383,576	0.
		1,467,029
		, . , ,

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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# 9) McKnight Brain Research Foundation 65-6301255 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	rganization directly or indir	rectly engage in any	of the following	ng with any other organizati	on described in secti	ion 501(c)	Yes	No
	(other tha	ın section 501(c)(3) organ	izations) or in sectio	n 527, relatin	g to political organizations?				
a	Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganization of:				
	(1) Cash							1a(1)	X
					· · · · · · · · · · · · · · · · · · ·			1a(2)	X
b	Other tran								
	(1) Sales	of assets to a noncharital	ble exempt organiza	tion			4	1b(1)	X
								1b(2)	X
									X
	(4) Reim	hursement arrangements						1b(4)	X
	(5) Loan	e or loan quaranteee	*************************					1b(5)	X
					ons				X-
								1c	X
					nployees				
ū					edule. Column(b) should alv				
					ed less than fair market val	ue ili aliy ilalisaction	or snaring arrangement,	SHOW III	
/ <u>-</u> \.		d) the value of the goods,				1 (4) =			
(a)L	ne no.	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	of transfers, transactions, and	sharing arrangemer	nts
				N/A					
					-				
1.2		en i essi war tawayen anyen a	and the state of the state of	STREET	tana Nikawa ing pangangan Mata	معه پر جنانهای در	Laste Last Last Control of the Control	APPEND OF THE	. 664
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					······································				
				· · · · · · · · · · · · · · · · · · ·					
····-									
	1-45		At			instinus described		-	<del></del>
2a			-		e or more tax-exempt organ		·		٦
				ection 52/?			L	YesX	No
b	If "Yes," c	omplete the following sch			T (1) =	· · · · · · · · · · · · · · · · · · ·	1 D	L.I.	
	· · · · · · · · · · · · · · · · · · ·	(a) Name of org	anization		(b) Type of organization	(	c) Description of relations	:nip	
		N/A							
				•				-	
	Under	r penalties of perjury, I declare t	that I have examined this	s return, includin	g accompanying schedules and	statements, and to the b	est of my knowledge	y the IRS discuss t	his
Sig	gn and b	elief, it is true, correct, and corr	nplete. Declaration of pro	eparer (other than	n taxpayer) is based on all inform	nation of which preparer i	nas any knowledge.	urn with the prepare own below? See ins	er
He	re	2 Molomog	Contato	CAN	11/10/2020	Truste	e Î	X Yes	No
	Sia	nature of officer or trustee	( CVCIA VEGIC)		Date	Title			
		Print/Type preparer's na		Preparer's s			Check   if PTIN		
					·g············ v	1	self- employed		
Pa	id	Mighala M	Walce	21.1	1. 21/12 - 1. 1.	11/06/20		0428093	
		Michele M.		on War		<u> </u>	Firm's EIN ▶ 20-4		<del></del>
	eparer	Firm's name ► Bat	ts Morris	on wal	es & Lee, P.	n.	rirm's EIN > 20-4	TAOOTT	
US	e Only	Final add a S O O	<del>, ,, , , , , , , , , , , , , , , , , ,</del>		3	- 000			
					Avenue, Suit	e 8UU	405 5	70 6000	
		l Or	lando, FL	32801	·			70-6000	
		•				* *	F	orm <b>990-PF</b>	(2019)

McKnight Brain Research Foundation 65-6301255 Page of Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a FEDERATED TRSY OBIG MMKT-I #68 FFS P b ISHARES 7-10 YEAR TREASURY BOND ETF P C ISHARES RUSSELL MIDCAP VALUE ETF P d ISHARES RUSSELL MIDCAP GRWTH ETF P e ISHARES RUSSELL 2000 GROWTH ETF P ISHARES MSCI EAFE SMALL CAP ETF P q ISHARES IBOXX USD HIGH YIELD P h ISHARES 3-7 YEAR TREASURY BOND ETF P VANGUARD DIVIDEND APPREC ETF P VANGUARD SHORT TERM BOND ETF P k LHP CREDIT OPPORTUNITIES LP-B P EDGEWOOD GROWTH FUND - INS P m ARTISAN INTL VALUE FUND-ADV P n CALVERT EMERG MRKTS EQTY-R6 P 0 CALVERT EMERG MRKTS EQTY-1 P (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 14,509,063. 14,509,063. 0. a 1,056,401. 1,029,574. 26,827. b 3,608. 7,199. 3,591. С 588,397. 210,684. 377,713. d 11,810. 11,657. 153. е 498,088. 544,434. -46,346. 763,596. -29,897.733,699 1,078,335 15,201. 1,063,134. h 329,024. 283,911. 45,113. 481,242. 474,988. 6,254. 850,000. 633,909. 216,091. 795,363. 827,006. 31,643. 1,440,012. 1,411,054. 28,958. m 4,978. 5,300. 322. n 465,000. 470,351. -5,351. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 0. а 26,827. b 3,608. С 377,713. d 153. е -46,346. -29,897. 15,201. h 45,113. 6,254. 216,091. 31,643. 28,958. m 322. n -5,351. 0 2 Capital gain net income or (net capital loss)  $\dots$  { If gain, also enter in Part I, line 7 } According to the capital loss), enter "-0-" in Part I, line 7 } 2

3

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

McKnight Brain Research Foundation

Part IV | Capital Gains and Losses for Tax on Investment Income

- Capital Gaine and Ecococi for Tax on invocations income				
(a) List and describe the kind(s) of property solo 2-story brick warehouse; or common stock, 20		( <b>b)</b> How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a DOUBLELINE TOTL RET BND-I		P	•	
b EATON VANCE-ATLANTA SMID-R6		P		
c T ROWE PRICE INST L/C GRWTH		P		
d LORD ABBETT SHRT DUR INC-I		P		
e VANGUARD INTL GROWTH-ADM		P		
f VANGUARD S/C VAL INDEX-ADM		P		
g VANGUARD INST INDEX-INST		P		
h VANGUARD RUSSELL 1000 GR-INS		P		
i VANGUARD RUSSELL 1000 VA-INS		P		
WESTERN ASSET CORE PLUS BD-IS		P		
,	PFIC	P		
	PFIC	P		
m LHP DIVERSIFIED QP II LP-ELIGIA		P		
n HARBOURVEST 2017 GLOBAL FD LP I		P		
O LHP GLOBAL LONG/SHORT LP-A ELIC		P		
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	\ /	Gain or (loss) lus (f) minus (g)	
949,373.	955,472.	(-) F	(.) (3)	-6,099.
74,358.	5,400.			68,958.
934,958.	806,897.		-	128,061.
413,657.	419,943.		-	-6,286.
662,950.	587,803.			75,147.
508,950.	575,976.			$\frac{73,147}{67,026}$
149,329.	42,818.			$\frac{07,020.}{106,511.}$
539,000.	509,684.		<u>-</u>	29,316.
4,913,407.	5,872,108.		_ (	958,701.
2,129,846.	2,284,061.			154,215.
91,178.	91,178.		<u> </u>	0.
53,330.	53,330.			0.
850,000.	354,009.			495,991.
17,871.	17,871.			0.
850,000.	385,839.			464,161.
Complete only for assets showing gain in column (h) and owned by t		(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
				-6,099.
				68,958.
				128,061.
1				-6,286.
9				75,147.
i				-67,026.
J				106,511.
1				29,316.
				958,701.
				154,215.
(				0.
				0.
n				495,991.
1				0.
)				464,161.
Capital gain net income or (net capital loss) { If gain, also enter "-0-	in Part I, line 7	2		
	\ \ \	-		
Net short-term capital gain or (loss) as defined in sections 1222(5) and If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	d (6):	3		

N/A

3

Part IV Capital Gains and Losses for Tax on Investment Income **(b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a HCP PRIVATE EQUITY MASTER FD V LP P b SPRINGHARBOUR 2013 PRIV EQUITY LP P c ASSET ADJUSTMENTS P d REVERSAL OF PARTNERSHIP REDEMPTIONS PER BOOKS P е g h m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 200,370. 192,570. 7,800. a 59,341. Ō. 59,341. b 208. -208. 1,103,077. -1,103,077. d е h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 7,800. а 0. b -208. С -1,103,077. е m n 0 2 Capital gain net income or (net capital loss) ...... { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 -249,378. 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient University of Miami PC Funding of research 1320 South Dixie Highway Coral Gables, FL 33146 313,500. 313,500. Total from continuation sheets

#### Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

McKnight Brain Research Foundation 65-6301255 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 
\$ \_

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# McKnight Brain Research Foundation

65-6301255

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Foundation for the National Institute of Health, Inc.  11400 Rockville Pike, Ste. 600  Rockville, MD 20852-3003	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

# McKnight Brain Research Foundation

65-6301255

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 65-6301255 McKnight Brain Research Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Part I

Form 990	)-PF	Gain or (Loss) f	from Sale	of A	Assets		Sta	tement	: 1
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
FEDERATE	ED TRSY OBIG MM	 KT-I #68 FFS		Pur	chased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	с. 	Gain ———	or Lo	)SS
	14,509,063.	14,509,063.		0.		0.			0.
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
ISHARES	7-10 YEAR TREA	SURY BOND ETF		Pur	chased				
	(b)	(c)	_ (d)	_	(e)			(f)	
	Gross Sales Price	Cost or Other Basis	Expense Sale	οī	Depre	c.	Gain	or Lo	ss
	1,056,401.	1,029,574.		0.		0.		26,	827.
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
ISHARES	RUSSELL MIDCAP	VALUE ETF		Pur	chased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
	Sales Price	Other Basis	Sale		Depre	С.	Gain	or Lo	ss
_	7,199.	3,591.		0.		0.		3,	608.

Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
ISHARES	RUSSELL MIDCAP	 GRWTH ETF		Pu	rchased			
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	_	Q	(f)
-	Sales Price	Other Basis	Sale		Depre	<del></del>	———	or Loss
	588,397.	210,684.		0.		0.		377,713.
Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
ISHARES	RUSSELL 2000 GR	OWTH ETF		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
-	11,810.	11,657.		0.		0.		153.
	(a) tion of Property	<del>_</del>		A0	Manner cquired		te ired	Date Sold
ISHAKES	MSCI EAFE SMALL			Pul				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
_	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
	498,088.	544,434.		0.		0.		-46,346.
Descrip	(a) tion of Property			_	Manner cquired		te ired	Date Sold
ISHARES	IBOXX USD HIGH	YIELD		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
-	733,699.	763,596.		0.		0.		-29,897.

(a) Description of Property				Manner Equired		te ired	Date Sold
ISHARES 3-7 YEAR TREASU	- RY BOND ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)		a '	(f)
Sales Price	Other Basis	Sale		Depre	C • ────	Gain	or Loss
1,078,335.	1,063,134.		0.		0.		15,201.
(a) Description of Property				Manner Equired	Da Acqu	te ired	Date Sold
VANGUARD DIVIDEND APPRE	C ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
329,024.	283,911.		0.		0.		45,113.
(a) Description of Property				Manner equired	Da Acqu	te ired	Date Sold
VANGUARD SHORT TERM BON	— D ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
481,242.	474,988.		0.		0.		6,254.
(a) Description of Property				Manner equired	Da Acqu		Date Sold
LHP CREDIT OPPORTUNITIE	- S LP-B		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	<b>~</b> .	Gain	(f) or Loss
850,000.	633,909.		0.		0.		216,091.

Descript	(a) tion of Property				Manner cquired		te ired	Date Sol
EDGEWOOI	O GROWTH FUND -	INS		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f)
_	827,006.	795,363.		0.		0.		31,643
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date Sol
ARTISAN	INTL VALUE FUND	-ADV		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
_	1,440,012.	1,411,054.		0.		0.		28,958
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date Sol
CALVERT	EMERG MRKTS EQT	— Y-R6		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f)
-	5,300.	4,978.		0.		0.		322
Descript	(a)				Manner cquired	Da		Date Sol
CALVERT	EMERG MRKTS EQT	_ Y-1		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f)
_	465,000.	470,351.		0.		0.		-5,351

DOUBLELINE TOTL RET END-I	Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
Cost or Other Basis   Expense of Sale   Deprec.   Gain or Loss	DOUBLEL	INE TOTL RET BND	_ -I		Pu	rchased			
Page		Gross	Cost or	Expense	of				
Description of Property  EATON VANCE-ATLANTA SMID-R6  Purchased  (b) (c) Cost or Other Basis Sale Price Other Basis Sale Property  TROWE PRICE INST L/C GRWTH  (b) Gross Sales Price Other Basis Sale Price Other Basis Sale Price Other Basis Sale Other Basis Sale Other Basis Sale Other Basis Othe	_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Loss
Description of Property		949,373.	955,472.		0.		0.		-6,099.
(b) Gross Sales Price         (c) Cost or Other Basis         (d) Expense of Sale         (e) Gross Deprec.         (f) Deprec.           74,358.         5,400.         0.         0.         68,958.           Description of Property         Manner Acquired Acquired Date Sold           T ROWE PRICE INST L/C GRWTH         Purchased           (b) Gross Sales Price         Cost or Other Basis         (d) (e) (f) Deprec.         Gain or Loss           934,958.         806,897.         0.         0.         128,061.           (a) Description of Property         Acquired Acquired Acquired Date Sold           LORD ABBETT SHRT DUR INC-I         Purchased           (b) Gross Sales Price         Cost or Other Basis         Cost or Sales Price         Gain or Loss	Descrip								Date Sold
Gross Sales Price Other Basis Sale Deprec. Gain or Loss  74,358. 5,400. 0. 0. 0. 68,958.    Manner Acquired Acquired Date Acquired Date Sold Purchased	EATON V	ANCE-ATLANTA SMI	D-R6		Pu	rchased			
TROWE PRICE INST L/C GRWTH  (a)  Cost or Sales Price Other Basis  (b)  (c)  Cost or Sales Price Other Basis  (a)  Description of Property  (b)  (c)  Cost or Sales Price Other Basis  (c)  (d)  Expense of Sale  Deprec. Gain or Loss  Manner Acquired Acquired Date Sold  (e)  (f)  Expense of Deprec. Gain or Loss  Manner Acquired Acquired Date Sold  Description of Property  LORD ABBETT SHRT DUR INC-I  (b)  (c)  Cost or Sales Price Other Basis  (d)  Expense of Sale  Deprec. Gain or Loss  Date Acquired Date Sold  Expense of Sales Price Other Basis  (b)  Cost or Sales Price Other Basis  Cost or Sales Price Other Basis  Deprec. Gain or Loss		Gross	Cost or	Expense	of		_	0 a d	
Description of Property  (a) Description of Property  (b) Gross Sales Price  (c) Other Basis  (d) Expense of Sales Deprec.  (a) Description of Property  (b) Gross Sales  (b) Gross Sales  (c) Gross Sales  (d) Expense of Sale Deprec.  (d) Deprec.  (a) Description of Property  LORD ABBETT SHRT DUR INC-I  (b) Gross Sales  (c) Gross Sales  (d) Furchased  (e) (f)  Manner Acquired Acquired Acquired Date Sold Deprec. Gain or Loss	-	<del></del>				Depre		———	
Description of Property  T ROWE PRICE INST L/C GRWTH    Column		74,358.	5,400.		0.		0.		68,958.
(b) (c) Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss  934,958. 806,897. 0. 0. 128,061.    Description of Property   Acquired Acquired Date Sold	Descrip								Date Sold
Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss  934,958. 806,897. 0. 0. 128,061.  (a) Manner Date Acquired Acquired Date Sold  LORD ABBETT SHRT DUR INC-I Purchased  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss	T ROWE	PRICE INST L/C G	— RWTH		Pu	rchased			
934,958. 806,897. 0. 0. 128,061.  (a)  Description of Property  LORD ABBETT SHRT DUR INC-I  (b)  Gross  Cost or  Sales Price  Other Basis		Gross	Cost or	Expense	of				
Description of Property  LORD ABBETT SHRT DUR INC-I  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss	_	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
Description of Property  LORD ABBETT SHRT DUR INC-I  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss		934,958.	806,897.		0.		0.		128,061.
(b) (c) (d) (e) (f) Gross Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss	Descrip								Date Sold
Gross Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss	LORD AB	BETT SHRT DUR IN	 C-I		Pu	rchased			
<del></del>		Gross	Cost or	Expense	of		a	Cain	
ДТК БЪТ ДТУ УДК П П _6 786	-	413,657.	419,943.		0.		0.		-6,286.

(a) Description of Property				anner quired		te ired	Date Sold
VANGUARD INTL GROWTH-AD	M		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f) or Loss
662,950.	587,803.		0.		0.		75,147.
(a) Description of Property				anner quired		te ired	Date Sold
VANGUARD S/C VAL INDEX-	ADM		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
508,950.	575,976.		0.		0.		-67,026.
(a) Description of Property				anner quired		te ired	Date Sold
VANGUARD INST INDEX-INS	— T		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C	Gain	(f) or Loss
149,329.	42,818.		0.		0.		106,511.
(a) Description of Property				anner quired	Da Acqu		Date Sold
VANGUARD RUSSELL 1000 G	- R-INS		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
539,000.	509,684.		0.	<del></del>	0.		29,316.

Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date	Sold
VANGUARI	RUSSELL 1000 V	_ A-INS		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	_	Q =	(f)	
_	Sales Price	Other Basis	Sale		Depre		Gain	or Lo	
	4,913,407.	5,872,108.		0.		0.		-958, 	701.
Descript	(a) tion of Property	_			Manner cquired	Da Acqu	te ired	Date	Sold
WESTERN	ASSET CORE PLUS	BD-IS		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Lo	ss 
	2,129,846.	2,284,061.		0.		0.		-154,	215.
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date	Sold
HARBOURY	VEST 2015 GLOBAL	 FD LP PFIC		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Lo	ss ——
	91,178.	91,178.		0.		0.			0.
Descript	(a) tion of Property				Manner cquired	Da Acqu		Date	Sold
HARBOURY	VEST 2016 GLOBAL	 FD LP PFIC		Pu	rchased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense	of	(e)	a	Coim	(f)	aa
-	<del></del>		Sale		Depre		Gain	or Lo	
	53,330.	53,330.		0.		0.			0.

Descrip	(a) tion of Property				lanner quired		te ired	Date	Sold
LHP DIV	ERSIFIED QP II L	P-ELIGIBLE 1%		Pur	chased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	~	Gair	(f) or Lo	ve e
-									
	850,000.	354,009.		0.		0.		495,	991.
Descrip	(a) tion of Property				anner quired		te ired	Date	Sold
HARBOUR	VEST 2017 GLOBAL	FD LP PFIC		Pur	chased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Lo	ss
-	17,871.	17,871.		0.		0.			0.
	(a) tion of Property BAL LONG/SHORT L	<del></del>		Ac	danner equired 		te ired	Date	Sold
THE GLO			/ 3 \	Fui				(£)	
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Lo	ss
-	850,000.	385,839.		0.		0.		464,	161.
Descrip	(a) tion of Property				lanner quired	Da Acqu		Date	Sold
		<del></del>		Ac				Date	Sold
	tion of Property	<del></del>	(d) Expense Sale	Ac	quired	Acqu	ired	Date  (f)  or Lo	

(a) Description of Property				anner quired	Da Acqu		Date	Sold
SPRINGHARBOUR 2013 PRIV	EQUITY LP		Pur	chased				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	<b>c</b>		(f) or L	Ogg
59,341.	59,341.		0.		0.		. OI L	0.
(a) Description of Property ASSET ADJUSTMENTS	_		Ac	anner quired chased	Da Acqu		Date	Sold
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or L	oss
0.	208.		0.		0.			-208.
(a) Description of Property	- DEDEMONTONG DE	ID DOOMG	Ac	anner quired ———— chased	Da Acqu	te ired	Date	Sold
REVERSAL OF PARTNERSHIP  (b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	-	cnased (e) Depre	c.	Gain	(f) . or L	oss
0.	0.		0.		0.			0.
Capital Gains Dividends	from Part IV							0.
Total to Form 990-PF, Pa	art I, line 6a						853	,699.

Form 990-PF	Dividends	and Inter	est	from Secu	rities S	tatement 	2
Source	Gross Amount	Capital Gains Dividend		(a) Revenue Per Books	(b) Net Invest- ment Income		
Dividends Interest	590,615. 13,032.		0.	590,615 13,032			
To Part I, line 4	603,647.		0.	603,647	569,088.		
Form 990-PF		Other I	nco	me	S	tatement	3
Description			Re		(b) Net Invest- ment Income	(c) Adjuste Net Inco	
Income/Loss from partnerships Income from PFIC Distributions Miscellaneous refunds				0. 0. 9,683.	-76,518. 102,042. 0.		
Total to Form 990-P	F, Part I,	line 11 ==		9,683.	25,524.		
Form 990-PF		Legal	. Fe	es	S	tatement	4
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charita Purpos	
Legal fees		23,976.		4,795.	·	14,3	86.
To Fm 990-PF, Pg 1,	 ln 16a	23,976.		4,795.		14,3	86.

Form 990-PF	Accounti	ng Fees	Statement 5		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting fees	21,729.	7,605.		7,605.	
To Form 990-PF, Pg 1, ln 16b	21,729.	7,605.		7,605.	
Form 990-PF C	Other Profes	sional Fees	Statement 6		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Consulting fees Investment management fees	74,731. 10,563.	=		44,839.	
To Form 990-PF, Pg 1, ln 16c	85,294.	25,509.		44,839.	
Form 990-PF	Tax	es	Statement 7		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Federal taxes Foreign taxes	111,500. 5,701.	0. 5,701.		0.	
To Form 990-PF, Pg 1, ln 18	117,201.	5,701.		0.	
Form 990-PF	Other E	xpenses	Statement 8		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Miscellaneous expenses Conferences and Meetings Website Development	9,905. 84,338. 73,219.	813. 24,201. 0.		9,092. 60,137. 73,219.	
To Form 990-PF, Pg 1, ln 23	167,462.	25,014.		142,448.	

		<del></del>		
Description		Valuation Method	Book Value	Fair Market Value
Accrued Interest		COST	17,313.	17,313.
CALVERT EMERGING MARKETS EQUIT	Y	COST		
FUND			1,025,194.	1,035,301.
CALVERT EQUITY FUND		COST	700,344.	780,758.
EATON VANCE ATLANTA CAPITAL		COST		
SMID-CAP			1,112,043.	1,039,153.
EDGEWOOD GROWTH FUND		COST	3,010,342.	3,797,833.
HARBOURVEST 2015 GLOBAL FD LP		COST	234,866.	424,395.
HARBOURVEST 2016 GLOBAL FD LP		COST	194,419.	326,830.
HARBOURVEST 2017 GLOBAL FD LP	PFIC	COST	242,331.	299,658.
HARBOURVEST ACCESS-2018 GLOBAL	FD	COST	180,619.	194,996.
HARBOURVEST 2019 GLOBAL FD LP		COST	52,500.	55,562.
HCP PRIVATE EQUITY MASTER FD V		COST	75,115.	1,079,750.
ISHARES RUSSELL 2000 GROWTH ET:	F	COST	1,666,082.	2,373,420.
ISHARES RUSSELL MIDCAP GRWTH E		COST	442,546.	1,296,268.
ISHARES RUSSELL MIDCAP VALUE E		COST	763,316.	1,213,841.
JOHCM INTERNATIONAL SELECT FUN		COST	598,144.	739,567.
LIGHTHOUSE CREDIT OPPORTUNITIES		COST	1,111,912.	1,288,792.
LIGHTHOUSE DIVERSIFIED FD QP I	I LP	COST	917,051.	1,892,329.
LIGHTHOUSE GLOBAL LONG/SHORT F	D LP	COST	1,091,487.	2,448,031.
SPDR DJ WILSHIRE INTL REAL EST	ATE	COST		
ETF			244,729.	198,512.
SPRINGHARBOUR 2013 PRIVATE EQU		COST	77,228.	369,669.
T. ROWE PRICE INSTITUTIONAL LA	RGE	COST		
CAP GROWTH FUND			1,590,079.	3,500,326.
VANGUARD DIVIDEND APPRECIATION		COST		
INDEX ETF			2,905,269.	3,375,487.
VANGUARD INSTITUTIONAL INDEX F		COST	6,442,990.	9,554,000.
VANGUARD INTERNATIONAL GROWTH		COST	2,361,719.	3,473,595.
VANGUARD RUSSELL 1000 GROWTH I		COST	1,349,004.	1,776,085.
VANGUARD SMALL-CAP VALUE INDEX	FUND	COST	1,263,756.	1,012,440.
VANGUARD TOTAL BOND MRKET ETF		COST	1,067,169.	1,087,377.
VANGUARD TOTAL BOND MARKET IND	EX	COST		
FUND			947,425.	953,161.
WESTERN ASSET FDS INC CORE PLU	S BD	COST	3,290,780.	3,406,452.
Total to Form 990-PF, Part II,	line 1	.3	34,975,772.	49,010,901.

Form 990-PF Part VIII - List Trustees and	of Officers, I Foundation Mana		State	ement 10
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
Dr. J. Lee Dockery 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee Emerit	40,000.	0.	0.
Dr. Michael Dockery 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Robert Wah 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Gene G. Ryerson 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Madhav Thambisetty 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	0.	0.	0.
Dr. Richard Isaacson 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Susan Pekarkse 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
SunTrust Bank 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 15.00	145,996.	0.	0.
Amy Porter 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Executive Dire	ector 114,583.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	500,579.	0.	0.

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Form 990-PF

Summary of Direct Charitable Activities

Statement

#### Activity One

The Foundation hosts an annual conference and other events for the purpose of fostering the necessary collaboration between research scientists in each of the four McKnight Brain Institutes to achieve successful outcomes in the understanding of cognitive aging and the problems of learning and memory in the aging with the emphasis on cognitive health, prevention and treatment of cognitive decline and loss.

The annual conference was cancelled for the 2019 tax year due to COVID-19.

See Statement 14 for additional information regarding the Foundation's activities.

Expenses

To Form 990-PF, Part IX-A, line 1

35,935.

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

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Name and Address of Person to Whom Applications Should be Submitted

Foundations and Endowments Specialty Practice c/o SunTrust Bank, 200 South Orange Avenue, SOAB 10 Orlando, FL 32801

Telephone Number

202-879-6319

Form and Content of Applications

No required format.

Any Submission Deadlines

None.

Restrictions and Limitations on Awards

The following guidelines will be used in review of applications:

- Innovative and efficient approaches to fundamental medical research of the brain on the mechanisms underlying the formation, storage and retrieval of memories, the impairment of these processes associated with aging, and the development of therapeutic strategies for the prevention and/or alleviation of these impairments in humans, intended principally for clinical application.
- Seed grants to initiate promising new projects for medical research of the brain in age related memory loss.

Form 990-PF Grant Application Submission Information Statement 13
Part XV, Lines 2a - 2d (Continuation)

#### Restrictions and Limitations on Awards

- Grants to charitable organizations or institutions involved in the medical research of the brain in age related memory loss.
- Proposals for collaborative support between individual research scientists of different institutions and organizations in age related memory loss.

General Explanation

Statement 14

Additional information regarding the Foundation's activities:

The Foundation ("MBRF") has created a consortium of medical schools that work to assist MBRF to carry out its mission to alleviate age related memory loss. The schools are the medical schools at the University of Miami, University of Florida, University of Alabama at Birmingham and the University of Arizona ("MBRF Schools"). The Trustees monitor programs at the MBRF Schools and encourage and facilitate cooperation of research programs conducted at the Schools.

The Trustees also monitor grants made to the National Institute of Health and other organizations devoted to understanding and alleviating age related memory loss. See list of Grants in Part XV.

All Trustees are either MDs or PhDs. The Trustee's educational background is required to carry out Trustee duties. The Trustees are expected to understand the science being researched and applied at the MBRF Schools as well as other grantees. The Trustees estimate they spend on average a minimum of 200 hours per year monitoring and working on behalf of MBRF programs.

The nature of Trustee work continues to emphasize the research grant support relative to the programs funded to date in fulfilling the mission of the MBRF. The scientific research being funded by the MBRF is producing more research outcomes, which the Trustees must review and monitor. The review of currently funded research projects, requests for new grant support, on site visits by the trustees and review of scientific reports for each of the MBRF funded programs are very important functions of the Trustees and require continual monitoring. In order to fulfill the purpose and the mission of the MBRF, the Trustees must continuously educate themselves as to the current status and future direction of the research initiatives in learning and memory loss in the aging. The Trustees continue to expand and develop research partnerships to encourage increased interest and support of research in learning and memory in the aging.

In addition to the mission related work, the Trustees monitor and direct the investment of the MBRF endowment. This requires constant updates on economic matters and working with the MBRF investment advisor. The Trustees review monthly financial reports and set policy and asset allocation annually.

Product: **Exempt** Category: IRS Center: **Ogden** 

Name: McKnight Brain Research

Foundation FEIN: \*\*\*\*\*1255

e-Postmark: 11/12/2020 4:47 PM

Notification:

Fiscal Year Begin Date: 7/1/2019 Fiscal Year End Date: 6/30/2020 eSigned:

#### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
11/06/2020	19X:1353.0:V1	Upload Started				
11/06/2020	19X:1353.0:V1	Ready to Release by Customer				
11/12/2020	19X:1353.0:V1	Released for Transmission - Validation in Progress			136453	
11/12/2020	19X:1353.0:V1	Ready to transmit - Validation Complete				
11/12/2020	19X:1353.0:V1	Transmitted to FD	5953602020317038ae35	]		
11/12/2020	19X:1353.0:V1	Accepted by FD on 11/12/2020				

## Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30 , 20 20

OMB No. 1545-1878

Department of the Treasury

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

Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organization		Employer identification number
McKnight Brai	n Research Foundation	65-6301255
Name and title of officer		
Melanie Cianc	iotto	
Trustee		
Part   Type of	Return and Return Information (Whole Dollars Only)	
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, for a, below, and the amount on that line for the return being filed with this form was blank, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990 EZ check he		
3a Form 1120-POL check		
4a Form 990-PF check he	· · · · · · · · · · · · · · · · · ·	
5a Form 8868 check here	the state of the s	
Sa Form 6000 Check here	b balance Due (Form 6006, line 30)	50
Part II Declarat	ion and Signature Authorization of Officer	
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceupplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organizastitution to debit the entry to this account. To revoke a payment, I must contact the U.S in an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	essing the return or refund, and (c) electronic funds withdrawal (direct zation's federal taxes owed on this c. Treasury Financial Agent at institutions involved in the directly directly to the
Officer's PIN: check one	box only	
X Lauthorize Ba	tts Morrison Wales & Lee, P.A.	to enter my PIN 32538
	ERO firm name	Enter five numbers, bu do not enter all zeros
is being filed wit	on the organization's tax year 2019 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authe return's disclosure consent screen.	• •
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2019 this return that a copy of the return is being filed with a state agency(ies) regulating chanter my PIN on the return's disclosure consent screen.  The part of the part	electronically filed return. If I have urities as part of the IRS Fed/State
Part III Certifica	ition and Authentication	
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification	
	your five-digit self-selected PIN. 59536032006  Do not enter all zeros	
	meric entry is my PIN, which is my signature on the 2019 electronically filed return for th ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (Mef ss Returns.	
ERO's signature ▶	echele WWales Date ▶ 11,	/06/20
	ERO Must Retain This Form - See Instructions	

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

## **TAX RETURN FILING INSTRUCTIONS**

FORM 990-T

#### FOR THE YEAR ENDING

June 30, 2020

Prepared for	McKnight Brain Research Foundation 200 South Orange Avenue, SOAB 10 Orlando, FL 32801
Prepared by	Batts Morrison Wales & Lee, P.A. 801 North Orange Avenue, Suite 800 Orlando, FL 32801
Amount due or refund	Overpayment of \$41,790. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	The return has been mailed on your behalf. Do not send a paper copy of this return to the IRS.
	Proof of filing has been included with your copy.

Form <b>990-T</b>	E	Exempt Organization Bus	sine	ss Income Ta	x Returr	ı L	OMB No. 1545-0047
		and proxy tax und	ler se	ction 6033(e))			2040
	For ca	lendar year 2019 or other tax year beginning $\underbrace{JUL \ \ 1}_{r}$				<u>0</u> . [	2019
Department of the Treasury Internal Revenue Service	<u> </u>	Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma	ıy be ma	ide public if your organizat			Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address change	ed	Name of organization ( Check box if name of	changed	and see instructions.)		Empl	oyer identification number loyees' trust, see ctions.)
B Exempt under section	n Print	McKnight Brain Researd	h F	oundation		6	5-6301255
X = 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo					ated business activity code nstructions.)
408(e) 220(	e) Type	200 South Orange Avenu	ie,	SOAB 10		(0001	nati de dona.)
408A 530( 529(a)	a)	City or town, state or province, country, and ZIP orlando, FL 32801	or foreig	n postal code		900	000
Book value of all assets		E Group examption number (See instructions )	_	N/A		900	000
at end of year 35 202	162.	F Group exemption number (See instructions.) G Check organization type ► 501(c) cor	noration	X 501(c) trust	401(a)	truet	Other trust
H Enter the number of t	he organiza	ation's unrelated trades or businesses.	1	Describe th	e only (or first) un		
	-	vestment in partnership			- , ,		
	-	ace at the end of the previous sentence, complete F			•		
business, then comple	-		ui to i ui	ia ii, complete a concadro	m for odom dddid	nai trac	.0 01
		poration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	<b>•</b>	Ye	s X No
		itifying number of the parent corporation.		naiai y comi onca group i			
		SunTrust Bank		Telephon	e number 🕨 (	407	)237-4485
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or	sales						
<b>b</b> Less returns and a		<b>c</b> Balance	1c				
2 Cost of goods sold	d (Schedule	A, line 7)	2				
		rom line 1c	3				
		ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c	-3,000.			-3,000.
		ship or an S corporation (attach statement)	5	127,338.	Stmt 1	6	127,338.
6 Rent income (Sch	edule C)		6				
		me (Schedule E)	7				
8 Interest, annuities,	royalties, a	and rents from a controlled organization (Schedule F)	8				
9 Investment income	e of a secti	on 501(c)(7), (9), or (17) organization (Schedule G	i) 9				
10 Exploited exempt a	activity inco	ome (Schedule I)	10				
11 Advertising incom	e (Schedul	e J)	11				
12 Other income (See	instructio	ns; attach schedule)	12				
		ıgh 12					124,338.
		ot Taken Elsewhere (See instructions f		,			
		be directly connected with the unrelated busi		•			
		irectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
		ee instructions)				18	
						19	
20 Depreciation (atta	icn Form 4	562)		20		046	
		n Schedule A and elsewhere on return				21b	
		umpagation plane				22	
		empensation plans				23	
		chadula I)				25	
		chedule I)				26	
27 Other deductions	attach ec	hedule J) hedule)		See State	ment 17	27	26,260.
		14 through 27				28	26,260
		ncome before net operating loss deduction. Subtra				29	98,078
		loss arising in tax years beginning on or after Janu					22,0.0

30 31

See Statement 18

80,672.

17,406.

(see instructions)

.46a	Foreign	tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	46	a				
			***************************************		ib .				
C	General	business credit. Attach Form 3800		46	ic				
d	Credit fo	or prior year minimum tax (attach Form 8801	or 8827)	46	id				
е	Total c	redits. Add lines 46a through 46d					4	16e	
47	Subtrac	t line 46e from line 45					Г	47	0.
~48	Other ta	et line 46e from line 45 IXES: Check if from: Form 4255	Form 8611 Form 8697 Form 8697	orm 8866 [	Other	(attach schedule	。 )	48	No. of the second
49		x. Add lines 47 and 48 (see instructions)						49	0.
50		et 965 tax liability paid from Form 965-A or Fo					-	50	0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019		51	la	41,790	).		
		stimated tax payments			lb				
C	Tax dep	osited with Form 8868	*	51	lc				
· d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51	ld				
		withholding (see instructions)			le				
f	Credit fo	or small employer health insurance premiums	(attach Form 8941)	5	lf	······································			•
			orm 2439						
	Fo	orm 4136 🔲 01	ther Tota	al 🕨   51	lg				
52	Total p	ayments. Add lines 51a through 51g				******************		52	41,790.
53	Estimat	ed tax penalty (see instructions). Check if Forr	n 2220 is attached 🕨 🔲					53	
54		e. If line 52 is less than the total of lines 49, 50				<b>&gt;</b>	• [	54	
55		yment. If line 52 is larger than the total of line					▶	55	41,790.
56	Enter th	e amount of line 55 you want: Credited to 20:	20 estimated tax	41,79	0 . R	efunded 🍺	<b>-</b> [	56	0.
Par	IVI S	Statements Regarding Certain	Activities and Other Infor	mation	(see instri	uctions)			
Par 57		Statements Regarding Certain ime during the 2019 calendar year, did the org							Yes No
	At any t		ganization have an interest in or a signa	ture or oth	er authority				Yes No
	At any t	ime during the 2019 calendar year, did the org	ganization have an interest in or a signa a foreign country? If "Yes," the organiz	ture or oth	er authority nave to file				Yes No
	At any t	ime during the 2019 calendar year, did the org inancial account (bank, securities, or other) in	ganization have an interest in or a signa a foreign country? If "Yes," the organiz	ture or oth	er authority nave to file				Yes No
	At any to over a fince Fince here	ime during the 2019 calendar year, did the org inancial account (bank, securities, or other) in	ganization have an interest in or a signa a foreign country? If "Yes," the organiz ial Accounts. If "Yes," enter the name o	ature or othe ation may t f the foreig	er authority nave to file n country				X
57	At any tover a fince Note the note of the	ime during the 2019 calendar year, did the org inancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Financ	ganization have an interest in or a signa a foreign country? If "Yes," the organiz ial Accounts. If "Yes," enter the name o tribution from, or was it the grantor of,	ature or othe ation may t f the foreig	er authority nave to file n country				X
57	At any tover a fince Note the network of the networ	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organization amount of tax-exempt interest received or a	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name outribution from, or was it the grantor of, tion may have to file.	ature or oth ation may h f the foreign or transfero	er authority nave to file n country or to, a fore	ign trust?			X X
57 58 59	At any tover a fince Note the network of the networ	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organization amount of tax-exempt interest received or a	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name outribution from, or was it the grantor of, tion may have to file.	ature or oth ation may h f the foreign or transfero	er authority nave to file n country or to, a fore	ign trust?			X X
57 58 59 Sign	At any tover a fincen here During fincen," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organizative amount of tax-exempt interest received or ander penalties of perjury, I declare that I have examined the property of the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury.	ganization have an interest in or a signal a foreign country? If "Yes," the organizitial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  I this return, including accompanying scheduled the tax year stay and the tax year in taxpayer) is based on all information of which the taxpayer is based on all information of which taxpayer is based on all information t	ature or oth ation may h f the foreign or transfero	er authority nave to file n country or to, a fore	ign trust?			X X
57 58 59	At any tover a fincen here During fincen," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organizative amount of tax-exempt interest received or ander penalties of perjury, I declare that I have examined the property of the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury. I declare that I have examined the penalties of perjury.	ganization have an interest in or a signal a foreign country? If "Yes," the organizitial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  I this return, including accompanying scheduled the tax year stay and the tax year in taxpayer) is based on all information of which the taxpayer is based on all information of which taxpayer is based on all information t	ture or oth ation may he f the foreign or transferon les and stater th preparer ha	er authority nave to file n country or to, a fore	ign trust?	mowle	dge and l	X X
57 58 59 Sign	At any tover a fincen here During fincen," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organization amount of tax-exempt interest received or a	ganization have an interest in or a signal a foreign country? If "Yes," the organizitial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  I this return, including accompanying scheduled the tax year stay and the tax year in taxpayer) is based on all information of which the taxpayer is based on all information of which taxpayer is based on all information t	ture or oth ation may he f the foreign or transferon les and stater th preparer ha	er authority nave to file n country or to, a fore	ign trust?	May the pr	dge and the IRS dereparer sl	belief, it is true,
57 58 59 Sign	At any tover a fincen here During fincen," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distinct see instructions for other forms the organizate amount of tax-exempt interest received or an other penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of perjury, I declare that I have examined the penalties of pena	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  CCTUED during the tax year \$  If this return, including accompanying scheduled in taxpayer) is based on all information of which the might be the might	ture or oth ation may he f the foreign or transferon les and stater th preparer ha	er authority nave to file n country or to, a fore	ign trust?	May the prinstru	dge and the IRS dereparer sl	belief, it is true, iscuss this return with nown below (see
57 58 59 Sign Here	At any to over a fince N here During If "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance.  the tax year, did the organization receive a distinct see instructions for other forms the organization amount of tax-exempt interest received or a noter penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than the summest panhas competed to the summest panhas competed to the summest panhas competed to officer.	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  Corrued during the tax year statement of this return, including accompanying scheduling the tax year statement of which the statement of the many of the tax year statement of the tax year.  The statement of the tax year statement of the tax year statement of the tax year.  The statement of the tax year statement of the tax year.  The statement of the tax year statement of the tax year.  The statement of the tax year statement of the tax year.  The statement of the tax year statement of the tax year.	ture or othication may be the foreign or transfer or t	er authority nave to file n country or to, a fore	ign trust? the best of my ladge.	May the prinstru	dge and the IRS dereparer strategy	belief, it is true, iscuss this return with nown below (see
57 58 59 Sign	At any tover a fincenth financial financial financial fin	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance.  the tax year, did the organization receive a distinct see instructions for other forms the organization amount of tax-exempt interest received or a noter penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than the summest panhas competed to the summest panhas competed to the summest panhas competed to officer.	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file.  Corrued during the tax year \$\frac{1}{2}\$\$ \$\frac{1}{2}	ture or othication may be the foreign or transfer or t	er authority nave to file n country or to, a fore	ign trust?	May the prinstru	dge and the IRS dependent of t	belief, it is true, iscuss this return with nown below (see
57 58 59 Sign Here	At any tover a fincenth here During if "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or a large penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than the penalties of perjury) is declared that I have examined rect, and complete. Declaration of preparer (other than the penalties of officer). The land of the penalties of officer.	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file. ccrued during the tax year statement of this return, including accompanying schedul n taxpayer) is based on all information of which the transfer of the might be supported by the property of the might be supported by the signal of t	ture or othication may be the foreign or transfer or t	er authority nave to file n country or to, a fore	ign trust?	May the prinstruit	dge and the IRS deregarer strategies.	belief, it is true, iscuss this return with nown below (see  X Yes No
57 58 59 Sign Here	At any tover a fincenth financial financial financial fin	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or an organization of preparer (other than the security) and complete. Declaration of preparer (other than the security) and as complete. Declaration of preparer (other than the signature of officer  Print/Type preparer's name  Michele M. Wales  Firm's name   Batts Morris	ganization have an interest in or a signal a foreign country? If "Yes," the organizial Accounts. If "Yes," enter the name of tribution from, or was it the grantor of, tion may have to file. ccrued during the tax year statement of this return, including accompanying schedul n taxpayer) is based on all information of which the transfer of the might be supported by the property of the might be supported by the signal of t	ture or othication may it is the foreign or transfer to the sand stater in preparer has tee Date	er authority nave to file n country or to, a fore ments, and to is any knowle	ign trust?	May the prinstruif	dge and the IRS deregarer strategies.	belief, it is true, iscuss this return with nown below (see  X Yes No
57 58 59 Sign Here	At any tover a fincenth here During if "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or an organization of preparer (other than the security) and complete. Declaration of preparer (other than the security) and as complete. Declaration of preparer (other than the signature of officer  Print/Type preparer's name  Michele M. Wales  Firm's name   Batts Morris	ganization have an interest in or a signal a foreign country? If "Yes," the organization from the country? If "Yes," the organization from the country? If "Yes," enter the name of the country of the co	ture or othication may it is the foreign or transfer to the sand stater in preparer has tee Date	er authority nave to file n country or to, a fore ments, and to is any knowle	ign trust?  the best of my hadge.  Check self- employ	May the prinstruinstruif	dge and the IRS direparer shortions)?  PTIN  P01	belief, it is true, iscuss this return with nown below (see  X Yes No
58 59 Sign Here Paid Prej Use	At any tover a fincenth here During if "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or an ader penalties of perjury, I declare that I have examined receive, and complete. Declaration of preparer (other than an interest received or a supplied of the complete. Declaration of preparer (other than an interest received or a supplied of the complete.)  Print/Type preparer's name  Michele M. Wales  Firm's name Batts Morris  801 North	ganization have an interest in or a signal a foreign country? If "Yes," the organization from the country? If "Yes," the organization from the country? If "Yes," enter the name of the country of the co	ture or othication may it is the foreign or transfer to the sand stater in preparer has tee Date	er authority nave to file n country or to, a fore ments, and to is any knowle	ign trust?  the best of my hadge.  Check self- employ	May the prinstruinstruif	dge and ine IRS deparer stoctions)?  PTIN  P00 20	belief, it is true, iscuss this return with nown below (see  X Yes No  0428093  -4193611
58 59 Sign Here Paid Prej Use	At any to over a fincen here During if "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or an ader penalties of perjury, I declare that I have examined receive, and complete. Declaration of preparer (other than an interest received or a supplied of the complete. Declaration of preparer (other than an interest received or a supplied of the complete.)  Print/Type preparer's name  Michele M. Wales  Firm's name Batts Morris  801 North	ganization have an interest in or a signal a foreign country? If "Yes," the organization from the country? If "Yes," the organization from the country? If "Yes," enter the name of the country of the co	ture or othication may it is the foreign or transfer to the sand stater in preparer has tee Date	er authority nave to file n country or to, a fore ments, and to is any knowle	ign trust?  the best of my hadge.  Check self- employ	May the prinstruinstruif	dge and ine IRS deparer stoctions)?  PTIN  P00 20	belief, it is true, iscuss this return with nown below (see  X Yes No  0428093  -4193611
58 59 Sign Here Paid Prep Use	At any to over a fincen here During if "Yes," Enter th	ime during the 2019 calendar year, did the orginancial account (bank, securities, or other) in Form 114, Report of Foreign Bank and Finance the tax year, did the organization receive a distance amount of tax-exempt interest received or an ader penalties of perjury, I declare that I have examined receive, and complete. Declaration of preparer (other than an interest received or a supplied of the complete. Declaration of preparer (other than an interest received or a supplied of the complete.)  Print/Type preparer's name  Michele M. Wales  Firm's name Batts Morris  801 North	ganization have an interest in or a signal a foreign country? If "Yes," the organization from the country? If "Yes," the organization from the country? If "Yes," enter the name of the country of the co	ture or othication may it is the foreign or transfer to the sand stater in preparer has tee Date	er authority nave to file n country or to, a fore ments, and to is any knowle	ign trust?  the best of my hadge.  Check self- employ	May the prinstruinstruif	dge and ine IRS deparer stoctions)?  PTIN  P00 20	belief, it is true, iscuss this return with nown below (see  X Yes No  0428093  -4193611

Schedule A - Cost of Goods	<b>Sold.</b> Enter	method of inve	ntory \	/aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of year			6		,
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8					Yes	No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b				the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Pe	rsonal Property I	Lease	ed With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv					3(a)Deductions directly	connecte	ad with the income	in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)		of rent for	persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	columns 2(a) an			""
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ıctions)		•			
			;	2. Gross income from		3. Deductions directly conn to debt-finance			
1. Description of debt-fina	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	ns )
(1)									
(2)									,
(2)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)				%					
(2)				%					,
(2)				%					,
(4)				%					,
						nter here and on page 1, Part I, line 7, column (A).		nter here and on pa art I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions ind						<b>&gt;</b>			0.

Form **990-T** (2019)

				Exempt	Controlled C	rganizat	ions				
1. Name of controlled organiza	tion	2. Em identif num	cation		related income e instructions)		tal of specified ments made	includ	<b>5.</b> Part of column 4 that i included in the controlling organization's gross incorpanization's		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income		unrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8, 0		e 1, Part I,	l	dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals									0.		0 .
Schedule G - Investme	ent Inco	me of a	Section	1 501(c)(	7), (9), or	(17) Or	ganization				
(see inst	ructions)						3. Deductio	ins			5. Total deductions
1. Desc	cription of inco	ome			2. Amount of	income	directly conne (attach sched	ected	4. Set-	asides schedule)	and set-asides (col. 3 plus col. 4)
(1)							,				(222   22
(2)											
(3)											
(4)											
(4)					Enter here and	on page 1.					Enter here and on page 1
					Part I, line 9, co	olumn (A).					Part I, line 9, column (B).
Totals						0.					0
Schedule I - Exploited (see instru	-	t Activity	Incom	e, Other	r Than Ad	vertisi	ng Income	)			
(000 110111	1				4. Net incor	ne (loss)					1 -
1. Description of exploited activity	unrelated incon	Gross d business ne from business	directly with pr of un	openses connected roduction arelated ss income	from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3). If a ie cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
	page	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals		0.		0.							0
Schedule J - Advertisi											
Part I Income From	Periodio	cals Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu hrough 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	n	).						0
. , (2//											

## Form 990-T (2019) McKnight Brain Research Foundation 65-63012 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

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Footnotes

Statement

For taxable year 2019, the taxpayer is electing to apply section 172(b)(3) under Rev. Proc. 2020-24 to waive the NOL carryback period.

Form 990-T Income	(Loss) from Pa	rtnerships	Statement 1
Description			Net Income or (Loss)
Lighthouse Global Long/Short Fu Business Income (loss) Lighthouse Credit Opportunities Business Income (loss) Lighthouse Diversified Fund (QI Business Income (loss) HCP Private Equity Fund V, LP	s Fund, L.P P) II, L.P O	Ordinary rdinary	49,317 44,847 36,270
(loss) Harbourvest 2019 Global Fund L. Income (loss)	_		-2,974 -122
Total Included on Form 990-T, I	Page 1, line 5		127,338
Form 990-T	Other Deducti	ons	Statement 1
Description			Amount
Legal fees Accounting fees Other Professional fees			4,795 6,519 14,946
Total to Form 990-T, Page 1, 1	ine 27		26,260
Form 990-T Net Op	perating Loss D	eduction	Statement 1
Tax Year Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19 80,672.	0.	80,672.	80,672.

Form 990-T	Contributions	Statement	19
Description/Kind of Property	Method Used to Determine FMV	Amount	
University of Alabama at Birmingham - 2019	N/A	47,6	37.
University of Alabama at Birmingham - 2020	N/A	36,2	98.
University of Miami - 2020	N/A	313,5	
University of Arizona - 2019 University of Arizona - 2020 University of Florida	N/A N/A N/A	1,000,0 67,4	
Foundation - 2019		58,7	37.
University of Florida Foundation - 2020	N/A	139,4	76.
American Brain Foundation - 2020	N/A	330,0	00.
Total to Form 990-T, Page 2, 1	ine 34	1,993,0	89.

#### **SCHEDULE I** (Form 1041)

### **Alternative Minimum Tax - Estates and Trusts**

► Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

2019

Employer identification number

65-6301255

Department of the Treasury Internal Revenue Service Name of estate or trust

OMB No. 1545-0092

Mc	Knight Brain Research Foundation	65-	6301255
Pá	art I Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17). <b>ESBTs,</b> see instructions	1	1,000.
	Interest		
3	Taxes	3	
4	Refund of taxes	4	(
5	Depletion (difference between regular tax and AMT)	5	
6	Net operating loss deduction. Enter as a positive amount See Statement 20	6	80,672.
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19	(
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	22	( 73,505
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22 Statement 21	23	8,167.
	Note: Complete Part II below before going to line 24.		
24	Income distribution deduction from Part II, line 42 N/A Statement 22		
25	Estate tax deduction (from Form 1041, line 19) N/A 25		
26		26	
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	8,167.
	If line 27 is:		

- \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$25,000, but less than \$183,500, go to line 43.
- \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions.

Pa	rt II Income Distribution Deduction on a Minimum Tax Basis N/A		
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	<b>33</b> (	)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero		
	or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)		
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38		•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2019)

Sch	hedule   (Form 1041) (2019) McKnight Brain Research Foundation		65	-6301255 Page 2	
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis	(contir	nued)	N/A	
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 2	9 from l	ine 35.		
	If zero or less, enter -0-			. 41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of li				
_	Enter here and on line 24			. 42	
Pa	rt III Alternative Minimum Tax				
43	Exemption amount			. 43	\$25,000
44	Enter the amount from line 27	44			
45	Phase-out of exemption amount		\$83,500		
	Subtract line 45 from line 44. If zero or less, enter -0-				
47	Multiply line 46 by 25% (0.25)			47	
	Subtract line 47 from line 43. If zero or less, enter -0-				
49	Subtract line 48 from line 44			. 49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or	•			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherw	ise, it iin	e 49 is:		
	• \$194,800 or less, multiply line 49 by 26% (0.26).			_	
	• Over \$194,800, multiply line 49 by 28% (0.28) and subtract \$3,896 from the res				
	Alternative minimum foreign tax credit (see instructions)				
	Tentative minimum tax. Subtract line 51 from line 50				
	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0			. 53	
34				. 54	
Pa	Form 1041, Schedule G, line 1c  Int IV Line 50 Computation Using Maximum Capital Gains Rat			.   34	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule		Morksheet		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see		·		
	before completing this part.		radiono		
55	Enter the amount from line 49			. 55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax				
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	56			
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
	(as refigured for the AMT, if necessary). If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	57			
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				
	AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter				
	the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	58			
59	Enter the <b>smaller</b> of line 55 or line 58				
60	Subtract line 59 from line 55			. 60	
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 26% (0.26).	ine 60 k	у		
	28% (0.28) and subtract \$3,896 from the result		<b>)</b>	61	
	Maximum amount subject to the 0% rate	62	\$2,650		
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D				
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't				
	complete Schedule D or either worksheet for the regular tax, enter the amount				
	from Form 1041, line 23; if zero or less, enter -0-	63			
64	Subtract line 63 from line 62. If zero or less, enter -0-	64			
65	Enter the <b>smaller</b> of line 55 or line 56	65			
66	Enter the <b>smaller</b> of line 64 or line 65. This amount is taxed at 0%	66			
<u>67</u>	Subtract line 66 from line 65	67			

Schedule I (Form 1041) (2019) Page 3

Pa	rt IV Line 50 Computation Using Maximum Capital Gains	Rates (con	tinued)	
	Maximum amount subject to rates below 20%		\$12,950	
69	Enter the amount from line 64	69		
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax			
	Worksheet, whichever applies (as figured for the regular tax). If you			
	didn't complete Schedule D or either worksheet for the regular tax, enter			
	the amount from Form 1041, line 23; if zero or less, enter -0-	▶ 70		
71	Add line 69 and line 70	71		
	Subtract line 71 from line 68. If zero or less, enter -0-		_	
	Enter the <b>smaller</b> of line 67 or 72			
	Multiply line 73 by 15% (0.15)		<b>&gt;</b>	74
75	Add lines 66 and 73	75		
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 8		go to line 76.	
76	Subtract line 75 from line 65	76		
	Multiply line 76 by 20% (0.20)		<b>&gt;</b>	77
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Other	erwise, go to	line 78.	
78	Add lines 60, 75, and 76	78		
	Subtract line 78 from line 55			
	Multiply line 79 by 25% (0.25)		<b></b>	80
	Add lines 61, 74, 77, and 80			81
	If line 55 is \$194,800 or less, multiply line 55 by 26% (0.26). Otherwise, multiply			
	and subtract \$3,896 from the result			82
83	Enter the <b>smaller</b> of line 81 or line 82 here and on line 50			83

Schedule I (Form 1041) (2019)

Schedule	I	Net Ope	erating Loss Car	rryo	ver	Statement	20
Tax Year		Loss Sustained	Loss Previously Applied			Amount	
06/30/14 06/30/15 06/30/16 06/30/17 06/30/19		37,188. 38,279. 77,377. 40,870. 80,672.	37,188. 38,279. 77,377. 40,870.			80,6	0. 0. 0. 0. 72.
Total to	Sc	hedule I, Line 6				80,6	72.
Schedule	I	Alternativ	ve Minimum Tax 1	NOL	Carryover	Statement	21
Tax Year		Loss Sustained	Loss Previously Applied			Amount	
06/30/19		80,672.	0.			80,6	72.
		hedule I, Line 23 to Limitation				80,6	72.
Schedule	I		Tax Net Operation			Statement	22
Descripti	lon		Total AMT 1 Carryforwa		AMT NOL Used this Year	Unused AMT Carryforwa	
AMT NOL C	Car	ryforward	80,6	672.	73,505.	7,1	67.
Total to	Sc	hedule I, Line 24			73,505.	7,1	67.

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Employer identification number

McKnight Brain Research Foundation

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

<u>65-6301255</u>

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Yes X No

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions) (h) Gain or (loss) Subtract column (e) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments Proceeds Cost from column (d) and combine the result to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part I, with column (g) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked ..... Totals for all transactions reported on Form(s) 8949 with Box B checked ..... Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 23 -6,313. Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, -6,313. column (3) on page 2 . Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

	·					
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, an	d 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and othe	r estates or trusts	See Statem	ent 24	12	-37,572.
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 c	of the 2018 Capital Los	S			
	Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	umn (h). Enter here an	d on line 18a,			
	column (3) on page 2				16	-37,572.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2019

Schedule D (Form 1041) 2019 McKnight Brai	in Research Foun	dat	ion		65-630	01255 Page 2
Part III Summary of Parts I and II			(1) Beneficiaries'	(2)	Estate's	(3) Total
Caution: Read the instructions before con	mpleting this part.			or	trust's	
17 Net short-term gain or (loss)		17		_	6,313	-6,313.
18 Net long-term gain or (loss):						
a Total for year		18a		-3	7,572	-37,572.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wor	rksheet)	18b				
c 28% rate gain		18c				43,885.
19 Total net gain or (loss). Combine lines 17 and 18a						
Note: If line 19, column (3), is a net gain, enter the gain						
go to Part V, and don't complete Part IV. If line 19, colu	ımn (3), is a net loss, complete	Part IV	and the Capital Loss (	Carryove	Worksheet	i, as necessary.
Part IV Capital Loss Limitation						
20 Enter here and enter as a (loss) on Form 1041, line 4 (	or Form 990-T, Part I, line 4c, if a t	rust), th	ne <b>smaller</b> of:			
					20 (	3,000.)
Note: If the loss on line 19, column (3), is more than \$3		ne 23 (	or Form 990-T, line 3	39), is a	loss, comp	lete the <b>Capital</b>
Loss Carryover Worksheet in the instructions to figure yo	<u> </u>					
Part V Tax Computation Using Maxi						
Form 1041 filers. Complete this part only if both lines 18a a	nd 19 in column (2) are gains, or a	n amou	nt is entered in Part I o	r Part II a	and there is	an entry on Form 1041,
line 2b(2), <b>and</b> Form 1041, line 23, is more than zero.						
Caution: Skip this part and complete the Schedule D Tax		r. •				
• Either line 18b, col. (2) or line 18c, col. (2) is more to						
<ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 4g</li> </ul>						
Form 990-T trusts. Complete this part only if both lines 18a	•					
39, is more than zero. Skip this part and complete the <b>Scheo</b>				) or line	18c, col. (2)	is more than zero.
21 Enter taxable income from Form 1041, line 23 (or Form	990-1, line 39)	. 21	_			
22 Enter the smaller of line 18a or 19 in column (2)	ا مم ا					
but not less than zero	22	_				
23 Enter the estate's or trust's qualified dividends from						
Form 1041, line 2b(2) (or enter the qualified dividends						
included in income in Part I of Form 990-T).	23	_				
24 Add lines 22 and 23	24	_				
25 If the estate or trust is filing Form 4952, enter the						
amount from line 4g; otherwise, enter -0-	25	٠,				
26 Subtract line 25 from line 24. If zero or less, enter -0-		. 26				
27 Subtract line 26 from line 21. If zero or less, enter -0-			+			
<ul><li>28 Enter the smaller of the amount on line 21 or \$2,650</li><li>29 Enter the smaller of the amount on line 27 or line 28</li></ul>		· —	+			
30 Subtract line 29 from line 28. If zero or less, enter -0 T	This amount is toyed at 00/	. 29			20	
			1		30	
31 Enter the smaller of line 21 or line 26						
<ul><li>32 Subtract line 30 from line 26</li><li>33 Enter the smaller of line 21 or \$12,950</li></ul>			_			
<ul><li>34 Add lines 27 and 30</li><li>35 Subtract line 34 from line 33. If zero or less, enter -0-</li></ul>		35				
36 Enter the smaller of line 32 or line 35						
<b>37</b> Multiply line 36 by 15% (0.15)					37	
38 Enter the amount from line 31			1	🖊	01	
40 Subtract line 39 from line 38. If zero or less, enter -0-			_			
					41	
• • • • • • • • • • • • • • • • • • •	Aultiply line 40 by 20% (0.20)					

42

43

G, Part I, line 1a (or Form 990-T, line 41)

42 Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates

**44** Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041)

**43** Add lines 37, 41, and 42

Schedule D	Net Short-Term Gain or Loss Partnerships and S-Corporat	_	Statement	23
Description of	Activity		Gain or L	oss
Lighthouse Cred Lighthouse Dive HCP Private Equ	al Long/Short Fund, L.P. it Opportunities Fund, L. rsified Fund (QP) II, L.P ity Fund V, LP 9 Global Fund L.P.			15.
Total to Schedu	le D, Part I, line 5		-6,3 <del></del>	13.
Schedule D	Net Long-Term Gain or Loss Partnerships and S-Corporat		Statement	24
Description of	Activity	Gain or Loss	28% Gai	.n
Lighthouse Cred Lighthouse Dive HCP Private Equ	al Long/Short Fund, L.P. it Opportunities Fund, L. rsified Fund (QP) II, L.P ity Fund V, LP 9 Global Fund L.P.	-7,909. -7,730. -21,923. -735. 725.		
Total to Schedu	le D, Part II, line 12	-37,572.		

Sch	edule D Capital Loss Carryover Worksheet	Statement	25
1.	Enter the amount from Form 990-T, line 39	•	0
2.	Enter the loss from Schedule D, line 20, as a positive amt .	. 3,0	00
3.	Combine lines 1 and 2. If zero or less, enter -0	. 3,0	000
4.	Enter the smaller of line 2 or line 3	. 3,0	000
	Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from Sch D, line 7, as a positive amount	. 6,3	313
6.	Enter any gain from Schedule D, line 16	0	
7.	Add lines 4 and 6		00
8.	Short-term capital loss carryover to 2020. Subtract line 7 from line 5. If zero or less, enter -0	. 3,3	313
	Note: If line 16 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from Schedule D, line 16, as a positive amt .	. 37,5	72
10.	Enter any gain from Schedule D, line 7	0	
11.	Subtract line 5 from line 4. If zero or less, enter -0	0	
12.	Add lines 10 and 11	•	0
13.	Long-term capital loss carryover to 2020. Subtract line 12 from line 9. If zero or less, enter -0	. 37,5	 572

#### **McKnight Brain Research Foundation**

EIN: 65-6301255 6/30/2020

**Charitable Contribution Carryforward Schedule** 

50% Deductible Charitable Contributions						
		Contributions	Contributions		Cumulative	
Year of	Contributions	Taken	Expired	Carryover	Carryover	
Contributions	Available	<b>During Tax Year:</b>	During Tax Year:	Amounts	Amount	
6/30/2015	2,546,544	-	(2,546,544)	-	-	
6/30/2016	2,609,847	-	-	2,609,847	2,609,847	
6/30/2017	3,198,793	-	-	3,198,793	5,808,640	
6/30/2018	2,191,526	-	-	2,191,526	8,000,166	
6/30/2019	1,632,253	-	-	1,632,253	9,632,419	
	50% deductible charitable contribution carryforward to 6/30/2021 Tax year 9,632,419 60% Deductible Charitable Contributions					
60% Deductible Char	ritable Contributio	ons Contributions	Contributions		Cumulative	
Year of	Contributions	Taken	Expired	Carryover	Carryover	
Contributions	Available	During Tax Year:	During Tax Year:	Amounts	Amount	
7/1/19-12/31/19	1,106,374	-		1,106,374	1,106,374	
7/1/17 12/01/17	1,100,071			1,100,571	1,100,371	
60%	6 deductible chari	table contribution	carryforward to 6/30	)/2021 Tax year	1,106,374	
2020 Charitable Con	tributions 1000/ F	adustible. Due to	CADEC Act			
2020 Chai Itable Com	ti ibutions 100% L	Contributions	CARES ACC Contributions		Cumulative	
Year of	Contributions	Taken	Expired	Carryover	Carryover	
Contributions	Available	During Tax Year:	During Tax Year:	Amounts	Amount	
1/1/20-6/30/20	956,215	(16,406)		939,809	939,809	
1/1/20 0/30/20	730,213	(10,100)		757,007	232,003	
100%	6 deductible chari	table contribution	carryforward to 6/30	)/2021 Tax year	939,809	
Form 990-T, Part III,	Line 34 - Charitab	ele contribution dec	luction			
				come limit		
Form 990-T, Part III,  Cash contributions ma for trusts under the CA	de during the 2020			come limit	\$ 956,215	
Cash contributions ma	de during the 2020			come limit	\$ 956,215	
Cash contributions ma	de during the 2020 ARES Act	calendar year eligib	le for 100% taxable in	come limit	\$ 956,215	
Cash contributions ma	de during the 2020 ARES Act tion (6/30/20 taxa)	calendar year eligib ble income after spec	le for 100% taxable in	come limit	\$ 956,215 \$ 16,406	

\$

16,406

Charitable contribution deduction for the tax year ended June 30, 2020

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Certified Mail Fee Extra Services & Fees (check box, add fee Return Receipt (hardcopy) Return Receipt (electronic) Certified Mail Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ Postage Total Postage and Fees EUT BRAIN RESOMECIA FOUNDATION ZOIT FORM 990-T Sent To Department of the Treasury Street & Internal Revenue Service Center City, St Ogden, UT 84201-0027

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

## TAX RETURN FILING INSTRUCTIONS

FORM 990-PF FLORIDA ATTORNEY GENERAL COPY

#### FOR THE YEAR ENDING

June 30, 2020

Prepared for	McKnight Brain Research Foundation 200 South Orange Avenue, SOAB 10 Orlando, FL 32801
Prepared by	Batts Morrison Wales & Lee, P.A. 801 North Orange Avenue, Suite 800 Orlando, FL 32801
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	The return has been mailed on your behalf. Do not send a paper copy of this return.
	Proof of filing has been included with your copy.

## Form **990-PF**Department of the Treasury

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2019**Open to Public Inspection

For calendar year 2019 or tax year beginning JUL 1, 2019 JUN 30, 2020 , and ending A Employer identification number Name of foundation McKnight Brain Research Foundation 65-6301255 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 407-237-4485 200 South Orange Avenue, SOAB 10 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 32801 Orlando, FL **D** 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 49, 237, 291. (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 1,000,000 N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 603,647. 569,088. Statement 2 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 853,699. Statement 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 36,278,494. 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 25,524. 9,683. Statement 3 11 Other income 2,467,029 594,612. Total. Add lines 1 through 11 250,289. 500,579. 250,290. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages \_\_\_\_\_ 15 Pension plans, employee benefits ..... 23,976. 4,795. 14,386. 16a Legal fees Stmt 4 21,729 7,605. **b** Accounting fees Stmt 5 7,605. 44,839. 85,294. 25,509. c Other professional fees Stmt 6 Administrative 17 Interest Taxes Stmt 7 117,201. 5,701. 0. 18 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings ..... 22 Printing and publications ...... 142,448. 167,462. 25,014. 23 Other expenses Stmt 8 Operating 24 Total operating and administrative 916,241 318,913. 459,568. expenses. Add lines 13 through 23 2,062,589. 2,062,589. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 2,978,830 318,913. 2,522,157. Add lines 24 and 25 27 Subtract line 26 from line 12: -511,801 **8** Excess of revenue over expenses and disbursements 275,699. **b Net investment income** (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
<u> </u>	arı	column should be for end-of-year amounts only.	(a) Book Value	( <b>b</b> ) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	739,043.	226,390.	226,390.
	3	Accounts receivable ▶			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 9	34,974,920.	34,975,772.	49,010,901.
		Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	35,713,963.	35,202,162.	49,237,291.
		Accounts payable and accrued expenses			
		Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
			0		
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
Ses	١	and complete lines 24, 25, 29, and 30.			
<u>a</u>		Net assets without donor restrictions			
Ва	25	Net assets with donor restrictions			
Fund Balan		Foundations that do not follow FASB ASC 958, check here			
	26	and complete lines 26 through 30.	35,713,963.	35,202,162.	
S O	26	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or		Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ę	ı	Total net assets or fund balances	35,713,963.	35,202,162.	
Š	23	Total liet assets of fully balances	33,713,3031	33,202,102.	
_	30	Total liabilities and net assets/fund balances	35,713,963.	35,202,162.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(must agree with end-of-year figure reported on prior year's return)				35,713,963.
		amount from Part I, line 27a			-511,801.
		r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	35,202,162.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6	35,202,162.

Fo	orm 990-PF (2019) McKi	night	Brain Rese	arch F	oundatio	n			65	5-630:	1255	Page 3	
F	Part IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income								
					(c) Date acquired (d) (mo., day, yr.)		<b>(d)</b> Da <sup>r</sup> (mo., d	te sold ay, yr.)					
18	a												
t	See Attached	Stat	ements										
_	C												
_	d												
-	8												
	(e) Gross sales price	(f) [	epreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss) (f) minus (			
ã	a l												
_t	b												
_(	С												
_(	d												
_					6,527,87	2.					-249	,378.	
_	Complete only for assets showin	ig gain in i	column (h) and owned by	the foundatior	on 12/31/69.			( <u>i</u> )	Gains (Co	ol. (h) gain	minus		
	(i) FMV as of 12/31/69	(	i) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			COI.	Losses (	ot less thar from col. (I	n -0-) <b>or</b> h))		
_8	a e												
t	b												
_	С												
_	d												
_	e										-249	,378.	
2	Capital gain net income or (net ca	ıpital loss)	{ If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	. }[	2		-249,378			,378.	
3	Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) ar	nd (6):									
	If gain, also enter in Part I, line 8,			( )		) [							
	If (loss), enter -0- in Part I, line 8						3			N/A			
F	Part V   Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	ome				
(F	or optional use by domestic private	foundation	ons subject to the section 4	4940(a) tax on	net investment ir	ncom	e.)						
lf .	section 4940(d)(2) applies, leave th	nic nart ble	nnk										
Ш	section 4940(u)(z) applies, leave ti	iis pai i bid	IIIN.										
W	as the foundation liable for the sect	tion 4942	tax on the distributable am	nount of any y	ear in the base pe	riod?					Yes	X No	
	"Yes," the foundation doesn't qualif	•	. ,										
1	Enter the appropriate amount in $\epsilon$	each colur	nn for each year; see the ir	nstructions be	fore making any e	entries	S.						
	(a) Base period years		(b)			(c)				Distrih	(d) ution ratio		
	Calendar year (or tax year beginning	ng in)	Adjusted qualifying dist		Net value of no					col. (b) div	ided by col		
	2018		2,02	8,707.				2,778				43937	
	2017			2,616.		47	<del>,</del> 78	3,089	•			55723	
	2016			9,566.				5,577				77999	
	2015			1,405.				1,349				12394	
	2014		3,19	0,468.		47	,80	6,566	•		.0	<u>66737</u>	
2	Total of line 1, column (d)								2		.3	56790	
3	Average distribution ratio for the	5-year bas	e period - divide the total	on line 2 by 5.	0, or by the numb	er of	years						
	the foundation has been in exister								3		.0	71358	
4	Enter the net value of noncharitab	le-use ass	ets for 2019 from Part X,	line 5					4	4	7,989	<u>,697.</u>	
5	Multiply line 4 by line 3								5		3,424	,449.	
6	Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		2	,757.	
7	Add lines 5 and 6								7		3, <mark>427</mark>	,206.	
8	Enter qualifying distributions from										2,522	,157.	
-	If line 8 is equal to or greater than See the Part VI instructions.										<u> </u>	<u> </u>	

1 0111	Hoself (2013) Heitinghe Brain Rebearen Foundaeron	0.5	0301	<u> </u>		i ugo -
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ir	ıstru	ctior	าร)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1			<u>5,5</u>	14.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) $\supset$					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.
	Add lines 1 and 2	3			5,5	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5,5	14.
6	Credits/Payments:					
a	a 2019 estimated tax payments and 2018 overpayment credited to 2019	<u>-</u>				
b	Exempt foreign organizations - tax withheld at source 6b	•				
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c	•				
C	<b>1</b> Backup withholding erroneously withheld 6d 0					
7	Total credits and payments. Add lines 6a through 6d	7		3	9,5	41.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid	10		3	4,0	27.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax   34,027. Refunded	11				0.
Pa	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de	inition		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
c	<b>1</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	,				
6	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ▶ \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	Х	
	olf "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ite law				
	remain in the governing instrument?			6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca					
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х

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	n 990-PF (2	<u>,                                     </u>	65-6301	<u> </u>	;	Page 5
Pa	art VII-A	Statements Regarding Activities (continued)				
					Yes	No
11	At any tim	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	-	2(b)(13)? If "Yes," attach schedule. See instructions		11		Х
12		undation make a distribution to a donor advised fund over which the foundation or a disqualified person had ac		<del></del>		
12				12		x
10		tach statement. See instructions  undation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
13		ddress <b>&gt; www.tmbrf.org</b>		10	21	
		www.cmbrr.org	<b>&gt;</b> / / 07 \ ′	127	110	_
14		are in care of SunTrust Bank  Telepho	ne no. $\triangleright (407)2$	137-	440	<u> </u>
		▶200 South Orange Avenue, Orlando, FL	ZIP+4 <b>▶</b> 32			
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> check here			,.▶	•
		the amount of tax-exempt interest received or accrued during the year		N	[/A	
16	At any tim	e during calendar year 2019, did the foundation have an interest in or a signature or other authority over a ban	k,		Yes	
	securities	or other financial account in a foreign country?		16		X
	See the in	structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign co					
Pa	art VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Forr	n 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18		year, did the foundation (either directly or indirectly):				
		ge in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borro	w money from, lend money to, or otherwise extend credit to (or accept it from)				
		qualified person?	Ves X No			
		sh goods, services, or facilities to (or accept them from) a disqualified person?	Ves X No			
	(4) Dov.	emparation to or pay or raimbures the expanses of a disqualified person?	X Yes No			
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	A res INO			
		fer any income or assets to a disqualified person (or make any of either available				
		e benefit or use of a disqualified person)?	Yes X No			
		to pay money or property to a government official? (Exception. Check "No"				
		foundation agreed to make a grant to or to employ the official for a period after				
	termi	nation of government service, if terminating within 90 days.)	Yes X No			
ı		wer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
	section 53	.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u></u>	1b		X
	Organizati	ons relying on a current notice regarding disaster assistance, check here	▶Ш			
(	Did the fo	undation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corre	cted			
	before the	first day of the tax year beginning in 2019?		1c		X
2	Taxes on	allure to distribute income (section 4942) (does not apply for years the foundation was a private operating fou	ndation			
		section 4942(j)(3) or 4942(j)(5)):				
		of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
		) for tax year(s) beginning before 2019?	Yes X No			
	n 100, m	any years ▶,,,,,,,,,,,,,,,,	– ncorrect			
		of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" an				
				2b		
		- see instructions.) isions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		20		
_	P	undation hold more than a 2% direct or indirect interest in any business enterprise at any time				
38						
		year?	Yes X No			
ı		d it have excess business holdings in 2019 as a result of <b>(1)</b> any purchase by the foundation or disqualified per				
		969; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)	,			
		s acquired by gift or bequest; or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form				
	Schedule	C, to determine if the foundation had excess business holdings in 2019.)	N/A	3b		
48	a Did the fo	undation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
ı	<b>b</b> Did the fo	undation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	purpose that			
	had not be	een removed from jeopardy before the first day of the tax year beginning in 2019?		4b		Х

Ctatemente regarding / teatrice for trineir	orm may be	rioquirou (contint	ucu)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); of					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio 4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, o				
the prevention of cruelty to children or animals?			es X No		
${f b}$ If any answer is "Yes" to $5a(1)$ -(5), did <b>any</b> of the transactions fail to qualify uno					
section 53.4945 or in a current notice regarding disaster assistance? See instr				5b	
Organizations relying on a current notice regarding disaster assistance, check	here		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		N/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
${f 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es 🔼 No		
$\boldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a $\boldsymbol{p}$	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es X No		
${f b}$ If "Yes," did the foundation receive any proceeds or have any net income attribute.			N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$					
excess parachute payment(s) during the year?		Ye	es X No		
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation M	anagers, Highly	1		
List all officers, directors, trustees, and foundation managers and t	hoir componention				
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) Ex	pense
(a) Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	accoun	ıt, other
	to position	`enter'-0-)´	compensation	allow	ances
See Statement 10		500,579.	0.		0.
see statement 10		300,373.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If non	e. enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	it, other ances
NONE			compensation		
		1			
		1			
Total number of other employees paid over \$50,000		1			0

Form 990-PF (2019) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. See Statement 11 35,935. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.

Total. Add lines 1 through 3

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▶

P	Minimum Investment Return (All domestic foundations	must (	complete this p	art. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc	c., purposes:			
а	Average monthly fair market value of securities		1a	47,604,652.		
	Average of monthly cash balances	1b	1,115,853.			
C	Fair market value of all other assets	1c				
d		1d	48,720,505.			
е	Reduction claimed for blockage or other factors reported on lines 1a and	_	_			
	1c (attach detailed explanation)	1e		0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	48,720,505.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see	instructions)		4	730,808.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part	V, line 4		5	47,989,697.
6	Minimum investment return. Enter 5% of line 5				6	2,399,485.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this par		5) private operat	ng foundations ar	nd certain	
1	Minimum investment return from Part X, line 6				1	2,399,485.
2a	Tax on investment income for 2019 from Part VI, line 5	2a		5,514.		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b				
C	Add lines 2a and 2b				2c	5,514.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	2,393,971.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	2,393,971.
6	Deduction from distributable amount (see instructions)				6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1				7	2,393,971.
Ρ	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	ırposes	): :			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	2,522,157. 0.
b	Program-related investments - total from Part IX-B				1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charit				2	
3	Amounts set aside for specific charitable projects that satisfy the:					
а	Suitability test (prior IRS approval required)				3a	
b					3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8;	and Pa	rt XIII, line 4		4	2,522,157.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv					
	income. Enter 1% of Part I, line 27b				5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	2,522,157.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years				qualifies fo	or the section

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4940(e) reduction of tax in those years.

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## Part XIII Undistributed Income (see instructions)

	( <b>a)</b> Corpus	(b) Years prior to 2018	( <b>c)</b> 2018	( <b>a</b> ) 2019
1 Distributable amount for 2019 from Part XI,				0 202 084
line 7				2,393,971.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
Excess distributions carryover, if any, to 2019:		0.		
<b>b</b> From 2015 2,739,220.				
cFrom 2016 1,266,263.				
dFrom 2017 372,156.				
<b>e</b> From 2018				
f Total of lines 3a through e	5,130,906.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: $\triangleright$ \$ 2,522,157.				
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				2,393,971.
e Remaining amount distributed out of corpus	128,186.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as	0.			0.
indicated below:	5,259,092.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,233,032.			
<b>b</b> Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'		0.		
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
assessed  d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line		<u> </u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	753,267.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	4,505,825.			
10 Analysis of line 9:				
a Excess from 2015 2,739,220.				
b Excess from 2016 1,266,263. c Excess from 2017 372,156.				
c Excess from 2017 372,156.				
d Excess from 2018				
e Excess from 2019 128,186.				

Page 10

Part XIV   Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2019, enter the date of	the ruling			
<b>b</b> Check box to indicate whether the foun	dation is a private operati	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	<b>(b)</b> 2018	(c) 2017	( <b>d</b> ) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
<b>d</b> Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	l te this nart only i	f the foundation	had \$5 000 or mo	re in assets
at any time during t			i tilo iodiladiloli	παα φο,σσο στ πτο	ic iii doccto
1 Information Regarding Foundation		,			
a List any managers of the foundation when	-	than 20/2 of the total cont	ributions received by the	foundation before the clo	ca of any tay
year (but only if they have contributed			indutions received by the	i loulluation before the cio	Se of any tax
None	, , ,	,,,,,			
<b>b</b> List any managers of the foundation wl	o own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a r	partnershin or
other entity) of which the foundation ha			(or air equally large porti	on or the ownership or a p	artiforship of
None					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarshin etc. Pr	ourams.		
	only makes contributions		_	not accent unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.					10313 101 141143. 11
<b>a</b> The name, address, and telephone num	her or email address of the	ne nerson to whom annli	rations should be addres	sed: See Sta	tement 13
a The hame, address, and telephone ham	ber or email address of th	to person to whom applic	sations should be address	30u. 200 20u	000110 10
See Statement 12					
<b>b</b> The form in which applications should	he suhmitted and informa	tion and materials they s	hould include:		
The form in which applications should	Jo Submittou anu midima	and materials tries 5	nouru moiuu6.		
c Any submission deadlines:					
• Any Submission deadines.					
d Any restrictions or limitations on award	ls, such as hy geographic	al areas, charitable fields	kinds of institutions or	other factors:	

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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year American Brain Foundation ÞС Funding scholarship in 201 Chicago Ave cognitive aging and Minneapolis, MN 55415-1126 memory loss 330,000. University of Alabama, Birmingham PC Funding of the Evelyn F. McKnight Brain 1530 3rd Avenue South Birmingham, AL 35294 Institute at UAB 83,935. Funding of the Evelyn University of Arizona - Evelyn F. PC. McKnight Brain Institute F. McKnight Brain P.O. Box 245115 Institute at the Tucson, AZ 85724 University of Arizona 1,067,441. University of Arizona - Evelyn F. ÞС Expenses paid for McKnight Brain Institute cloud services on P.O. Box 245115 behalf of the Evelyn Tucson, AZ 85724 F. McKnight Brain Institute at the 69,500. University of Florida Foundation PC Funding of research P.O. Box 14425 Gainesville, FL 32604 198,213. See continuation sheet(s) ➤ 3a 2,062,589. Total **b** Approved for future payment None Total

## Form 990-PF (2019) Part XVI-A

#### **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
enter gross amounts unless otherwise mulcated.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•	0000				
a h					
c					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	603,647.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property 7 Other investment income					
7 Other investment income	900099	127,338.	18		
8 Gain or (loss) from sales of assets other					
than inventory	900099	-43,885.	18	779,929.	
9 Net income or (loss) from special events		. ,		. ,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		83,453.		1,383,576.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,467,029.
(See worksheet in line 13 instructions to verify calculations.)					
· · · · · · · · · · · · · · · · · · ·					

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2019) 923621 12-17-19

## 19) McKnight Brain Research Foundation 65-6301255 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

i Dia th	e organization directly or indi	recuy engage in any	of the following	ig with any other organizati	on described in Sect	וטו טט ו(ט)	16	2 140
(other	than section 501(c)(3) organ	izations) or in section	on 527, relatin	g to political organizations?			45.00	
a Transf	ers from the reporting founda	ation to a noncharita	ble exempt or	ganization of:				
(1) C	ash						1a(1)	X
	ther assets						1a(2)	X
	transactions:					,		
	ales of assets to a noncharita	hle evemnt organiza	tion				1b(1)	X
								X
	urchases of assets from a no							X
(3) K	ental of facilities, equipment,	or other assets					1b(3)	
	eimbursement arrangements							X
(5) Lo	oans or loan guarantees						1b(5)	X
(6) P	erformance of services or me	mbership or fundrai	sing solicitatio	ins		· · · · · · · · · · · · · · · · · · ·	1b(6)	X
c Sharin	ng of facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees			1c	X
<b>d</b> If the a	answer to any of the above is	"Yes," complete the	following sche	edule. Column(b) should alv	vays show the fair m	narket value of the goods	s, other assets,	
or ser	vices given by the reporting f	oundation. If the fou	ndation receiv	ed less than fair market vali	ue in any transaction	or sharing arrangemen	t, show in	
colum	n (d) the value of the goods,	other assets, or serv	rices received.					
(a)Line no.	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, an	d sharing arranger	ments
\ · · / - · · · · · · · · · · ·	(-,	(4)	N/A		1 (-,			
					·-			
		<u> </u>						
				-		·		
						W-544400		
								······································
1 2 20 20 27	Commence of the second of the	r war in the factor	egran i v.	than Mexico	۱۹۹۰ بر صافحات د درست والات	LESTE MAINTENANT PROPERTY	a statular i e c	
						;		
			<del></del>					
						·····		
			<del></del>					
			-					
	* ,		-					
		7				, , , , , , , , , , , , , , , , , , , ,		
2a Is the	foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described			<del></del>
	tion 501(c) (other than sectio						Yes [	X No
	," complete the following sch							,
<b>U</b> 11 103	(a) Name of org		<u></u>	(b) Type of organization	1	(c) Description of relation	nship	
		Jamzanon		(b) Typo of organization	<u> </u>	(a) booding to it of volucion		
	N/A	•						
	· · · · · · · · · · · · · · · · · · ·							·
							:	
			·····					
			•					
U	nder penalties of perjury, I declare	that I have examined this	s return, includin	g accompanying schedules and :	statements, and to the b	est of my knowledge	May the IRS discus	s this
Sign ar	nd belief, it is true, correct, and con	nplete. Declaration of pro	eparer (other than	n taxpayer) is based on all inform	ation of which preparer	has any knowledge.	eturn with the prep hown below? See	parer
Here	Di Ma Dom A O 1	3 Can day	Corre	11/10/2020	Truste	e l	X Yes	No
	Signature of officer or trustee	( CPUNCEIIC)	<i></i>	Date	Title			
	Print/Type preparer's na		Preparer's s		Date	Check   if PTIN		
	Triniv Type preparer S No	u116 .	i ichaici 2 2	gnaturo	Julio	self- employed	•	
Delal	201 2 2	1	2./ /	07-11/0	11,00,00	' '		n'
Paid	Michele M.				11/06/20		0042809	<u> </u>
Prepare	1	ts Morris	on Wal	es & Lee, P.	Α.	Firm's EIN ▶ 20 -	4193611	
Use On	nly	1						
	Firm's address ▶ 80	1 North C	range	Avenue, Suit	e 800			
		lando, FL				Phone no. 407-	770-600	0
	<del></del>					1	Form <b>990-P</b>	MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND

McKnight Brain Research Foundation 65-6301255 Page of Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a FEDERATED TRSY OBIG MMKT-I #68 FFS P b ISHARES 7-10 YEAR TREASURY BOND ETF P C ISHARES RUSSELL MIDCAP VALUE ETF P d ISHARES RUSSELL MIDCAP GRWTH ETF P e ISHARES RUSSELL 2000 GROWTH ETF P ISHARES MSCI EAFE SMALL CAP ETF P q ISHARES IBOXX USD HIGH YIELD P h ISHARES 3-7 YEAR TREASURY BOND ETF P VANGUARD DIVIDEND APPREC ETF P VANGUARD SHORT TERM BOND ETF P k LHP CREDIT OPPORTUNITIES LP-B P EDGEWOOD GROWTH FUND - INS P m ARTISAN INTL VALUE FUND-ADV P n CALVERT EMERG MRKTS EQTY-R6 P 0 CALVERT EMERG MRKTS EQTY-1 P (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 14,509,063. 14,509,063. 0. a 1,056,401. 1,029,574. 26,827. b 3,608. 7,199. 3,591. С 588,397. 210,684. 377,713. d 11,810. 11,657. 153. е 498,088. 544,434. -46,346. 763,596. -29,897.733,699 1,078,335 15,201. 1,063,134. h 329,024. 283,911. 45,113. 481,242. 474,988. 6,254. 850,000. 633,909. 216,091. 795,363. 827,006. 31,643. 1,440,012. 1,411,054. 28,958. m 4,978. 5,300. 322. n 465,000. 470,351. -5,351. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 0. а 26,827. b 3,608. С 377,713. d 153. е -46,346. -29,897. 15,201. h 45,113. 6,254. 216,091. 31,643. 28,958. m 322. n -5,351. 0 2 Capital gain net income or (net capital loss)  $\dots$  { If gain, also enter in Part I, line 7 } According to the capital loss), enter "-0-" in Part I, line 7 } 2

3

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

McKnight Brain Research Foundation

Part IV | Capital Gains and Losses for Tax on Investment Income

- Capital Gaine and Ecococi for Tax on invocations income				
(a) List and describe the kind(s) of property solo 2-story brick warehouse; or common stock, 20		( <b>b)</b> How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a DOUBLELINE TOTL RET BND-I		P	•	
b EATON VANCE-ATLANTA SMID-R6		P		
c T ROWE PRICE INST L/C GRWTH		P		
d LORD ABBETT SHRT DUR INC-I		P		
e VANGUARD INTL GROWTH-ADM		P		
f VANGUARD S/C VAL INDEX-ADM		P		
g VANGUARD INST INDEX-INST		P		
h VANGUARD RUSSELL 1000 GR-INS		P		
i VANGUARD RUSSELL 1000 VA-INS		P		
WESTERN ASSET CORE PLUS BD-IS		P		
,	PFIC	P		
	PFIC	P		
m LHP DIVERSIFIED QP II LP-ELIGIA		P		
n HARBOURVEST 2017 GLOBAL FD LP I		P		
O LHP GLOBAL LONG/SHORT LP-A ELIC		P		
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	\ /	Gain or (loss) lus (f) minus (g)	
949,373.	955,472.	(-) F	(.) (3)	-6,099.
74,358.	5,400.			68,958.
934,958.	806,897.		-	128,061.
413,657.	419,943.		-	-6,286.
662,950.	587,803.			75,147.
508,950.	575,976.			$\frac{73,147}{67,026}$
149,329.	42,818.			$\frac{07,020.}{106,511.}$
539,000.	509,684.		<u>-</u>	29,316.
4,913,407.	5,872,108.		_ (	958,701.
2,129,846.	2,284,061.			154,215.
91,178.	91,178.		<u> </u>	0.
53,330.	53,330.			0.
850,000.	354,009.			495,991.
17,871.	17,871.			0.
850,000.	385,839.			464,161.
Complete only for assets showing gain in column (h) and owned by t		(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
				-6,099.
				68,958.
				128,061.
1				-6,286.
9				75,147.
i				-67,026.
J				106,511.
1				29,316.
				958,701.
				154,215.
(				0.
				0.
n				495,991.
1				0.
)				464,161.
Capital gain net income or (net capital loss) { If gain, also enter "-0-	in Part I, line 7	2		
	\ \ \	-		
Net short-term capital gain or (loss) as defined in sections 1222(5) and If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	d (6):	3		

N/A

3

Part IV Capital Gains and Losses for Tax on Investment Income **(b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a HCP PRIVATE EQUITY MASTER FD V LP P b SPRINGHARBOUR 2013 PRIV EQUITY LP P c ASSET ADJUSTMENTS P d REVERSAL OF PARTNERSHIP REDEMPTIONS PER BOOKS P е g h m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 200,370. 192,570. 7,800. a 59,341. Ō. 59,341. b 208. -208. 1,103,077. -1,103,077. d е h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 7,800. а 0. b -208. С -1,103,077. е m n 0 2 Capital gain net income or (net capital loss) ...... { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 -249,378. 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient University of Miami PC Funding of research 1320 South Dixie Highway Coral Gables, FL 33146 313,500. 313,500. Total from continuation sheets

#### Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

McKnight Brain Research Foundation 65-6301255 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 
\$ \_

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

## McKnight Brain Research Foundation

65-6301255

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Foundation for the National Institute of Health, Inc.  11400 Rockville Pike, Ste. 600  Rockville, MD 20852-3003	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

## McKnight Brain Research Foundation

65-6301255

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 65-6301255 McKnight Brain Research Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Part I

Form 990	)-PF	Gain or (Loss) f	from Sale	of A	Assets		Sta	tement	: 1
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
FEDERATE	ED TRSY OBIG MM	 KT-I #68 FFS		Pur	chased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	с. 	Gain ———	or Lo	)SS
	14,509,063.	14,509,063.		0.		0.			0.
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
ISHARES	7-10 YEAR TREA	SURY BOND ETF		Pur	chased				
	(b)	(c)	_ (d)	_	(e)			(f)	
	Gross Sales Price	Cost or Other Basis	Expense Sale	οī	Depre	c.	Gain	or Lo	ss
	1,056,401.	1,029,574.		0.		0.		26,	827.
Descript	(a) tion of Propert	У			Manner cquired	Da Acqu		Date	Sold
ISHARES	RUSSELL MIDCAP	VALUE ETF		Pur	chased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
	Sales Price	Other Basis	Sale		Depre	С.	Gain	or Lo	ss
_	7,199.	3,591.		0.		0.		3,	608.

Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
ISHARES	RUSSELL MIDCAP	 GRWTH ETF		Pu	rchased			
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	_	Q	(f)
-	Sales Price	Other Basis	Sale		Depre	<del></del>	———	or Loss
	588,397.	210,684.		0.		0.		377,713.
Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
ISHARES	RUSSELL 2000 GR	OWTH ETF		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
-	11,810.	11,657.		0.		0.		153.
	(a) tion of Property	<del>_</del>		A0	Manner cquired		te ired	Date Sold
ISHAKES	MSCI EAFE SMALL			Pul				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
_	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
	498,088.	544,434.		0.		0.		-46,346.
Descrip	(a) tion of Property			_	Manner cquired		te ired	Date Sold
ISHARES	IBOXX USD HIGH	YIELD		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
-	733,699.	763,596.		0.		0.		-29,897.

(a) Description of Property				Manner Equired		te ired	Date Sold
ISHARES 3-7 YEAR TREASU	- RY BOND ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)		a '	(f)
Sales Price	Other Basis	Sale		Depre	C • ────	Gain	or Loss
1,078,335.	1,063,134.		0.		0.		15,201.
(a) Description of Property				Manner Equired	Da Acqu	te ired	Date Sold
VANGUARD DIVIDEND APPRE	C ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
329,024.	283,911.		0.		0.		45,113.
(a) Description of Property				Manner equired	Da Acqu	te ired	Date Sold
VANGUARD SHORT TERM BON	— D ETF		Pur	chased			
(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)
Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
481,242.	474,988.		0.		0.		6,254.
(a) Description of Property				Manner equired	Da Acqu		Date Sold
LHP CREDIT OPPORTUNITIE	- S LP-B		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	<b>~</b> .	Gain	(f) or Loss
850,000.	633,909.		0.		0.		216,091.

Descript	(a) tion of Property				Manner cquired		te ired	Date Sol
EDGEWOOI	O GROWTH FUND -	INS		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f)
_	827,006.	795,363.		0.		0.		31,643
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date Sol
ARTISAN	INTL VALUE FUND	-ADV		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
_	1,440,012.	1,411,054.		0.		0.		28,958
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date Sol
CALVERT	EMERG MRKTS EQT	— Y-R6		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f)
-	5,300.	4,978.		0.		0.		322
Descript	(a)				Manner cquired	Da		Date Sol
CALVERT	EMERG MRKTS EQT	_ Y-1		Pu	rchased			
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f)
_	465,000.	470,351.		0.		0.		-5,351

DOUBLELINE TOTL RET END-I	Descrip	(a) tion of Property				Manner cquired		te ired	Date Sold
Cost or Other Basis   Expense of Sale   Deprec.   Gain or Loss	DOUBLEL	INE TOTL RET BND	_ -I		Pu	rchased			
Page		Gross	Cost or	Expense	of				
Description of Property  EATON VANCE-ATLANTA SMID-R6  Purchased  (b) (c) Cost or Other Basis Sale Price Other Basis Sale Property  TROWE PRICE INST L/C GRWTH  (b) Gross Sales Price Other Basis Sale Price Other Basis Sale Price Other Basis Sale Other Basis Sale Other Basis Sale Other Basis Othe	_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Loss
Description of Property		949,373.	955,472.		0.		0.		-6,099.
(b) Gross Sales Price         (c) Cost or Other Basis         (d) Expense of Sale         (e) Gross Deprec.         (f) Deprec.           74,358.         5,400.         0.         0.         68,958.           Description of Property         Manner Acquired Acquired Date Sold           T ROWE PRICE INST L/C GRWTH         Purchased           (b) Gross Sales Price         Cost or Other Basis         (d) (e) (f) Deprec.         Gain or Loss           934,958.         806,897.         0.         0.         128,061.           (a) Description of Property         Acquired Acquired Acquired Date Sold           LORD ABBETT SHRT DUR INC-I         Purchased           (b) Gross Sales Price         Cost or Other Basis         Cost or Sales Price         Gain or Loss	Descrip								Date Sold
Gross Sales Price Other Basis Sale Deprec. Gain or Loss  74,358. 5,400. 0. 0. 0. 68,958.    Manner Acquired Acquired Date Acquired Date Sold Purchased	EATON V	ANCE-ATLANTA SMI	D-R6		Pu	rchased			
TROWE PRICE INST L/C GRWTH  (a)  Cost or Sales Price Other Basis  (b)  (c)  Cost or Sales Price Other Basis  (a)  Description of Property  (b)  (c)  Cost or Sales Price Other Basis  (c)  (d)  Expense of Sale  Deprec. Gain or Loss  Manner Acquired Acquired Date Sold  (e)  (f)  Expense of Deprec. Gain or Loss  Manner Acquired Acquired Date Sold  Description of Property  LORD ABBETT SHRT DUR INC-I  (b)  (c)  Cost or Sales Price Other Basis  (d)  Expense of Sale  Deprec. Gain or Loss  Date Acquired Date Sold  Expense of Sales Price Other Basis  (b)  Cost or Sales Price Other Basis  Cost or Other Basis  Deprec. Gain or Loss  Gain or Loss		Gross	Cost or	Expense	of		_	0 a d	
Description of Property  (a) Description of Property  (b) Gross Sales Price  (c) Other Basis  (d) Expense of Sales Deprec.  (a) Description of Property  (b) Gross Sales  (b) Gross Sales  (c) Gross Sales  (d) Expense of Sale Deprec.  (d) Deprec.  (d) Deprec.  (d) Description of Property  (e)  (f) Expense of Sales  (f) Deprec.  (gin or Loss  (h) Description of Property  (h) Description of Property  (h) Gross Sales  (h) Gross Cost or Sales  (h) Gross  (h) Gross	-	<del></del>				Depre		———	
Description of Property  T ROWE PRICE INST L/C GRWTH    Column		74,358.	5,400.		0.		0.		68,958.
(b) (c) Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss  934,958. 806,897. 0. 0. 128,061.    Description of Property   Acquired Acquired Date Sold	Descrip								Date Sold
Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss  934,958. 806,897. 0. 0. 128,061.  (a) Manner Date Acquired Acquired Date Sold  LORD ABBETT SHRT DUR INC-I Purchased  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss	T ROWE	PRICE INST L/C G	— RWTH		Pu	rchased			
934,958. 806,897. 0. 0. 128,061.  (a)  Description of Property  LORD ABBETT SHRT DUR INC-I  (b)  Gross  Cost or  Sales Price  Other Basis		Gross	Cost or	Expense	of				
Description of Property  LORD ABBETT SHRT DUR INC-I  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss	_	Sales Price	Other Basis	Sale		Depre	c.	Gain	or Loss
Description of Property  LORD ABBETT SHRT DUR INC-I  (b) (c) (d) (e) (f)  Gross Cost or Sales Price Other Basis Sale Deprec. Gain or Loss		934,958.	806,897.		0.		0.		128,061.
(b) (c) (d) (e) (f) Gross Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss	Descrip								Date Sold
Gross Cost or Expense of Sales Price Other Basis Sale Deprec. Gain or Loss	LORD AB	BETT SHRT DUR IN	 C-I		Pu	rchased			
<del></del>		Gross	Cost or	Expense	of		a	Cain	
ДТК БЪТ ДТУ УДК П П _6 786	-	413,657.	419,943.		0.		0.		-6,286.

(a) Description of Property				anner quired		te ired	Date Sold
VANGUARD INTL GROWTH-AD	M		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C.	Gain	(f) or Loss
662,950.	587,803.		0.		0.		75,147.
(a) Description of Property				anner quired		te ired	Date Sold
VANGUARD S/C VAL INDEX-	ADM		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
508,950.	575,976.		0.		0.		-67,026.
(a) Description of Property				anner quired	Da Acqu	te ired	Date Sold
VANGUARD INST INDEX-INS	— T		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	C	Cain	(f) or Loss
149,329.	42,818.		0.		0.		106,511.
(a) Description of Property				anner quired	Da Acqu		Date Sold
VANGUARD RUSSELL 1000 G	- R-INS		Pur	chased			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
539,000.	509,684.		0.	<del></del>	0.		29,316.

Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date	Sold
VANGUARI	RUSSELL 1000 V	_ A-INS		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)	_	Q =	(f)	
_	Sales Price	Other Basis	Sale		Depre		Gain	or Lo	
	4,913,407.	5,872,108.		0.		0.		-958, 	701.
Descript	(a) tion of Property	_			Manner cquired	Da Acqu	te ired	Date	Sold
WESTERN	ASSET CORE PLUS	BD-IS		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Lo	ss 
	2,129,846.	2,284,061.		0.		0.		-154,	215.
Descript	(a) tion of Property				Manner cquired	Da Acqu	te ired	Date	Sold
HARBOURY	VEST 2015 GLOBAL	 FD LP PFIC		Pu	rchased				
	(b) Gross	(c) Cost or	(d) Expense	of	(e)			(f)	
_	Sales Price	Other Basis	Sale		Depre	c.	Gain ———	or Lo	ss ——
	91,178.	91,178.		0.		0.			0.
Descript	(a) tion of Property				Manner cquired	Da Acqu		Date	Sold
HARBOURY	VEST 2016 GLOBAL	 FD LP PFIC		Pu	rchased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense	of	(e)	a	Coim	(f)	a a
-	<del></del>		Sale		Depre		Gain	or Lo	
	53,330.	53,330.		0.		0.			0.

Descrip	(a) tion of Property	•			anner quired		te ired	Date S	Sold
LHP DIV	ERSIFIED QP II L	- P-ELIGIBLE 1%		Pur	chased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	7	Gain	(f) or Los	20
-									
	850,000.	354,009.		0.		0.		495,9	
Descrip	(a) tion of Property	,			anner quired	Da Acqu		Date S	Sold
HARBOUR	VEST 2017 GLOBAL	- FD LP PFIC		Pur	chased				
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Los	ss
-	17,871.	17,871.		0.		0.			0.
	(a) tion of Property BAL LONG/SHORT L	_		Ac	anner quired ———— chased		te ired	Date S	Sold
THE GLO	BAL LONG/SHOKI L	L-W FILE 144							
	/ <b>b</b> \	(-)	/ <b>a</b> \	Ful				(£\	
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale		(e) Depre	c.	Gain	(f)	ss
-	Gross	Cost or	Expense		(e)	0.	Gain		
Descrip	Gross Sales Price	Cost or Other Basis	Expense	of 0.	(e)	0.		or Los	L61.
	Gross Sales Price 850,000.	Cost or Other Basis 385,839.	Expense	of 0. M Ac	(e) Depre	0.		464,1	L61.
	Gross Sales Price  850,000.  (a) tion of Property	Cost or Other Basis 385,839.	Expense	of  O.  MAC Pur	(e) Depred	Da Acqu	te ired	464,1	Sold

(a) Description of Property				anner quired		te ired	Date	Sold
SPRINGHARBOUR 2013 PRIV	EQUITY LP		Pur	chased				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	a		(f) or L	Ogg
59,341.	59,341.		0.		0.		. OI II	0.
(a) Description of Property ASSET ADJUSTMENTS	_		Ac	anner quired chased	_	te ired	Date	Sold
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or L	oss
0.	208.		0.		0.			-208.
Description of Property	- DEDEMONTONG DE	ID DOOMG	Ac	anner quired ———— chased		te ired	Date	Sold
REVERSAL OF PARTNERSHIP  (b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	-	cnased (e) Depre	c.	Gain	(f) . or L	oss
0.	0.		0.		0.			0.
Capital Gains Dividends	from Part IV						-	0.
Total to Form 990-PF, Pa	art I, line 6a						853	,699.

Form 990-PF	Dividends	and Inter	est	from Secu	rities S	tatement 	2
Source	Gross Amount	Capital Gains Dividend		(a) Revenue Per Books	(b) Net Invest- ment Income		
Dividends Interest	590,615. 13,032.		0.	590,615 13,032			
To Part I, line 4	603,647.		0.	603,647	569,088.		
Form 990-PF		Other I	nco	me	S	tatement	3
Description			Re		(b) Net Invest- ment Income	(c) Adjuste Net Inco	
Income/Loss from par Income from PFIC Di Miscellaneous refun	stributions			0. 0. 9,683.	-76,518. 102,042. 0.		
Total to Form 990-P	F, Part I,	line 11 ==		9,683.	25,524.		
Form 990-PF		Legal	. Fe	es	S	tatement	4
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charita Purpos	
Legal fees		23,976.		4,795.	·	14,3	86.
To Fm 990-PF, Pg 1,	 ln 16a	23,976.		4,795.		14,3	86.

Form 990-PF	Accounti	ng Fees	Statement 5			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Accounting fees	21,729.	7,605.		7,605.		
To Form 990-PF, Pg 1, ln 16b	21,729.	7,605.		7,605.		
Form 990-PF C	Other Profes	sional Fees	St	tatement 6		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Consulting fees Investment management fees	74,731. 10,563.	=		44,839.		
To Form 990-PF, Pg 1, ln 16c	85,294.	25,509.		44,839.		
Form 990-PF	Tax	es	S	tatement 7		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Federal taxes Foreign taxes	111,500. 5,701.	0. 5,701.		0.		
To Form 990-PF, Pg 1, ln 18	117,201.	5,701.		0.		
Form 990-PF	Other E	xpenses	Si	tatement 8		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Miscellaneous expenses Conferences and Meetings Website Development	9,905. 84,338. 73,219.	813. 24,201. 0.		9,092. 60,137. 73,219.		
To Form 990-PF, Pg 1, ln 23	167,462.	25,014.		142,448.		

Description	Valuation Method	Book Value	Fair Market
		DOOK VALUE	Value
Accrued Interest	COST	17,313.	17,313.
CALVERT EMERGING MARKETS EQUITY	COST		
FUND		1,025,194.	1,035,301.
CALVERT EQUITY FUND	COST	700,344.	780,758.
EATON VANCE ATLANTA CAPITAL	COST		
SMID-CAP		1,112,043.	1,039,153.
EDGEWOOD GROWTH FUND	COST	3,010,342.	3,797,833.
HARBOURVEST 2015 GLOBAL FD LP PF		234,866.	424,395.
HARBOURVEST 2016 GLOBAL FD LP PF		194,419.	326,830.
HARBOURVEST 2017 GLOBAL FD LP PF		242,331.	299,658.
HARBOURVEST ACCESS-2018 GLOBAL FI		180,619.	194,996.
HARBOURVEST 2019 GLOBAL FD LP	COST	52,500.	55,562.
HCP PRIVATE EQUITY MASTER FD V	COST	75,115.	1,079,750.
ISHARES RUSSELL 2000 GROWTH ETF	COST	1,666,082.	2,373,420.
ISHARES RUSSELL MIDCAP GRWTH ETF	COST	442,546.	1,296,268.
ISHARES RUSSELL MIDCAP VALUE ETF	COST	763,316.	1,213,841.
JOHCM INTERNATIONAL SELECT FUND	COST	598,144.	739,567.
LIGHTHOUSE CREDIT OPPORTUNITIES I		1,111,912.	1,288,792.
LIGHTHOUSE DIVERSIFIED FD QP II I		917,051.	1,892,329.
LIGHTHOUSE GLOBAL LONG/SHORT FD I		1,091,487.	2,448,031.
SPDR DJ WILSHIRE INTL REAL ESTATI	E COST		
ETF		244,729.	198,512.
SPRINGHARBOUR 2013 PRIVATE EQUITY		77,228.	369,669.
T. ROWE PRICE INSTITUTIONAL LARGE	E COST		
CAP GROWTH FUND		1,590,079.	3,500,326.
VANGUARD DIVIDEND APPRECIATION	COST		
INDEX ETF		2,905,269.	3,375,487.
VANGUARD INSTITUTIONAL INDEX FUNI		6,442,990.	9,554,000.
VANGUARD INTERNATIONAL GROWTH FUN		2,361,719.	3,473,595.
VANGUARD RUSSELL 1000 GROWTH INDE		1,349,004.	1,776,085.
VANGUARD SMALL-CAP VALUE INDEX FU		1,263,756.	1,012,440.
VANGUARD TOTAL BOND MRKET ETF	COST	1,067,169.	1,087,377.
VANGUARD TOTAL BOND MARKET INDEX	COST		
FUND		947,425.	953,161.
WESTERN ASSET FDS INC CORE PLUS I	BD COST	3,290,780.	3,406,452.
Total to Form 990-PF, Part II, 1	ine 13	34,975,772.	49,010,901.

Form 990-PF Part VIII - List Trustees and	of Officers, I Foundation Mana	Statement 10		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
Dr. J. Lee Dockery 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee Emerit	40,000.	0.	0.
Dr. Michael Dockery 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Robert Wah 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Gene G. Ryerson 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Madhav Thambisetty 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	0.	0.	0.
Dr. Richard Isaacson 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
Dr. Susan Pekarkse 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 6.00	40,000.	0.	0.
SunTrust Bank 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Trustee 15.00	145,996.	0.	0.
Amy Porter 200 South Orange Avenue, SOAB 10 Orlando, FL 32801	Executive Dire	ector 114,583.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	500,579.	0.	0.

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Form 990-PF

Summary of Direct Charitable Activities

Statement

### Activity One

The Foundation hosts an annual conference and other events for the purpose of fostering the necessary collaboration between research scientists in each of the four McKnight Brain Institutes to achieve successful outcomes in the understanding of cognitive aging and the problems of learning and memory in the aging with the emphasis on cognitive health, prevention and treatment of cognitive decline and loss.

The annual conference was cancelled for the 2019 tax year due to COVID-19.

See Statement 14 for additional information regarding the Foundation's activities.

Expenses

To Form 990-PF, Part IX-A, line 1

35,935.

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

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Name and Address of Person to Whom Applications Should be Submitted

Foundations and Endowments Specialty Practice c/o SunTrust Bank, 200 South Orange Avenue, SOAB 10 Orlando, FL 32801

Telephone Number

202-879-6319

Form and Content of Applications

No required format.

Any Submission Deadlines

None.

Restrictions and Limitations on Awards

The following guidelines will be used in review of applications:

- Innovative and efficient approaches to fundamental medical research of the brain on the mechanisms underlying the formation, storage and retrieval of memories, the impairment of these processes associated with aging, and the development of therapeutic strategies for the prevention and/or alleviation of these impairments in humans, intended principally for clinical application.
- Seed grants to initiate promising new projects for medical research of the brain in age related memory loss.

Form 990-PF Grant Application Submission Information Statement 13
Part XV, Lines 2a - 2d (Continuation)

### Restrictions and Limitations on Awards

- Grants to charitable organizations or institutions involved in the medical research of the brain in age related memory loss.
- Proposals for collaborative support between individual research scientists of different institutions and organizations in age related memory loss.

General Explanation

Statement 14

Additional information regarding the Foundation's activities:

The Foundation ("MBRF") has created a consortium of medical schools that work to assist MBRF to carry out its mission to alleviate age related memory loss. The schools are the medical schools at the University of Miami, University of Florida, University of Alabama at Birmingham and the University of Arizona ("MBRF Schools"). The Trustees monitor programs at the MBRF Schools and encourage and facilitate cooperation of research programs conducted at the Schools.

The Trustees also monitor grants made to the National Institute of Health and other organizations devoted to understanding and alleviating age related memory loss. See list of Grants in Part XV.

All Trustees are either MDs or PhDs. The Trustee's educational background is required to carry out Trustee duties. The Trustees are expected to understand the science being researched and applied at the MBRF Schools as well as other grantees. The Trustees estimate they spend on average a minimum of 200 hours per year monitoring and working on behalf of MBRF programs.

The nature of Trustee work continues to emphasize the research grant support relative to the programs funded to date in fulfilling the mission of the MBRF. The scientific research being funded by the MBRF is producing more research outcomes, which the Trustees must review and monitor. The review of currently funded research projects, requests for new grant support, on site visits by the trustees and review of scientific reports for each of the MBRF funded programs are very important functions of the Trustees and require continual monitoring. In order to fulfill the purpose and the mission of the MBRF, the Trustees must continuously educate themselves as to the current status and future direction of the research initiatives in learning and memory loss in the aging. The Trustees continue to expand and develop research partnerships to encourage increased interest and support of research in learning and memory in the aging.

In addition to the mission related work, the Trustees monitor and direct the investment of the MBRF endowment. This requires constant updates on economic matters and working with the MBRF investment advisor. The Trustees review monthly financial reports and set policy and asset allocation annually.

#### U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 밉 Domestic Mail Only m m For delivery information, visit our website at www.usps.com®. 1443 Certified Mail Fee Extra Services & Fees (check box, add fee as a П Return Receipt (hardcopy) Return Receipt (electronic) Postmark Certified Mail Restricted Delivery Here Adult Signature Required Adult Signature Restricted Delivery \$ 3090 Postage Total Postage and Fees MCKNIGHT BRAIN RESDARCH 9.60 7018 POUNDATION 2019 990PF FL Sent To ATTY GOVERAL Office of the Attorney General for Private **Foundations** Street and Department of Legal Affairs City, State, The Capitol, Plaza Level 01 Tallahassee, FL 32399-1050 PS Form 3 erse for Instructions



## GUIDE TO IRS PUBLIC DISCLOSURE REQUIREMENTS FOR PRIVATE FOUNDATIONS

Treasury Regulations require private foundations to provide copies of their Forms 990-PF and their applications for recognition of tax exemption (Form 1023) to the public upon request. A private foundation can avoid the requirement to provide copies if it makes the documents "widely available" in a manner that complies with the regulations. The regulations are effective for 990-PF's due on or after March 13, 2000 and to applications for recognition for exemption regardless of their filing date. The regulations also require private foundations to make their Forms 990-PF (due on or after March 13, 2000) and their Forms 1023 available for public inspection at their offices, as described below.

#### To what forms do the regulations apply?

The public inspection and copy requirements apply to each Form 990-PF for a period of three years beginning on the date the return is required to be filed or the date it is actually filed, whichever is later. The requirements apply to applications for recognition of exemption (Form 1023) permanently. An exception applies to applications if an organization's application for recognition of exemption is still pending with the Internal Revenue Service or if the organization filed its application before July 15, 1987, and did not have a copy of the application on July 15, 1987.

Forms available for inspection or copies must include all related attachments and exhibits and, in the case of applications for recognition of exemption, must include any statement or other supporting document submitted by an organization in support of its application and any letter or other document issued by the Internal Revenue Service concerning the application. Unlike public charities, private foundations may not exclude from public inspection and copies information about individual donors and the amounts they contributed.

#### From what locations must organizations provide public inspection or copies?

The regulations require that a foundation make the applicable forms available for public inspection or copies at its "principal, regional and district offices." The rules define a regional or district office as "any office of a tax-exempt organization, other than its principal office, that has paid employees, whether part-time or full-time, whose aggregate number of paid hours a week are normally at least 120." A site is not considered a regional or district office, however, if the only services provided at the site further exempt purposes (e.g., day care, health care, etc.) and the site does not serve as an office for management staff other than managers who are involved solely in the exempt function activities at the site. An organization which does not maintain a permanent office may comply with the regulations by permitting public inspection at a "reasonable location of its choice." Such inspection should occur normally within two weeks of the request and at a "reasonable time of day." An organization without a permanent office may opt to provide copies in lieu of allowing a personal inspection.

#### When must inspection and copies be made available?

An organization is required to permit public inspection and make copies available during the regular business hours of the organization. An organization which has very limited or no office hours may make its documents available in the manner prescribed for organizations without a permanent office, as described above.

When a request is made in person at an organization's office for copies, the organization is required to provide the copies on the day the request is made unless "unusual circumstances" exist. If "unusual circumstances" exist making it unreasonable to fulfill a request for copies on the same business day, the organization is required to provide the copies no later than the next business day following the day that the unusual circumstances cease to exist or on the fifth business day after the date of the request, whichever occurs first. Examples cited of unusual circumstances include receipt of a volume of requests that exceeds the organization's daily capacity, requests received shortly before the end of regular business hours, or requests received on a day when the organization's staff is unavailable.

An organization receiving a written request for copies is required to mail the copies within 30 days from the date it receives the request. If the organization requires payment in advance (see "Fees for copies" – below), it is required to provide the copies within 30 days from the date it receives payment.

BATTS MORRISON WALES & LEE, P.A. • CERTIFIED PUBLIC ACCOUNTANTS

#### Requests for copies of parts of a document

The regulations require an organization to fulfill a request for any specific part or schedule of its application for recognition or Form 990-PF so long as such request specifically identifies the requested part or schedule.

#### Fees for copies

Organizations are permitted to charge a reasonable fee for providing copies. The regulations stipulate that a fee is reasonable only if it is no more than the per-page copying charge levied by the Internal Revenue Service for providing copies, plus no more than the actual postage costs incurred by the organization to provide the copies. Current regulations set the maximum charge at 20¢ for each page. An organization may require payment in advance, and must accept cash and money orders at a minimum for requests made in person. For requests made in writing, the organization is required to accept payment by certified check, money order, and either personal check or credit card. An organization may accept other forms of payment. If an organization provides copies for a charge but does not require prepayment, it must obtain approval from the requester before providing copies for which the fee will exceed \$20.

**Example** – An organization has a Form 990-PF which, along with its attached schedules, comprises 15 pages. The organization determines that first-class mail charges for mailing the form will be \$1.50. The organization may charge up to \$4.50 for the copy and the related postage.

#### **Harassment campaigns**

If an organization believes it is the subject of a harassment campaign resulting in extraordinary demand for copies of its documents, it may seek relief from the Internal Revenue Service related to the public inspection and copy requirements. An organization which believes it is the subject of such harassment should consult professional tax counsel in determining how to deal with the circumstances.

#### Making forms "widely available"

An organization which makes its forms "widely available" is not required to provide copies of the forms to individuals. The regulations state that an organization's forms will be considered "widely available" if they are posted on the organization's World Wide Web page in a format which meets the following two criteria:

- 1) Any individual with access to the Internet must be able to access, download, view and print the posted document in a format which exactly reproduces the image of the original document filed with the Internal Revenue Service, except for any information permitted to be withheld from public disclosure, and
- 2) The format must allow any individual with access to the Internet to access, download, view and print the posted document without payment of a fee to either the tax-exempt organization or the entity maintaining the World Wide Web page and without special computer hardware or software other than software that is readily available to members of the public free of charge.

The IRS has indicated in its introduction to the new regulations that the Portable Document Format (PDF) currently satisfies the criteria set forth above. The Service noted that documents in the PDF format can be viewed, navigated and printed by anyone using freely available reader software.

#### **Penalties**

Penalties of up to \$20 per day may be assessed on the <u>individuals</u> who fail to comply with the public inspection and copy provisions. Willful failure to comply can result in more severe penalties.



# Public Disclosure Requirements for 501(c)(3) Organizations That File Form 990-T

Prior to the enactment of the Pension Protection Act of 2006, the Internal Revenue Code required that 501(c)(3) organizations make a copy of their Forms 990 available for public inspection.

The Pension Protection Act of 2006 expanded this provision by requiring that 501(c)(3) organizations make copies of their Forms 990-T available for public inspection as well. The new rule for Forms 990-T applies to returns filed after August 17, 2006.

Therefore, any 501(c)(3) organization required to file a Form 990-T (including those organizations not required to file a Form 990, such as churches and their integrated auxiliaries) must make its Form 990-T available for public inspection, under the same provisions applicable to the public inspection of Forms 990.

Information relating to a trade secret, patent, process, style of work, or apparatus of the organization may be withheld from the public inspection copy of the Form 990-T if the IRS determines that public disclosure of such information would adversely affect the organization. Requests for withholding such information must be submitted to the IRS at the address where the organization files its Form 990-T.

The current Form 990-T includes a section requiring disclosure of the compensation allocated to and the percentage of time devoted to an unrelated trade or business of any officer or director whose compensation is allocated (in whole or in part) to the organization's unrelated trade or business activities. Therefore, the new public disclosure requirements related to the Form 990-T may potentially expose information about compensation paid by a church (or other 501(c)(3) organization not required to file a Form 990) to its officers and directors that was not publicly available prior to the new provision.

A detailed guide to the public disclosure requirements for 501(c)(3) organizations that file Form 990-T is enclosed.

**Regulatory Disclosure**: Pursuant to newly-enacted regulations related to practice before the Internal Revenue Service, please be advised that anything in this communication (including any attachments) that might constitute written tax advice is not intended or written to be used, and cannot be used, by any recipient for the purposes of (1) avoiding penalties that may be imposed on the taxpayer under the Internal Revenue Code or (2) promoting, marketing or recommending to another party any tax-related matter addressed herein.



# GUIDE TO IRS PUBLIC DISCLOSURE REQUIREMENTS FOR 501(c)(3) ORGANIZATIONS THAT FILE FORM 990-T

The Pension Protection Act of 2006 added a provision to the Internal Revenue Code which requires all 501(c)(3) organizations that file a Form 990-T to provide copies of Form 990-T to the public upon request. A 501(c)(3) organization can avoid the requirement to provide copies if the organization makes the documents "widely available" in a manner that complies with the Treasury Regulations applicable to public disclosure of the Form 990-T and other information returns filed by 501(c)(3) organizations.

#### **Public inspection required**

Federal law requires 501(c)(3) organizations that file Form 990-T to make such forms available for public inspection at their principal office for a period of three years from the date the returns are filed with the Internal Revenue Service.

#### Copies must be provided

In addition to making their Forms 990-T available for public inspection, 501(c)(3) organizations must provide copies of those forms upon request.

#### To what forms does the provision apply?

The public inspection and copy requirements apply to each Form 990-T filed after August 17, 2006, for a period of three years beginning on the date the return is required to be filed or the date it is actually filed, whichever is later.

Forms available for inspection or copies must include all related attachments and exhibits. An organization may, however, exclude from public inspection and copies information relating to a trade secret, patent, process, style of work, or apparatus of the organization (the public disclosure of which would adversely affect the organization), but only if prior approval of such exclusion is received from the IRS. Requests for withholding such information must be submitted to the IRS at the address where the organization files its Form 990-T.

A charity that files a Form 990-T solely to request a refund of the federal telephone excise tax is not required to make that Form 990-T available for public inspection and copying. However, if a charity files a Form 990-T to request a refund of the federal telephone excise tax and to report unrelated business taxable income under section 511, the charity is required to make that Form 990-T available for public inspection and copying in its entirety.

#### From what locations must organizations provide public inspection or copies?

The regulations require that a 501(c)(3) organization make the Form 990-T available for public inspection or copies at its "principal, regional and district offices." The rules define a regional or district office as "any office of a tax-exempt organization, other than its principal office, that has paid employees, whether part-time or full-time, whose aggregate number of paid hours a week are normally at least 120." A site is not considered a regional or district office, however, if the only services provided at the site further exempt purposes (e.g., day care, health care, etc.) and the site does not serve as an office for management staff other than managers who are involved solely in the exempt function activities at the site. An organization which does not maintain a permanent office may comply with the regulations by permitting public inspection at a "reasonable location of its choice." Such inspection should occur normally within two weeks of the request and at a "reasonable time of day." An organization without a permanent office may opt to provide copies in lieu of allowing a personal inspection.

#### When must inspection and copies be made available?

A 501(c)(3) organization is required to permit public inspection and make copies available during the regular business hours of the organization. An organization which has very limited or no office hours may make its documents available in the manner prescribed for organizations without a permanent office, as described above.

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When a request is made in person at an organization's office for copies, the organization is required to provide the copies on the day the request is made unless "unusual circumstances" exist. If "unusual circumstances" exist making it unreasonable to fulfill a request for copies on the same business day, the organization is required to provide the copies no later than the next business day following the day that the unusual circumstances cease to exist or on the fifth business day after the date of the request, whichever occurs first. Examples cited of unusual circumstances include receipt of a volume of requests that exceeds the organization's daily capacity, requests received shortly before the end of regular business hours, or requests received on a day when the organization's staff is unavailable.

An organization receiving a written request for copies is required to mail the copies within 30 days from the date it receives the request. If the organization requires payment in advance (see "Fees for copies" – below), it is required to provide the copies within 30 days from the date it receives payment.

#### Requests for copies of parts of a document

The regulations require an organization to fulfill a request for any specific part or schedule of its Form 990-T so long as such request specifically identifies the requested part or schedule.

#### Fees for copies

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**Example** – An organization has a Form 990-T which, along with its attached schedules, comprises 15 pages. The organization determines that first-class mail charges for mailing the form will be \$1.50. The organization may charge up to \$4.50 for the copy and the related postage.

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- The format must allow any individual with access to the Internet to access, download, view and print the posted document without payment of a fee to either the tax-exempt organization or the entity maintaining the World Wide Web page and without special computer hardware or software other than software that is readily available to members of the public free of charge.

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#### <u>Penaltie</u>s

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