# **THIS COPY IS FOR PUBLIC INSPECTION** For the tax year ended: June 30, 2022

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| PUBLIC INSPECTION COPY                  |          |   |         |   |  |  |
|---|----------|---|---------|---|--|--|
| Form <b>990-T</b>                       | l E      | Exempt Organization Business Income Tax Retur   | m L     | OMB No. 1545-0047   |  |  |
|   |          | (and proxy tax under section 6033(e))   | F       | 0004  |  |  |
|   | For ca   | lendar year 2021 or other tax year beginning ${ m JUL}$ 1, 2021 , and ending ${ m JUN}$ 30, 20  | 22      | 2021  |  |  |
| Department of the Treasury              |          | ► Go to www.irs.gov/Form990T for instructions and the latest information.                       | — L     |   |  |  |
| Internal Revenue Service                |          | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c) |         | Open to Public Inspection for<br>501(c)(3) Organizations Only |  |  |
| A Check box if address changed.         |          | Name of organization ( Check box if name changed and see instructions.)                         | DEmplo  | oyer identification number                                    |  |  |
| B Exempt under section                  | Print    | McKnight Brain Research Foundation  | 6       | 5-6301255   |  |  |
| $\mathbf{X}$ 501( $\mathbf{C}$ )( $3$ ) | or       | Number, street, and room or suite no. If a P.O. box, see instructions.                          | EGroup  | exemption number  |  |  |
| 408(e) 220(e)                           | Туре     | 333 S. Garland Avenue, 17th Floor   | (see ir | nstructions)  |  |  |
| 408A $530(a)$                           |          | City or town, state or province, country, and ZIP or foreign postal code                        |         | N/A   |  |  |
| 529(a) 529A                             |          | Orlando, FL 32801   | F       | Check box if  |  |  |
|   | С Во     | ok value of all assets at end of year • 44,833,059.   |         | an amended return.  |  |  |
| G Check organization                    |          |   |         |   |  |  |
| H Check if filing only to               |          | Claim credit from Form 8941 Claim a refund shown on Form 2439                                   |         |   |  |  |
|   |          | ation filing a consolidated return with a 501(c)(2) titleholding corporation                    |         |   |  |  |
| J Enter the number of                   | fattach  | ed Schedules A (Form 990-T)   |         | 1   |  |  |
|   |          | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?      |         | Yes X No  |  |  |
| If "Yes," enter the n                   | ame an   | d identifying number of the parent corporation.   |         |   |  |  |
|   |          |   | (407    | )237-4485   |  |  |
| Part I Total Uni                        | relate   | d Business Taxable Income   |         |   |  |  |
| 1 Total of unrelated                    | busine   | ss taxable income computed from all unrelated trades or businesses (see                         |         |   |  |  |
| instructions)                           |          |   | . 1     | 600,899.  |  |  |
| 2 Reserved                              |          |   |         | <u> </u>  |  |  |
| 3 Add lines 1 and 2                     |          |   | 3       | 600,899.  |  |  |
|   |          | (see instructions for limitation rules) Stmt 15 Stmt 16   |         | 359,939.  |  |  |
|   |          | taxable income before net operating losses. Subtract line 4 from line 3                         |         | 240,960.  |  |  |
|   | •        | ing loss. See instructions  | . 6     |   |  |  |
|   |          | ss taxable income before specific deduction and section 199A deduction.                         | _       | 240,960.  |  |  |
| Subtract line 6 fro                     |          |   |         | 1,000.  |  |  |
|   |          | rally \$1,000, but see instructions for exceptions)   |         | 1,000.  |  |  |
| <b>—</b>                                |          | duction. See instructions   |         | 1,000.  |  |  |
|   |          | nes 8 and 9<br>able income. Subtract line 10 from line 7. If line 10 is greater than line 7,    | . 10    | 1,000.  |  |  |
| enter zero                              | 55 Laka  |   | 11      | 239,960.  |  |  |
| Part II Tax Com                         | putat    |   |         |   |  |  |
|   | •        | is corporations. Multiply Part I, line 11 by 21% (0.21)   | ▶ 1     |   |  |  |
|   |          | ates. See instructions for tax computation. Income tax on the amount on                         |         |   |  |  |
| Part I, line 11 from                    |          | Tax rate schedule or Schedule D (Form 1041)   | 2       | 85,987.   |  |  |
| 3 Proxy tax. See ins                    |          |   | ▶ 3     |   |  |  |
| 4 Other tax amount                      | s. See i | nstructions   | 4       |   |  |  |
| 5 Alternative minimu                    | um tax   | (trusts only)   | 5       |   |  |  |
| 6 Tax on noncomp                        | liant fa | cility income. See instructions   | 6       |   |  |  |
| 7 Total. Add lines 3                    | throug   | h 6 to line 1 or 2, whichever applies   | . 7     | 85,987.   |  |  |
| LUA For Paparwork                       | Doduct   | ion Act Nation son instructions   |         | Earm <b>990_T</b> (2021)                                      |  |  |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

|         | 90-T (2021)   |          |     | P          | 2 age            |
|---------|---|----------|-----|------------|------------------|
| Part    | III Tax and Payments  |          |     |            |                  |
| 1a      | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a  |          |     |            |                  |
| b       | Other credits (see instructions) 1b   |          |     |            |                  |
| С       | General business credit. Attach Form 3800 (see instructions)  |          |     |            |                  |
| d       | Credit for prior year minimum tax (attach Form 8801 or 8827) 1d   |          |     |            |                  |
| е       | Total credits. Add lines 1a through 1d  | 1e       |     |            |                  |
| 2       | Subtract line 1e from Part II, line 7   | 2        | 8   | 5,9        | 87.              |
| 3       | Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866   |          |     |            |                  |
|         | Other (attach statement)  | 3        |     |            |                  |
| 4       | Total tax. Add lines 2 and 3 (see instructions).  |          | _   |            |                  |
|         | section 1294. Enter tax amount here   | 4        | 8   | 5,9        | <u>87.</u><br>0. |
| 5       | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4   | 5        |     |            | 0.               |
| 6a      | Payments: A 2020 overpayment credited to 2021 6a 41,790.  |          |     |            |                  |
| b       | 2021 estimated tax payments. Check if section 643(g) election applies <b>6b</b> 94,500.   |          |     |            |                  |
| С       | Tax deposited with Form 8868 6c   |          |     |            |                  |
| d       | Foreign organizations: Tax paid or withheld at source (see instructions) 6d   |          |     |            |                  |
| е       | Backup withholding (see instructions) 6e  |          |     |            |                  |
| f       | Credit for small employer health insurance premiums (attach Form 8941)  |          |     |            |                  |
| g       | Other credits, adjustments, and payments: Form 2439   |          |     |            |                  |
|         | Form 4136 Other Total 🕨 6g  |          | 4.0 | <i>c</i> 0 | ~ ~              |
| 7       | Total payments. Add lines 6a through 6g   | 7        | 13  | 6,2        | 90.              |
| 8       | Estimated tax penalty (see instructions). Check if Form 2220 is attached  | 8        |     |            |                  |
| 9       | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  | 9        |     | <u> </u>   | <u></u>          |
| 10      | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid   | 10       | 5   | 0,3        |                  |
| 11      | Enter the amount of line 10 you want: Credited to 2022 estimated tax  50,303. Refunded  | 11       |     |            | 0.               |
| Part    |   |          |     | ,          |                  |
| 1       | At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority   |          |     | Yes        | No               |
|         | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file   |          |     |            |                  |
|         | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country   |          |     |            | v                |
|         | here  |          |     |            | X                |
| 2       | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a  |          |     |            | x                |
|         | foreign trust?  |          |     |            | ~                |
| •       | If "Yes," see instructions for other forms the organization may have to file.   |          |     |            |                  |
| 3       | Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>   |          |     |            |                  |
| 4       | Enter available pre-2018 NOL carryovers here <b>S</b> Do not include any post-2017 NOL car  |          | 4   |            |                  |
| -       | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par  | τi, line | 4.  |            |                  |
| 5       | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce   |          |     |            |                  |
|         | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions Business Activity Code Available post-2017 NOL ca                       |          |     |            |                  |
|         | Business Activity Code Available post-2017 NOL c:   | arryove  | 1   |            |                  |
|         | •<br>\$   |          |     |            |                  |
|         |   |          |     |            | х                |
| 6a<br>h | Did the organization change its method of accounting? (see instructions)<br>If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," |          |     |            | - 23             |
| b       |   |          |     |            |                  |
| Deat    | explain in Part V   |          |     |            | <u> </u>         |

#### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|               | Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that |                                    |          |              | nowled | lge and belief, it is true,   |                |
|---------------|--|------------------------------------|----------|--------------|--------|---|----------------|
| Here          | Signature of officer   | Date Title                         | ee       |              | the p  | the IRS discuss this return wi<br>reparer shown below (see<br>uctions)? X Yes | <sup>ith</sup> |
|               | Print/Type preparer's name   | Preparer's signature               | Date     | Check        | if     | PTIN  |                |
| Paid          |  | 1 de Maria                         |          | self- employ | ed     |   |                |
| Preparer      | . Kaylyn A. Varnum   |                                    | 04/24/23 |              |        | P01691975   |                |
| Use Only      |  | son Wales & Lee, P.                | Α.       | Firm's EIN   |        | 20-4193611  |                |
|               | 801 North  | 801 North Orange Avenue, Suite 800 |          |              |        |   |                |
|               | Firm's address 🕨 Orlando, E  |                                    |          |              | 40     | 7-770-6000  |                |
| 123711 01-31- | 22   |                                    |          |              |        | Form <b>990-T</b> (2  | 2021)          |

Filed electronically with the IRS on May 11, 2023

| Form 990-T   | Contributions                | Statement 15                       |  |  |
|--|------------------------------|------------------------------------|--|--|
| Description/Kind of Property   | Method Used to Determine FMV | Amount                             |  |  |
| American Brain Foundation<br>American Federation for Aging<br>Foundation for the NIH | N/A<br>N/A<br>N/A            | 330,000.<br>534,500.<br>1,000,000. |  |  |
| Total to Form 990-T, Part I, 1:  | ine 4                        | 1,864,500.                         |  |  |

| Statement 16 | Y   | Contributions Summary  | 'orm 990-T   |
|--------------|---|--|--|
|              | - 60% Limit   | ears Unused Contributions -  | Carryover of Prior Years   |
|              |   | 1,351,009<br>921,527   | For Tax Year 2018<br>For Tax Year 2019<br>For Tax Year 2020  |
|              | 2,272,536<br>1,864,500                                | 0% Contributions   | Total Carryover<br>Total Current Year 60% (  |
|              | 4,137,036<br>359,939                                  |  | Fotal Contributions Ava:<br>Faxable Income Limitatio   |
|              | 3,777,097<br>3,777,097                                |  | Excess 60% Contribution<br>Fotal Excess Contribution   |
| 359,939      |   | ons Deduction  | Allowable Contributions  |
|              | -<br>outions  | imitation after 60% contrib  | Taxable Income for limit   |
|              | -<br>- 50% Limit                                      | ears Unused Contributions -  | Carryover of Prior Years   |
|              |   | 3,198,793<br>2,191,526<br>1,632,253  | For Tax Year 2016<br>For Tax Year 2017<br>For Tax Year 2018<br>For Tax Year 2019<br>For Tax Year 2020  |
|              | 7,022,572   | 0% Contributions   | Total Carryover<br>Total Current Year 50% (  |
|              | 7,022,572   | Arrailable   | Total Contributions Ava:   |
|              | 0   |  | Taxable Income Limitatio   |
|              | -   | ation as Adjusted<br>ions  | Excess 50% Contribution:   |
| (            | 0   | ation as Adjusted<br>ions<br>utions  | Excess 50% Contribution<br>Total Excess Contributio  |
|              | 0<br>7,022,572<br>7,022,572                           | ation as Adjusted<br>ions<br>utions  | Excess 50% Contribution<br>Total Excess Contribution<br>Allowable Contributions  |
|              | 0<br>7,022,572<br>7,022,572                           | ation as Adjusted<br>ions<br>outions<br>ons Deduction<br>imitation after 50% Contrik   | Excess 50% Contribution<br>Total Excess Contribution<br>Allowable Contributions<br>Taxable Income for limit  |
|              | 0<br>7,022,572<br>7,022,572                           | ation as Adjusted<br>ions<br>utions<br>ons Deduction<br>imitation after 50% Contrik<br>ibutions - 100% Limit<br>00% Contributions                                | Excess 50% Contribution<br>Total Excess Contribution<br>Allowable Contributions<br>Taxable Income for limit<br>Qualified Cash Contribut<br>Total Current Year 100%   |
|              | 0<br>7,022,572<br>7,022,572<br>                       | ation as Adjusted<br>ions<br>utions<br>ons Deduction<br>imitation after 50% Contrik<br>ibutions - 100% Limit<br>00% Contributions<br>ation as Adjusted           | Excess 50% Contribution<br>Total Excess Contribution<br>Allowable Contributions<br>Taxable Income for limit<br>Qualified Cash Contribut<br>Total Current Year 100%<br>Taxable Income Limitatio   |
| 0            | 0<br>7,022,572<br>7,022,572<br>oution<br>-<br>239,960 | ation as Adjusted<br>ions<br>outions<br>ons Deduction<br>imitation after 50% Contrik<br>ibutions - 100% Limit<br>00% Contributions<br>ation as Adjusted<br>tions | Taxable Income Limitation<br>Excess 50% Contribution<br>Total Excess Contribution<br>Allowable Contributions<br>Taxable Income for limit<br>Qualified Cash Contribut<br>Total Current Year 100%<br>Taxable Income Limitation<br>Excess 100% Contribution |

| SCHE  | DULE A |
|-------|--------|
| (Form | 990-T) |

Department of the Treasury

Internal Revenue Service

F

#### Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2021

OMB No. 1545-0047

| Open to Public Inspection for |
|-------------------------------|
| 501(c)(3) Organizations Only  |

1

| Α | Name of the organizatio |       |          |            |
|---|-------------------------|-------|----------|------------|
|   | McKnight                | Brain | Research | Foundation |

B Em

1

B Employer identification number 65-6301255

of

1

D Sequence:

| C Unrel | ated business | activity code | (see instruction | is) 🕨 | 90110 |
|---------|---------------|---------------|------------------|-------|-------|
|---------|---------------|---------------|------------------|-------|-------|

#### Describe the unrelated trade or business **Investment** in partnerships

| Pa | t I Unrelated Trade or Business Income                            |    | (A) Income | (B) Expenses | (C) Net  |
|----|---|----|------------|--------------|----------|
| 1a | Gross receipts or sales   |    |            |              |          |
| b  | Less returns and allowances c Balance ►                           | 1c |            |              |          |
| 2  | Cost of goods sold (Part III, line 8)                             | 2  |            |              |          |
| 3  | Gross profit. Subtract line 2 from line 1c                        | 3  |            |              |          |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form          |    |            |              |          |
|    | 1120)). See instructions  | 4a | 588,683.   |              | 588,683. |
| b  | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b |            |              |          |
| с  | Capital loss deduction for trusts                                 | 4c |            |              |          |
| 5  | Income (loss) from a partnership or an S corporation (attach      |    |            |              |          |
|    | statement) Statement 17   | 5  | 34,452.    |              | 34,452.  |
| 6  | Rent income (Part IV)   | 6  |            |              |          |
| 7  | Unrelated debt-financed income (Part V)                           | 7  |            |              |          |
| 8  | Interest, annuities, royalties, and rents from a controlled       |    |            |              |          |
|    | organization (Part VI)  | 8  |            |              |          |
| 9  | Investment income of section 501(c)(7), (9), or (17)              |    |            |              |          |
|    | organizations (Part VII)  | 9  |            |              |          |
| 10 | Exploited exempt activity income (Part VIII)                      | 10 |            |              |          |
| 11 | Advertising income (Part IX)                                      | 11 |            |              |          |
| 12 | Other income (see instructions; attach statement)                 | 12 |            |              |          |
| 13 | Total. Combine lines 3 through 12                                 | 13 | 623,135.   |              | 623,135. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| 1   | Compensation of officers, directors, and trustees (Part X)  |     |               | 1      |                        |
|-----|---|-----|---------------|--------|------------------------|
| 2   |   |     |               |        |                        |
| 3   | Repairs and maintenance   |     |               |        |                        |
| 4   | Bad debts   |     |               |        |                        |
| 5   | Interest (attach statement). See instructions   |     |               | 5      |                        |
| 6   | Taxes and licenses  |     |               | 6      |                        |
| 7   | Depreciation (attach Form 4562). See instructions         Less depreciation claimed in Part III and elsewhere on return | 7   |               |        |                        |
| 8   | Less depreciation claimed in Part III and elsewhere on return   | 8a  |               | 8b     |                        |
| 9   | Depletion   |     |               | 9      |                        |
| 10  | Contributions to deferred compensation plans  |     |               | 10     |                        |
| 11  | Employee benefit programs   |     |               | 11     |                        |
| 12  | Excess exempt expenses (Part VIII)  |     |               | 12     |                        |
| 13  | Excess readership costs (Part IX)   |     |               | 13     |                        |
| 14  | Other deductions (attach statement)   | S   | tatement 18   | 14     | 22,236.                |
| 15  | 5 Total deductions. Add lines 1 through 14  |     |               | 15     | 22,236.                |
| 16  | Unrelated business income before net operating loss deduction. Subtract line 15 from                                    | Par | t I, line 13, |        |                        |
|     | column (C)  |     |               | 16     | 600,899.               |
| 17  | Deduction for net operating loss. See instructions  |     |               | 17     | 0.                     |
| 18  | Unrelated business taxable income. Subtract line 17 from line 16  |     |               | 18     | 600,899.               |
| LHA | For Paperwork Reduction Act Notice, see instructions.   |     | ;             | Schedu | le A (Form 990-T) 2021 |

|        |   |                            |                           |                 | 1             |
|--------|---|----------------------------|---------------------------|-----------------|---------------|
|        | ule A (Form 990-T) 2021                                   |                            |                           |                 | Page <b>2</b> |
| Part   |   | hod of inventory valuat    |                           | 1               |               |
| 1<br>2 | Inventory at beginning of year                            |                            |                           |                 |               |
| 3      | Purchases<br>Cost of labor                                |                            |                           |                 |               |
| 4      | Additional section 263A costs (attach statement)          |                            |                           | 4               |               |
| 5      | Other costs (attach statement)                            |                            |                           |                 |               |
| 6      | Total. Add lines 1 through 5                              |                            |                           |                 |               |
| 7      | Inventory at end of year                                  |                            |                           |                 |               |
| 8      | Cost of goods sold. Subtract line 7 from line 6. Enter    | here and in Part I, line 2 | 2                         |                 |               |
| 9      | Do the rules of section 263A (with respect to property    |                            |                           |                 | Yes No        |
| Part   |   | •                          |                           | • • • • • •     |               |
| 1      | Description of property (property street address, city, s | state, ZIP code). Check    | if a dual-use. See ins    | tructions.      |               |
|        |   |                            |                           |                 |               |
|        | B   |                            |                           |                 |               |
|        |   |                            |                           |                 |               |
|        |   | Α                          | В                         | с               | D             |
| 2      | Rent received or accrued                                  |                            | _                         |                 |               |
| а      | From personal property (if the percentage of              |                            |                           |                 |               |
|        | rent for personal property is more than 10%               |                            |                           |                 |               |
|        | but not more than 50%)                                    |                            |                           |                 |               |
| b      | From real and personal property (if the                   |                            |                           |                 |               |
|        | percentage of rent for personal property exceeds          |                            |                           |                 |               |
|        | 50% or if the rent is based on profit or income)          |                            |                           |                 |               |
| С      | Total rents received or accrued by property.              |                            |                           |                 |               |
|        | Add lines 2a and 2b, columns A through D                  |                            |                           |                 |               |
| 3      | Total rents received or accrued. Add line 2c columns A    | through D. Entor horo      | and on Part L line 6      |                 | 0.            |
| 3      | Deductions directly connected with the income             | K Infolgh D. Enter here    | and on Fart 1, line 0,    |                 |               |
| 4      | in lines 2(a) and 2(b) (attach statement)                 |                            |                           |                 |               |
| •      |   |                            |                           |                 |               |
| 5      | Total deductions. Add line 4 columns A through D. Er      | nter here and on Part I,   | line 6, column (B)        |                 | 0.            |
| Part   | V Unrelated Debt-Financed Income (se                      | ee instructions)           |                           |                 |               |
| 1      | Description of debt-financed property (street address,    | city, state, ZIP code). C  | heck if a dual-use. Se    | e instructions. |               |
|        | A   |                            |                           |                 |               |
|        | В   |                            |                           |                 |               |
|        |   |                            |                           |                 |               |
|        | D   | •                          |                           | 0               |               |
| 2      | Gross income from or allocable to debt-financed           | Α                          | В                         | C               | D             |
| 2      | property  |                            |                           |                 |               |
| 3      | Deductions directly connected with or allocable           |                            |                           |                 |               |
| •      | to debt-financed property                                 |                            |                           |                 |               |
| а      | Straight line depreciation (attach statement)             |                            |                           |                 |               |
| b      | Other deductions (attach statement)                       |                            |                           |                 |               |
| с      | Total deductions (add lines 3a and 3b,                    |                            |                           |                 |               |
|        | columns A through D)                                      |                            |                           |                 |               |
| 4      | Amount of average acquisition debt on or allocable        |                            |                           |                 |               |
|        | to debt-financed property (attach statement)              |                            |                           |                 |               |
| 5      | Average adjusted basis of or allocable to debt-           |                            |                           |                 |               |
| -      | financed property (attach statement)                      |                            |                           |                 |               |
| 6      | Divide line 4 by line 5                                   | %                          | %                         | %               | %             |
| 7      | Gross income reportable. Multiply line 2 by line 6        | Entor have and an De       | rt Llipo 7 polymer (A)    |                 | 0.            |
| 8      | Total gross income (add line 7, columns A through D)      | . Enter here and on Pa     | rt i, line 7, column (A)  | ·····• <b>P</b> | 0.            |
| 9      | Allocable deductions. Multiply line 3c by line 6          | [ [ ]                      |                           | I               |               |
| 10     | Total allocable deductions. Add line 9, columns A the     | rough D. Enter here and    | d on Part I, line 7, colu | ımn (B)         | 0.            |
| 11     | Total dividends-received deductions included in line      |                            |                           |                 | 0.            |

| Schedu                             | ile A (Form 990-T) 2021<br>VI Interest, Annu | uition D   | ovaltion and D                                  | onto fro                 | m Contro   |   | raphization                                     | <b>C</b> (a)            |                              | tion () |   | Page 3   |
|------------------------------------|--|------------|---|--------------------------|--|---|---|-------------------------|------------------------------|---------|---|--|
| Part                               | VI Interest, Annu                            |            | byailles, and h                                 |                          |  |   | -   | ,                       | ee instruct                  | ,       |   |  |
| 1. Name of controlled organization |  | d          | <b>2.</b> Employer identification number        | 3. Net unrelated 4. Tota |  | al of specified <b>5.</b> Part of column<br>that is included controlling org<br>tion's gross in |   | art of colu<br>included | d in the ganiza-             |         | eductions directly<br>connected with<br>come in column 5    |  |
| (1)                                |  |            |   |                          |  |   |   |                         | 9.000                        |         |   |  |
| (2)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (3)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (4)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
|                                    |  |            | No  | nexempt (                | Controlled O                                       | rganizati   | ions  |                         |                              |         |   |  |
| 7.                                 | . Taxable Income                             | in         | Net unrelated<br>come (loss)<br>e instructions) |                          | otal of specif<br>yments mad                       |   | <b>10.</b> Part of that is incontrolling gross  | luded                   | in the zation's              |         | Deductions directly<br>connected with<br>noome in column 10 |  |
| (1)                                |  |            |   |                          |  |   | Ĭ   |                         |                              |         |   |  |
| (2)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (3)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (4)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
|                                    |  |            |   |                          |  |   | Add colum<br>Enter here<br>line 8, c            | and or                  | n Part I,<br>I (A)           |         | er he   | lumns 6 and 11.<br>ere and on Part I,<br>8, column (B)                               |
| Totals                             |  |            |   |                          |  | <b>&gt;</b>   |   |                         | 0.                           |         |   | 0.   |
| Part                               |  |            | of a Section 50                                 | 1(c)(7),                 | <u> </u>   | -   |   |                         | ructions)                    |         |   |  |
|                                    | <b>1.</b> Desc                               | ription of | income  |                          | 2. Amou<br>incon                                   |   | 3. Deduction<br>directly conn<br>(attach states | ected                   | <b>4.</b> Set-<br>(attach si |         | ent)  | and set-asides<br>(add cols 3 and 4)   |
| (1)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (2)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (3)                                |  |            |   |                          |  |   |   |                         |                              |         |   |  |
| (4)<br>Totals                      |  |            |   | <b>&gt;</b>              | Add amor<br>column 2<br>here and o<br>line 9, colu | . Enter<br>n Part I,<br>umn (A)<br><b>0</b> •   |   |                         |                              |         |   | Add amounts in<br>column 5. Enter<br>here and on Part I,<br>line 9, column (B)<br>0. |
| Part                               |  |            | Activity Income                                 | , Other                  | Than Adv   | ertisin   | g Income  | (see ins                | structions                   | )       |   |  |
| 1                                  | Description of exploite                      |            |   |                          |  |   |   |                         |                              |         |   |  |
| 2                                  | Gross unrelated busin                        |            |   |                          |  |   |   |                         |                              | 2       |   |  |
| 3                                  | Expenses directly con                        |            |   |                          |  |   |   |                         |                              |         |   |  |
|                                    |  |            |   |                          |  |   |   |                         |                              | 3       |   |  |
| 4                                  | Net income (loss) from                       |            |   |                          |  |   | -   |                         |                              |         |   |  |
| F                                  | lines 5 through 7<br>Gross income from ac    |            |   |                          |  |   |   |                         |                              | 4       |   |  |
| 5<br>6                             |  |            |   |                          |  |   |   |                         |                              | 5<br>6  |   |  |
| 7                                  | Expenses attributable<br>Excess exempt expen |            |   |                          |  |   |   |                         |                              |         |   |  |
|                                    | 4. Enter here and on F                       |            |   |                          |  |   |   |                         |                              | 7       |   |  |
|                                    |  |            |   |                          |  |   |   |                         |                              |         |   |  |

Schedule A (Form 990-T) 2021

| Sched     | ule A (Form 990-T) 2021  |                                   |                  |   | 1<br>Page 4  |
|-----------|--|-----------------------------------|------------------|---|--|
| Part<br>1 | IX       Advertising Income         Name(s) of periodical(s). Check box if reporting         A         B         C         D | g two or more periodicals on a o  | consolidated bas | is.   |  |
| Enter a   | amounts for each periodical listed above in the c  | corresponding column.             |                  |   |  |
| _         |  | A                                 | В                | С   | D  |
| 2         | Gross advertising income<br>Add columns A through D. Enter here and on I   |                                   |                  |   | 0.   |
| а         | Add coldmins A through D. Enter here and on  |                                   |                  | ·····   |  |
| 3         | Direct advertising costs by periodical   |                                   |                  |   |  |
| а         | Add columns A through D. Enter here and on I   |                                   |                  |   | 0.   |
|           | Advertising spin (lass). Cubturget ling O from lin   |                                   |                  |   |  |
| 4         | Advertising gain (loss). Subtract line 3 from line<br>2. For any column in line 4 showing a gain,                            | e                                 |                  |   |  |
|           | complete lines 5 through 8. For any column in  |                                   |                  |   |  |
|           | line 4 showing a loss or zero, do not complete   |                                   |                  |   |  |
|           | lines 5 through 7, and enter zero on line 8  |                                   |                  |   |  |
| 5         | Readership costs   |                                   |                  |   |  |
| 6         | Circulation income   |                                   |                  |   |  |
| 7         | Excess readership costs. If line 6 is less than  |                                   |                  |   |  |
|           | line 5, subtract line 6 from line 5. If line 5 is les  |                                   |                  |   |  |
| 8         | than line 6, enter zero<br>Excess readership costs allowed as a  |                                   |                  |   |  |
| 0         | deduction. For each column showing a gain or   | n                                 |                  |   |  |
|           | line 4, enter the lesser of line 4 or line 7   |                                   |                  |   |  |
| а         | Add line 8, columns A through D. Enter the gree Part II, line 13   | eater of the line 8a, columns tot |                  | •   | 0.   |
| Part      |  |                                   | e instructions)  |   | 0.   |
|           | 1. Name  | <b>2.</b> Title                   | ,                | 3. Percentage<br>of time devoted<br>to business | 4. Compensation<br>attributable to<br>unrelated business |
| (1)       |  |                                   |                  | %   |  |
| (2)       |  |                                   |                  | %   |  |
| (3)       |  |                                   |                  | %   |  |
| (4)       |  |                                   |                  | %   |  |
| Total     | . Enter here and on Part II, line 1  |                                   |                  | ▶   | 0.   |
| Part      |  | instructions)                     |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |
|           |  |                                   |                  |   |  |

| FORM 990-1 (A)  | Income (Loss) from Partnerships   |  |
|---|---|--|
| Description   |   | Net Income<br>or (Loss)  |
| Lighthouse Global Long/<br>Lighthouse Credit Oppor<br>Lighthouse Diversified<br>HCP Private Equity Fund<br>Harbourvest 2019 Global<br>Harbourvest 2020 Global<br>Harbourvest 2021 Global<br>Strategic Investors Fun | tunities Fund, L.P.<br>Fund (QP) II, L.P.<br>V, LP<br>Fund LP<br>Fund LP<br>Fund LP | 52,668.<br>-20,460.<br>10,124.<br>-315.<br>-2,057.<br>-1,379.<br>-4,391.<br>262. |
| Total Included on Sched   | ule A, Part I, line 5   | 34,452.  |
| Form 990-T (A)  | Other Deductions  | Statement 18   |
|   |   |  |

| Description  | Amount                      |
|--|-----------------------------|
| Legal fees<br>Accounting fees<br>Other Professional fees | 2,194.<br>5,294.<br>14,748. |
| Total to Schedule A, Part II, line 14                    | 22,236.                     |

\_\_\_\_\_ Form 990-т (А)

#### Income (Loss) from Partnerships

Statement 17

## 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

2021

Employer identification number

65-6301255

Yes X No

| Department of the Treasury<br>Internal Revenue Service |
|--|
| Name of estate or trust                                |

#### McKnight Brain Research Foundation

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

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

Note: Form 5227 filers need to complete only Parts I and II.

| Pa      | rt I   Short-Term Capital Gains and Losses-Gen                              | erally Assets H                         | eld One Year or                 | Less (see                           | instri   | uctions)   |
|---------|---|---|---------------------------------|-------------------------------------|----------|--|
|         | structions for how to figure the amounts to enter on the lines below.       | <b>(d)</b><br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss | from     | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
| I NIS T | orm may be easier to complete if you round off cents to whole dollars.      |   |                                 | Form(s) 8949,<br>line 2, colum      |          | combine the result<br>with column (g)                            |
| 1a      | 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    |   |                                 |                                     |          |  |
| 1ь      | Totals for all transactions reported on Form(s) 8949 with                   |   |                                 |                                     |          |  |
|         | Box A checked   |   |                                 |                                     |          |  |
| 2       | Totals for all transactions reported on Form(s) 8949 with                   |   |                                 |                                     |          |  |
|         | Box B checked   |   |                                 |                                     |          |  |
| 3       | Totals for all transactions reported on Form(s) 8949 with                   |   |                                 |                                     |          |  |
|         | Box C checked   |   |                                 |                                     |          |  |
| 4       | Chart term capital gain or (loog) from Forms 4694 6959 6791 and 999         | 4                                       |                                 |                                     |          |  |
| 4       | Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824     | 4                                       |                                 |                                     | 4        |  |
| 5       | Net short-term gain or (loss) from partnerships, S corporations, and other  | er estates or trusts                    | See Statem                      | ent 19                              | 5        | 582,119.   |
| 6       | Short-term capital loss carryover. Enter the amount, if any, from line 9 of | f the 2020 Capital Loss                 | ;                               |                                     |          |  |
|         | Carryover Worksheet   |   |                                 |                                     | 6        | ( )  |
| 7       | Net short-term capital gain or (loss). Combine lines 1a through 6 in colu   | umn (h). Enter here an                  | d on line 17,                   |                                     |          |  |
|         | column (3), on page 2   |   |                                 |                                     | 7        | 582,119.   |
| Pa      | rt II Long-Term Capital Gains and Losses-Gene                               | erally Assets He                        | eld More Than C                 | One Year (s                         | ee in    | structions)  |
| See ir  | structions for how to figure the amounts to enter on the lines below.       | (d)                                     | (e)                             | (g)                                 | to       | (h) Gain or (loss)<br>Subtract column (e)                        |
|         |   | Proceeds                                | Cost                            | Adjustmen<br>to gain or loss        |          | from column (d) and  |
| This f  | orm may be easier to complete if you round off cents to whole dollars.      | (sales price)                           | (or other basis)                | Form(s) 8949, I<br>line 2, colum    | Part II, | combine the result<br>with column (g)                            |
| 8 a     | Totals for all long-term transactions reported on Form 1099-B for           |   |                                 | into Ly obtainin                    | • (9)    |  |
| -       | 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 h     | 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 20                              | 12       | 6,564.   |
| 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 o  | of the 2020 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 ar                  | id on line 18a,                 |                                     |          |  |
|         | column (3), on page 2   |   |                                 |                                     | 16       | 6,564.   |
| For P   | aperwork Reduction Act Notice, see the Instructions for Form 1041.          |   |                                 |                                     | chedu    | le D (Form 1041) 2021  |

Schedule D (Form 1041) 2021

| Schedule D (Form 1041) 2021 Investment in  | partnerships                      |             |                           | 6               | 5-6301           | 255 Page 2             |
|--|-----------------------------------|-------------|---------------------------|-----------------|------------------|------------------------|
| Part III Summary of Parts I and II<br>Caution: Read the instructions before con  |                                   |             | (1) Beneficiaries'        | ( <b>2</b> ) Es | state's<br>ust's | (3) Total              |
| 17 Net short-term gain or (loss)   |                                   | 17          |                           | 582             | ,119.            | 582,119.               |
| 18 Net long-term gain or (loss):   |                                   |             |                           |                 | ·                |                        |
| a Total for year   |                                   | 18a         |                           | 6               | ,564.            | 6,564.                 |
| <b>b</b> Unrecaptured section 1250 gain (see line 18 of the wor  | ksheet)                           | 18b         |                           |                 |                  |                        |
| c 28% rate gain  |                                   | 18c         |                           |                 |                  |                        |
| 19 Total net gain or (loss). Combine lines 17 and 18a  |                                   | 19          |                           | 588             | ,683.            | 588,683.               |
| Note: If line 19, col (3), is a net gain, enter the gain on F  |                                   | A (Forr     | n 990-T), Part I, line    | 4a). If line    | s 18a and 1      | 9, col (2), are net    |
| gains, go to Part V, and don't complete Part IV. If line 19  |                                   |             |                           |                 |                  |                        |
| Part IV Capital Loss Limitation  |                                   |             |                           |                 |                  |                        |
| 20 Enter here and enter as a (loss) on Form 1041, line 4 (c  | or Schedule A (Form 990-T), Part  | I, line 4c, | if a trust), the smaller  | of:             |                  |                        |
| <b>a</b> The loss on line 19, column (3) <b>or b</b> \$3,000   |                                   |             | <i>,</i> .                |                 | 20 (             | )                      |
| Note: If the loss on line 19, column (3), is more than \$3,  |                                   |             |                           |                 | is a loss, co    | mplete the Capital     |
| Loss Carryover Worksheet in the instructions to figure yo  | our capital loss carryover.       |             |                           | . ,.            |                  |                        |
| Part V Tax Computation Using Maxi  | •                                 |             |                           | <u> </u>        |                  |                        |
| Form 1041 filers. Complete this part only if both lines 18a and the other states and the second states are sta | nd 19 in column (2) are gains, or | an amou     | nt is entered in Part I c | or Part II an   | d there is an    | entry on Form 1041,    |
| line 2b(2), <b>and</b> Form 1041, line 23, is more than zero.  | <b> .</b>                         |             |                           |                 |                  |                        |
| Caution: Skip this part and complete the Schedule D Tax  |                                   | if:         |                           |                 |                  |                        |
| • Either line 18b, col. (2), or line 18c, col. (2), is more  | ,                                 |             |                           |                 |                  |                        |
| <ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 40</li> <li>These are available to be a lines to and the of Form 400</li> </ul>   | -                                 |             |                           |                 |                  |                        |
| • There are amounts on lines 4e and 4g of Form 495   |                                   |             |                           | <b>D</b>        |                  |                        |
| Form 990-T trusts. Complete this part only if both lines 18a a   |                                   |             |                           |                 |                  |                        |
| line 11, is more than zero. Skip this part and complete the <b>Sc</b>  |                                   |             |                           | )i. (2), 0f ill |                  | z), is more than zero. |
| 21 Enter taxable income from Form 1041, line 23 (or Form   | 990-1, Part I, line11)            | 21          |                           | _               |                  |                        |
| 22 Enter the <b>smaller</b> of line 18a or 19 in column (2)  |                                   |             |                           |                 |                  |                        |
| but not less than zero   | 22                                | _           |                           |                 |                  |                        |
| <b>23</b> 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                                | _           |                           |                 |                  |                        |
| <b>24</b> Add lines 22 and 23  | 24                                | _           |                           |                 |                  |                        |
| <b>25</b> If the estate or trust is filing Form 4952, enter the  |                                   |             |                           |                 |                  |                        |
| amount from line 4g; otherwise, enter -0-  | 25                                |             |                           |                 |                  |                        |
|  |                                   |             | _                         |                 |                  |                        |
| 27 Subtract line 26 from line 21. If zero or less, enter -0-   |                                   | 27          | _                         |                 |                  |                        |
| <b>28</b> Enter the <b>smaller</b> of the amount on line 21 or \$2,700   |                                   |             |                           |                 |                  |                        |
|  |                                   |             |                           |                 | ~                |                        |
| <b>30</b> Subtract line 29 from line 28. If zero or less, enter -0 T   |                                   |             | 1                         | ▶∟              | 30               |                        |
| <b>31</b> Enter the <b>smaller</b> of line 21 or line 26   |                                   |             |                           | _               |                  |                        |
| <b>32</b> Subtract line 30 from line 26  |                                   | 32          |                           |                 |                  |                        |
| <b>33</b> Enter the <b>smaller</b> of line 21 or \$13,250  |                                   |             |                           |                 |                  |                        |
| <b>34</b> Add lines 27 and 30  |                                   | 34          |                           |                 |                  |                        |
| <b>35</b> Subtract line 34 from line 33. If zero or less, enter -0-  |                                   |             |                           |                 |                  |                        |
| <b>36</b> Enter the <b>smaller</b> of line 32 or line 35   |                                   |             |                           |                 |                  |                        |
| <b>37</b> Multiply line 36 by 15% (0.15)   |                                   |             | 1                         | ▶∟              | 37               |                        |
| <b>38</b> Enter the amount from line 31  |                                   |             |                           |                 |                  |                        |
| <b>39</b> Add lines 30 and 36  |                                   | 39          |                           |                 |                  |                        |
| 40 Subtract line 39 from line 38. If zero or less, enter -0  |                                   | . 40        |                           |                 |                  |                        |

| 40 | Subtract line 39 from line 38. If zero or less, enter -U-                                    | 40      |   |    |  |
|----|--|---------|---|----|--|
| 41 | Multiply line 40 by 20% (0.20)   |         |   | 41 |  |
| 42 | Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Estates          |         |   |    |  |
|    | and Trusts (see the Schedule G instructions in the Instructions for Form 1041)               | 42      |   |    |  |
| 43 | Add lines 37, 41, and 42   | 43      |   |    |  |
| 44 | Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Estates          |         |   |    |  |
|    | and Trusts (see the Schedule G instructions in the Instructions for Form 1041)               | 44      |   |    |  |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Sc | chedule | 9 |    |  |
|    | G, Part I, line 1a (or Form 990-T, Part II, line 2)  |         |   | 45 |  |

| Schedule E (Fo | rm 1040) 2021      |              |            |          |             |       |            |   |
|----------------|--------------------|--------------|------------|----------|-------------|-------|------------|---|
| Name(s) shown  | i on return. Do no | t enter name | and social | security | / number if | shown | on page 1. | 1 |

Page 2

| Mc       | IcKnight Brain Research Foundation 65-6301255  |                              |  |              |                   |   |                       | 1255                        |                              |
|----------|--|------------------------------|--|--------------|-------------------|---|-----------------------|-----------------------------|------------------------------|
| Cau      | Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. |                              |  |              |                   |   |                       |                             |                              |
| Pa       | rt II Income or Loss From Pa   | rtnerships and S Co          | orporatio  | ns - No      | ote: I            | f you report a loss, receiv               | /e a di               | stribution,                 | dispose of                   |
|          | stock, or receive a loan repayment   | nt from an S corporation,    | you <b>must</b> c  | heck the     | e box             | k in column <b>(e)</b> on line 28         | and at                | tach the re                 | equired basis                |
|          | computation. If you report a loss  | from an at-risk activity for | which <b>any</b>   | amount       | is <b>nc</b>      | ot at risk, you <b>must</b> checł         | k the b               | ox in colur                 | mn <b>(f)</b> on             |
|          | line 28 and attach Form 6198. Se   | e instructions.              |  |              |                   |   |                       |                             |                              |
| 27       | Are you reporting any loss not allowed in  | n a prior year due to the a  | t-risk or bas  | sis limita   | tions             | s, a prior year unallowed l               | oss fro               | om a                        |                              |
|          | passive activity (if that loss was not repo  |                              |  |              |                   |   |                       |                             |                              |
|          | see instructions before completing this  | section                      |  |              |                   |   |                       | Yes                         | X No                         |
|          | · · · · · · · · · · · · · · · · · · ·  |                              | (b) <sub>Enter</sub> P for   | (C) Check    | <                 | (d) Employer                              | (e                    | Check if                    | (f) Check if                 |
| 28       | <b>(a)</b> Name  |                              | (b) <sub>Enter</sub> P <sub>for</sub><br>partnership; S<br>for S corporation | partnershi   | ip id             | dentification number                      | basis                 | s computation<br>s required | any amount is<br>not at risk |
| Α        | See Statement 21   |                              |  |              |                   |   |                       |                             |                              |
| B        |  |                              |  |              |                   |   |                       |                             |                              |
| C        |  |                              |  |              |                   |   |                       |                             |                              |
| D        |  |                              |  |              |                   |   |                       |                             |                              |
|          | Passive Income and L   | 055                          |  |              |                   | Nonpassive Income an                      | dlos                  | <br>S                       |                              |
|          | (g) Passive loss allowed   | (h) Passive income           | (i) Nong   | assive lo    | SS                | (j) Section 179 expense                   | 1                     | ) Nonpassi                  | vo incomo                    |
|          | (attach Form 8582 if required)   | from Schedule K-1            | allov  | ved (see     |                   | deduction from Form 4562                  |                       | from Sche                   |                              |
|          | · · · · · · · · · · · · · · · · · · ·  |                              | Sche   | dule K-1)    |                   |   |                       |                             |                              |
| <u>A</u> |  |                              |  |              |                   |   |                       |                             |                              |
| B        |  |                              |  |              |                   |   |                       |                             |                              |
| С        |  |                              |  |              |                   |   |                       |                             |                              |
| D        |  | C2 054                       |  |              |                   |   | -                     |                             |                              |
| 29a      | Totals   | 63,054.                      | •  |              |                   |   | _                     |                             |                              |
| b        | Totals   |                              |  |              |                   |   |                       |                             | 0.054                        |
| 30       |  |                              |  |              |                   |   | 30                    |                             | 3,054.                       |
| 31       | Add columns (g), (i), and (j) of line 29b $_{\dots}$   |                              |  |              |                   |   | 31                    |                             | 8,602.                       |
| 32       | Total partnership and S corporation in   |                              | e lines 30 ar  | nd 31        |                   |   | 32                    | 3                           | 4,452.                       |
| Pa       | rt III Income or Loss From Est   | ates and Trusts              |  |              |                   |   |                       |                             |                              |
| 33       |  |                              |  |              |                   |   |                       |                             | ployer                       |
| 33       |  | <b>(a)</b> Name              |  |              |                   |   | identification number |                             |                              |
| Α        |  |                              |  |              |                   |   |                       |                             |                              |
| В        |  |                              |  |              |                   |   |                       |                             |                              |
|          | Passive Incor  | ne and Loss                  |  |              |                   | Nonpassive In                             | come                  | and Loss                    |                              |
|          | (c) Passive deduction or loss allow  |                              | assive incor   |              |                   | (e) Deduction or loss                     | (f) Other income from |                             |                              |
|          | (attach Form 8582 if required)   | from S                       | Schedule K   | <u>-1</u>    |                   | from Schedule K-1                         |                       | Schedu                      | le K-1                       |
| Α        |  |                              |  |              |                   |   |                       |                             |                              |
| В        |  |                              |  |              |                   |   |                       |                             |                              |
| 34a      | Totals   |                              |  |              |                   |   |                       |                             |                              |
| b        | Totals   |                              |  |              |                   |   |                       |                             |                              |
| 35       | Add columns (d) and (f) of line 34a  |                              |  |              |                   |   | 35                    |                             |                              |
| 36       | Add columns (c) and (e) of line 34b  |                              |  |              |                   |   | 36                    | (                           |                              |
| 37       | Total estate and trust income or (loss   |                              |  |              |                   |   | 37                    |                             |                              |
| Pa       | rt IV Income or Loss From Rea  | I Estate Mortgage I          | nvestme  | ent Cor      | ndui              | its (REMICs) - Resi                       | dual                  | Holder                      |                              |
|          | ( ) ) (  | (b) Employer                 | (c) Exce   | ss inclus    | sion              | (d) Taxable income                        |                       | (e) Incom                   |                              |
| 38       | <b>(a)</b> Name  | identification number        | 2c (see i  | nstructio    | z, iii is<br>ons) | e (net loss) from<br>Schedules Q, line 1b | S                     | Schedules                   | <b>Q,</b> line 3b            |
|          |  |                              |  |              |                   |   |                       |                             |                              |
|          |  |                              |  |              |                   |   |                       |                             |                              |
| 39       | Combine columns (d) and (e) only. Enter  | the result here and includ   | de in the to   | tal on lin   | e 41              | below                                     | 39                    |                             |                              |
| _        | rt V Summary   |                              |  |              |                   |   |                       |                             |                              |
| 40       | Net farm rental income or (loss) from <b>Fo</b>  | rm 4835. Also, complete l    | line 42 belo   | w            |                   |   | 40                    |                             |                              |
| 41       | Total income or (loss). Combine lines 26, 32   |                              |  |              |                   |   | 41                    | 3                           | 4,452.                       |
| 42       | Reconciliation of farming and fishing incom  |                              |  |              |                   |   |                       |                             |                              |
|          | reported on Form 4835, line 7; Schedule K-1  |                              | -  |              |                   |   |                       |                             |                              |
|          | (Form 1120-S), box 17, code AD; and Schedu   |                              |  |              | 42                |   |                       |                             |                              |
| 42       | Reconciliation for real estate professi  |                              |  | struction\$. | 72                |   |                       |                             |                              |
| 43       | -  | •                            |  | www.hora     |                   |   |                       |                             |                              |
|          | professional (see instructions), enter the   |                              | •  |              |                   |   |                       |                             |                              |
|          | on Form 1040, Form 1040-SR, or Form  |                              |  |              | 40                |   |                       |                             |                              |
|          | in which you materially participated und   | er the passive activity loss | s ruies  |              | 43                |   |                       |                             |                              |

| SCHE  | DULE  | I |
|-------|-------|---|
| (Form | 1041) |   |

Department of the Treasury

#### Alternative Minimum Tax - Estates and Trusts

OMB No. 1545-0092

2021

Attach to Form 1041.

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

| Interr | nal Revenue Service  |      |                         |
|--------|--|------|-------------------------|
| Nam    | ne of estate or trust  |      | r identification number |
|        | Knight Brain Research Foundation   | 65-0 | 5301255                 |
| Pa     | art I Estate's or Trust's Share of Alternative Minimum Taxable Income  |      |                         |
| 1      | Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions   | 1    | 240,960.                |
|        | Interest   |      |                         |
| 3      | Taxes  |      |                         |
| 4      | Refund of taxes  |      | ( )                     |
| 5      | Depletion (difference between regular tax and AMT)   |      |                         |
| 6      | Net operating loss deduction. Enter as a positive amount   |      |                         |
| 7      | Interest from specified private activity bonds exempt from the regular tax   |      |                         |
| 8      | Qualified small business stock (see instructions)  |      |                         |
| 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)  |      |                         |
| 11     | Disposition of property (difference between AMT and regular tax gain or loss)  |      |                         |
| 12     | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                               |      |                         |
| 13     | Passive activities (difference between AMT and regular tax income or loss)   |      |                         |
| 14     | Loss limitations (difference between AMT and regular tax income or loss)   |      |                         |
| 15     | Circulation costs (difference between regular tax and AMT)   |      |                         |
| 16     | Long-term contracts (difference between AMT and regular tax income)  |      |                         |
| 17     | Mining costs (difference between regular tax and AMT)  |      |                         |
| 18     | Research and experimental costs (difference between regular tax and AMT)   | 18   |                         |
| 19     | Income from certain installment sales before January 1, 1987   |      | ( )                     |
| 20     | Intangible drilling costs preference   |      | · · · ·                 |
| 21     | Other adjustments, including income-based related adjustments  | 21   |                         |
| 22     |  |      | ( )                     |
| 23     | Adjusted alternative minimum taxable income. Combine lines 1 through 22  |      | 240,960.                |
|        | Note: Complete Part II below before going to line 24.  |      |                         |
| 24     | Income distribution deduction from Part II line 42 N/A 24  |      |                         |
| 25     | Estate tax deduction (from Form 1041, line 19) N/A 25  |      |                         |
|        | Add lines 24 and 25  | 26   |                         |
| 27     | Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23                             |      | 240,960.                |
|        | If line 27 is:   |      |                         |
|        | <ul> <li>\$25,700 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't</li> </ul> |      |                         |
|        | liable for the alternative minimum tax.  |      |                         |
|        | <ul> <li>Over \$25,700, but less than \$188,450, go to line 43.</li> </ul>   |      |                         |
|        | <ul> <li>\$188,450 or more, enter the amount from line 27 on line 49 and go to line 50.</li> </ul>                         |      |                         |
|        | • ESBTs, see instructions.   |      |                         |
| Pa     | art II Income Distribution Deduction on a Minimum Tax Basis N/A  |      |                         |
|        | Adjusted alternative minimum taxable income (see instructions)   | 28   |                         |
|        | Adjusted tax-exempt interest (other than amounts included on line 7)   |      |                         |
|        | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-                                      |      |                         |
| 31     |  |      |                         |
| -      | 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)                   |      |                         |
|        | Capital gains computed on a minimum tax basis included on line 23  |      | ( )                     |
| 34     |  |      | , /                     |
| 35     |  |      |                         |
| -      | or less, enter -0-   | 35   |                         |
| 36     |  |      |                         |
| 37     |  |      |                         |
|        | Total distributions. Add lines 36 and 37   |      |                         |
|        | Tax-exempt income included on line 38 (other than amounts included on line 7)  |      |                         |
|        | Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38                              | 40   |                         |

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

Schedule I (Form 1041) 2021

| Part I      | le I (Form 1041) 2021 McKnight Brain Research Fou<br>II Income Distribution Deduction on a Minimum Tax Basis | N/A      | -6301255 Page |    |           |
|-------------|--|----------|---------------|----|-----------|
|             | ntative income distribution deduction on a minimum tax basis. Subtract line 29                               |          | ,             |    |           |
|             | zero or less, enter -0-  |          |               | 41 |           |
|             | come distribution deduction on a minimum tax basis. Enter the smaller of lin                                 |          |               |    |           |
|             | ter here and on line 24  |          |               | 42 |           |
| Part I      | III Alternative Minimum Tax  |          |               |    |           |
|             | emption amount   |          |               | 43 | \$25,700  |
|             | ter the amount from line 27  | 1 1      |               |    | <i> </i>  |
|             | ase-out of exemption amount  |          | \$85,650      |    |           |
|             | btract line 45 from line 44. If zero or less, enter -0-  |          | +             |    |           |
|             | Itiply line 46 by 25% (0.25)   |          |               | 47 |           |
| <b>8</b> Su | btract line 47 from line 43. If zero or less, enter -0-  |          |               | 48 |           |
|             | btract line 48 from line 44  |          |               | 49 | 240,960   |
|             | to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or I               |          |               |    | · · · · · |
|             | column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherw                        | -        |               |    |           |
|             | 6199,900 or less, multiply line 49 by 26% (0.26).  | ,        |               |    |           |
|             | Dver \$199,900, multiply line 49 by 28% (0.28) and subtract \$3,998 from the res                             | sult     |               | 50 | 62,946    |
|             | ernative minimum foreign tax credit (see instructions)   |          |               | 51 | - ,       |
|             | ntative minimum tax. Subtract line 51 from line 50   |          |               | 52 | 62,946    |
|             | ter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit i                              |          |               | 53 | 85,987    |
|             | ternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0                              |          |               |    | ,         |
|             | rm 1041, Schedule G, line 1c   |          |               | 54 | 0         |
|             | V Line 50 Computation Using Maximum Capital Gains Rat  |          |               |    | -         |
|             | I: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Ta                                |          | leet          |    |           |
|             | Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the in                              |          |               |    |           |
|             | completing this part.  |          |               |    |           |
|             | ter the amount from line 49  |          |               | 55 | 240,960   |
|             | ter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax                         |          |               |    | - ,       |
|             | rksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for                          |          |               |    |           |
|             | m 1041, whichever applies (as refigured for the AMT, if necessary)   | 56       | 6,564.        |    |           |
|             | ter the amount from Schedule D (Form 1041), line 18b, column (2)   |          | .,            |    |           |
|             | refigured for the AMT, if necessary). If you didn't complete   |          |               |    |           |
| ``          | hedule D for the regular tax or the AMT, enter -0-   | 57       |               |    |           |
|             | you didn't complete a Schedule D Tax Worksheet for the regular tax or the                                    | 01       |               |    |           |
| ,           | IT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter                                  |          |               |    |           |
|             | e smaller of that result or the amount from line 10 of the Schedule D Tax                                    |          |               |    |           |
|             | orksheet (as refigured for the AMT, if necessary)  | 58       | 6,564.        |    |           |
|             | ter the smaller of line 55 or line 58  |          |               | 59 | 6,564     |
|             | btract line 59 from line 55  |          |               | 60 | 234,396   |
|             | ine 60 is \$199,900 or less, multiply line 60 by 26% (0.26). Otherwise, multiply l                           |          |               |    |           |
|             | % (0.28) and subtract \$3,998 from the result  | -        |               | 61 | 61,633    |
|             | aximum amount subject to the 0% rate   | 62       | \$2,700       |    | 02,000    |
|             | ter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D                             | 02       | ψ2,700        | -  |           |
|             | Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions                            |          |               |    |           |
|             | Form 1041, whichever applies (as figured for the regular tax). If you didn't                                 |          |               |    |           |
|             | nplete Schedule D or either worksheet for the regular tax, enter the amount                                  |          |               |    |           |
|             |  |          | 233,396.      |    |           |
|             | m Form 1041, line 23; if zero or less, enter -0-   | 63       | 233,390       | 4  |           |
|             | btract line 63 from line 62. If zero or less, enter -0-  | 64       | 6,564.        | 4  |           |
|             | ter the <b>smaller</b> of line 55 or line 56   | 65       | 0,504.        | 4  |           |
|             | ter the <b>smaller</b> of line 64 or line 65. This amount is taxed at 0%                                     | 66<br>67 | 6,564.        | -  |           |
| 7 Su        |  |          |               |    |           |

119862 01-10-22

Schedule I (Form 1041) 2021

|    | edule I (Form 1041) 2021 rt IV Line 50 Computation Using Maximum Capital Gains Rat      | <u>AS /</u> |                     |     | Page 3                  |
|----|---|-------------|---------------------|-----|-------------------------|
| 68 | Maximum amount subject to rates below 20%   | 68 68       | (inuea)<br>\$13,250 |     |                         |
| 69 | Enter the amount from line 64   | 69          | . ,                 | 1   |                         |
| 70 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the                 |             |                     | 1   |                         |
|    | 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          | 233,396.            |     |                         |
| 71 | Add line 69 and line 70   | 71          | 233,396.            | 1   |                         |
| 72 | Subtract line 71 from line 68. If zero or less, enter -0-                               | 72          |                     | 1   |                         |
| 73 | Enter the <b>smaller</b> of line 67 or 72   | 73          |                     | 1   |                         |
| 74 | 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 81. Of         | herwise     | go to line 76.      | 1   |                         |
| 76 | Subtract line 75 from line 65   | 76          | 6,564.              |     |                         |
| 77 | Multiply line 76 by 20% (0.20)  |             | ▶                   | 77  | 1,313.                  |
|    | If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwi        |             |                     |     |                         |
| 78 | Add lines 60, 75, and 76  | 78          |                     |     |                         |
| 79 | Subtract line 78 from line 55   | 79          |                     |     |                         |
| 80 | Multiply line 79 by 25% (0.25)  |             | ▶                   | 80  |                         |
| 81 | Add lines 61, 74, 77, and 80  |             |                     | 81  | 62,946.                 |
| 82 | If line 55 is \$199,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply li |             |                     |     |                         |
|    | and subtract \$3,998 from the result  |             | · ·                 | 82  | 63,471.                 |
| 83 | Enter the <b>smaller</b> of line 81 or line 82 here and on line 50                      |             |                     | 83  | 62,946.                 |
|    |   |             |                     | 0.1 | dula I (Farm 1041) 2021 |

Schedule I (Form 1041) 2021

| Schedule D  | Net Short-Term Gain or L<br>Partnerships and S-Corp |                                | Statement 19                                    |
|---|---|--------------------------------|---|
| Description of A  | ctivity   |                                | Gain or Loss                                    |
| Lighthouse Credit   |   |                                | 145,840.<br>289,789.<br>145,773.<br>663.<br>54. |
| Total to Schedule   | e D, Part I, line 5                                 |                                | 582,119.  |
| Schedule D  | Net Long-Term Gain or L<br>Partnerships and S-Corp  |                                | Statement 20                                    |
| Description of A  | ctivity   | Gain or Loss                   | 28% Gain  |
| HCP Private Equit<br>Harbourvest 2019<br>Harbourvest 2020<br>Harbourvest 2021 | Global Fund LP<br>Global Fund LP                    | 78.<br>5,169.<br>1,252.<br>65. |   |
| Total to Schedule   | e D, Part II, line 12                               | 6,564.                         |   |

= =

| Sched      | ule E I                       | ncome or                 | c (Loss) fro            | m Partners        | hips and S C       | orps St               | atement 21 |
|------------|-------------------------------|--------------------------|-------------------------|-------------------|--------------------|-----------------------|------------|
| Name       |                               |                          |                         |                   |                    |                       |            |
| <br>Emp I  | D No.                         |                          |                         |                   |                    |                       |            |
| Code       | X Basis<br>if Comp<br>Frn Req | Any<br>Not<br>at<br>Risk | Passive<br>Loss         | Passive<br>Income | Nonpassive<br>Loss | Sec. 179<br>Deduction |            |
| Harbo      | urvest 2019                   | Global                   | Fund LP                 |                   |                    |                       |            |
| P<br>Harbo | urvest 2020                   | Global                   | 2,057.<br>Fund LP       |                   |                    |                       |            |
| P<br>Harbo | urvest 2021                   | . Global                 | 1,379.<br>Fund LP       |                   |                    |                       |            |
| P<br>HCP P | rivate Equi                   | ty Fund                  | 4,391.<br>V, LP         |                   |                    |                       |            |
| P<br>Light | house Credi                   | t Opport                 | 315.<br>cunities Fun    | d, L.P.           |                    |                       |            |
| P<br>Light | house Diver                   | sified H                 | 20,460.<br>Fund (QP) II | , L.P.            |                    |                       |            |
| P<br>Light | house Globa                   | l Long/S                 | Short Fund,             | 10,124.<br>L.P.   |                    |                       |            |
| P<br>Strat | egic Invest                   | ors Fund                 | H X, L.P.               | 52,668.           |                    |                       |            |
| Р          |                               |                          |                         | 262.              |                    |                       |            |
| Total      | s to Sch. E                   | 2, ln. 29                | 28,602.                 | 63,054.           |                    |                       |            |

## 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

2021

Employer identification number

65-6301255

Yes X No

| Department of the Treasury<br>Internal Revenue Service |
|--|
| Name of estate or trust                                |

#### McKnight Brain Research Foundation

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

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

Note: Form 5227 filers need to complete only Parts I and II.

| Pa     | rt I   Short-Term Capital Gains and Losses-Gen                              | erally Assets H                  | eld One Year o                  | r Less (see                                       | instri           | uctions)   |
|--------|---|----------------------------------|---------------------------------|---|------------------|--|
|        | structions for how to figure the amounts to enter on the lines below.       | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss               | from             | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
| This f | orm may be easier to complete if you round off cents to whole dollars.      | (sales price)                    |                                 | Form(s) 8949,<br>line 2, colum                    |                  | combine the result<br>with column (g)                            |
| 1a     | 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   |                                  |                                 |   |                  |  |
| 2      | Totals for all transactions reported on Form(s) 8949 with                   |                                  |                                 |   |                  |  |
|        | Box B checked   |                                  |                                 |   |                  |  |
| 3      | Totals for all transactions reported on Form(s) 8949 with                   |                                  |                                 |   |                  |  |
|        | Box C checked   |                                  |                                 |   |                  |  |
| 4      | Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 882      | 4                                |                                 |   | 4                |  |
| 5      | Net short-term gain or (loss) from partnerships, S corporations, and oth    | er estates or trusts             | See Statem                      | ent 22  | 5                | 582,119.   |
| 6      | Short-term capital loss carryover. Enter the amount, if any, from line 9 of | f the 2020 Capital Loss          | ;                               |   |                  |  |
|        | Carryover Worksheet   |                                  |                                 |   |                  |  |
| 7      | Net short-term capital gain or (loss). Combine lines 1a through 6 in colu   | umn (h). Enter here an           | d on line 17,                   |   |                  |  |
|        | column (3), on page 2   |                                  |                                 |   | 7                | 582,119.   |
|        | rt II Long-Term Capital Gains and Losses-Gene                               | -                                | eld More Than (                 | <b>One Year</b> (s                                | ee in            | structions)  |
| See ir | structions for how to figure the amounts to enter on the lines below.       | (d)                              | (e)                             | (g)<br>Adjustmen                                  | te               | (h) Gain or (loss)<br>Subtract column (e)                        |
| This f | orm may be easier to complete if you round off cents to whole dollars.      | Proceeds<br>(sales price)        | Cost<br>(or other basis)        | to gain or loss<br>Form(s) 8949,<br>line 2, colum | from<br>Part II, | from column (d) and  |
| 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<br>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      | id 8824                          |                                 |   | 11               |  |
| 12     | Net long-term gain or (loss) from partnerships, S corporations, and othe    | er estates or trusts             | See Statem                      | ent 23  | 12               | 6,564.   |
| 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 2020 Capital Los          | S                               |   |                  |  |
|        | Carryover Worksheet   |                                  |                                 |   | 15               | (  |
| 16     | Net long-term capital gain or (loss). Combine lines 8a through 15 in col    | lumn (h). Enter here ar          | id on line 18a,                 |   |                  |  |
|        | column (3), on page 2   |                                  |                                 |   | 16               | 6,564.   |
| For P  | aperwork Reduction Act Notice, see the Instructions for Form 1041.          |                                  |                                 | S   | chedu            | le D (Form 1041) 2021  |

Schedule D (Form 1041) 2021

| Schedule D (Form 1041) 2021 McKnight Brai  | n Research Fo  | undat        | ion                       | (             | 55-6    | 5301            | 255 Page :                |
|--|--|--------------|---------------------------|---------------|---------|-----------------|---------------------------|
| Part III Summary of Parts I and II   |  |              | (1) Beneficiaries'        |               | state's | ;               | ( <b>3</b> ) Total        |
| Caution: Read the instructions before con  | npleting this part.  |              |                           |               | rust's  |                 |                           |
| 17 Net short-term gain or (loss)   |  | 17           |                           | 582           | 2,11    | 19.             | 582,119.                  |
| 18 Net long-term gain or (loss):   |  |              |                           |               |         | _               |                           |
| <b>a</b> Total for year  |  | 18a          |                           |               | 5,50    | 54.             | 6,564.                    |
| <b>b</b> Unrecaptured section 1250 gain (see line 18 of the wor  | ksheet)  | 18b          |                           |               |         |                 |                           |
| c 28% rate gain  |  | 18c          |                           |               |         |                 |                           |
| <b>19</b> Total net gain or (loss). Combine lines 17 and 18a   |  | ▶ 19         |                           |               | -       |                 | 588,683.                  |
| Note: If line 19, col (3), is a net gain, enter the gain on F  |  |              |                           |               |         |                 |                           |
| gains, go to Part V, and don't complete Part IV. If line 19  | 9, column (3), is a net loss, c                                    | omplete P    | Part IV and the Capita    | I Loss Ca     | rryove  | r Worksl        | ieet, as necessary        |
| Part IV Capital Loss Limitation  |  |              |                           |               |         |                 |                           |
| 20 Enter here and enter as a (loss) on Form 1041, line 4 (o  |  |              |                           |               |         |                 |                           |
| <b>a</b> The loss on line 19, column (3) <b>or b</b> \$3,000   |  |              |                           | L             | 20      | (               | )                         |
| Note: If the loss on line 19, column (3), is more than \$3,<br>Loss Carryover Worksheet in the instructions to figure yo   | 000, <b>or</b> if Form 1041, page 1<br>our capital loss carryover. | , line 23 (d | or Form 990-T, Part I     | , line 11),   | is a lo | oss, con        | nplete the Capital        |
| Part V Tax Computation Using Maxi  | mum Capital Gains R  | ates         |                           |               |         |                 |                           |
| Form 1041 filers. Complete this part only if both lines 18a ar   | nd 19 in column (2) are gains, (                                   | or an amou   | nt is entered in Part I o | or Part II a  | nd the  | re is an e      | 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  | Worksheet in the instruction                                       | ns if:       |                           |               |         |                 |                           |
| <ul> <li>Either line 18b, col. (2), or line 18c, col. (2), is more</li> </ul>  | e than zero, or  |              |                           |               |         |                 |                           |
| • Both Form 1041, line 2b(1), and Form 4952, line 4g   | g, are more than zero, or  |              |                           |               |         |                 |                           |
| • There are amounts on lines 4e and 4g of Form 495   | 52.  |              |                           |               |         |                 |                           |
| Form 990-T trusts. Complete this part only if both lines 18a a   | and 19 are gains, or qualified di                                  | ividends are | e included in income ir   | Part I of     | Form 9  | 90-T, <b>an</b> | <b>d</b> Form 990-T, Part |
| line 11, is more than zero. Skip this part and complete the Sc   | chedule D Tax Worksheet in th                                      | e instructio | ns if either line 18b, co | ol. (2), or l | ine 18o | c, col. (2      | ), is more than zero      |
| 21 Enter taxable income from Form 1041, line 23 (or Form 9   | 990-T, Part I, line11)   | 21           | 239,                      | 960.          |         |                 |                           |
| 22 Enter the smaller of line 18a or 19 in column (2)   |  |              |                           |               |         |                 |                           |
| but not less than zero   | 22 6,5   | 64.          |                           |               |         |                 |                           |
| 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 6,50  | 64.          |                           |               |         |                 |                           |
| 25 If the estate or trust is filing Form 4952, enter the   |  |              |                           |               |         |                 |                           |
| amount from line 4g; otherwise, enter -0-  | 25   | 0.           |                           |               |         |                 |                           |
| 26 Subtract line 25 from line 24. If zero or less, enter -0-   |  | 26           | 6,                        | 564.          |         |                 |                           |
|  |  |              | 233,                      |               |         |                 |                           |
| •• E · · · · · · · · · · · · · · · · · ·   |  |              |                           | 700.          |         |                 |                           |
|  |  |              |                           | 700.          |         |                 |                           |
| 30 Subtract line 29 from line 28. If zero or less, enter -0 The second |  |              | · · · · ·                 |               | 30      |                 | 0.                        |
| 31 Enter the smaller of line 21 or line 26   |  |              |                           | 564.          |         |                 |                           |
| <b>32</b> Subtract line 30 from line 26  |  | 32           |                           | 564.          |         |                 |                           |

6,564 38 Enter the amount from line 31 38 39 Add lines 30 and 36 39 40 Subtract line 39 from line 38. If zero or less, enter -0-40 6,564. 41 Multiply line 40 by 20% (0.20) 41 42 Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) 84,674 42 85,987. 43 Add lines 37, 41, and 42 43 44 Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041) 87,103. 44 45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2) 45

33 Enter the smaller of line 21 or \$13,250

**34** Add lines 27 and 30

Subtract line 34 from line 33. If zero or less, enter -0-

Enter the smaller of line 32 or line 35

37 Multiply line 36 by 15% (0.15)

35

36

Schedule D (Form 1041) 2021

1,313.

85,987.

13,250

..... 🕨

0

37

233,396

33

34

35

36

| Schedule D  |                                 | Short-Term Gain or Loss from the second s  |                            | Statement             | 22   |
|---|---------------------------------|--|----------------------------|-----------------------|------|
| Description of A  | Activity                        |  |                            | Gain or I             | oss  |
|   | it Opport<br>sified H<br>Global | unities Fund, L.<br>Fund (QP) II, L.P<br>Fund LP   |                            | 145,8<br>289,<br>145, | 789. |
| Total to Schedu   | le D, Par                       | rt I, line 5   |                            | 582,2                 | 19.  |
| Schedule D  |                                 | Long-Term Gain or Loss from the second secon |                            | Statement             | 23   |
| Description of A  | Activity                        |  | Gain or Loss               | s 28% Gai             | in   |
| HCP Private Equ<br>Harbourvest 2019<br>Harbourvest 2020<br>Harbourvest 2022 | 9 Global<br>) Global            | Fund LP<br>Fund LP   | 78<br>5,169<br>1,252<br>65 |                       |      |
| Total to Schedu   | le D, Par                       | rt II, line 12   | 6,564                      | ,                     |      |

= =

| Form <b>8582</b>           |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|
| Department of the Treasury |  |  |  |  |  |  |

### **Passive Activity Loss Limitations**

 See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 irs gov/Form8582 for instructions and the late ot info noti .

OMB No. 1545-1008

2021

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| nternal Revenue Service (99) Go to www   | w.irs.gov/Form8582  | for instructions an               |                                 | tion.           | Attachment<br>Sequence No. 858 |
|--|---|-----------------------------------|---------------------------------|-----------------|--------------------------------|
| Name(s) shown on return  |   |                                   |                                 | Ident           | ifying number                  |
|  |   |                                   |                                 |                 |                                |
| McKnight Brain Research H  |   |                                   |                                 |                 | 65-6301255                     |
| Part I 2021 Passive Activity Loss  |   |                                   |                                 |                 |                                |
| Caution: Complete Parts IV and V b   |   |                                   |                                 |                 |                                |
| Rental Real Estate Activities With Active Partic   | • •   | •                                 | cipation, see                   |                 |                                |
| Special Allowance for Rental Real Estate Activ   |   | · · · · · ·                       | 1                               |                 |                                |
| <b>1a</b> Activities with net income (enter the amount   | from Part IV, column  | (a)) <b>1</b> a                   | a                               |                 |                                |
| <b>b</b> Activities with net loss (enter the amount from   |   |                                   | b (                             | )               |                                |
| c Prior years' unallowed losses (enter the amo   | unt from Part IV, colu  | ımn (c)) <b>1</b> 0               | c (                             | )               |                                |
| d Combine lines 1a, 1b, and 1c   |   |                                   |                                 | 1d              |                                |
| All Other Passive Activities   |   |                                   |                                 |                 |                                |
| 2a Activities with net income (enter the amount  | from Part V, column   | (a)) 2a                           | a 63,                           | 054.            |                                |
| b Activities with net loss (enter the amount from  | m Part V, column (b))   | 21                                | b ( 28,                         | 602,            |                                |
| c Prior years' unallowed losses (enter the amo   | unt from Part V, colu   | mn (c)) 20                        | c (                             | )               |                                |
| d Combine lines 2a, 2b, and 2c   |   |                                   |                                 | 2d              | 34,452.                        |
| 3 Combine lines 1d and 2d. If this line is zero of   |   |                                   |                                 |                 |                                |
| all losses are allowed, including any prior yea  | ar unallowed losses e   | ntered on line 1c or              | 2c. Report the                  |                 |                                |
| losses on the forms and schedules normally   |   |                                   | •                               | 3               | 34,452.                        |
|  |   |                                   |                                 | ·····           |                                |
| <ul> <li>Note: Enter all numbers in Part II as</li> <li>4 Enter the smaller of the loss on line 1d or th</li> <li>5 Enter \$150,000. If married filing separately, s</li> <li>6 Enter modified adjusted gross income, but n</li> <li>Note: If line 6 is greater than or equal to line on line 9. Otherwise, go to line 7.</li> <li>7 Subtract line 6 from line 5.</li> </ul> | te loss on line 3<br>see instructions<br>not less than zero. See<br>5, skip lines 7 and 8 | e instructions 6<br>and enter -0- |                                 | 4               |                                |
|  | are then \$25,000. If   |                                   |                                 |                 |                                |
|  | •   | •                                 |                                 | · 8<br>9        |                                |
| 9 Enter the smaller of line 4 or line 8<br>Part III Total Losses Allowed   |   |                                   |                                 |                 |                                |
|  |   |                                   |                                 | 10              |                                |
| 0 Add the income, if any, on lines 1a and 2a and   |   |                                   |                                 | 10              |                                |
| 1 Total losses allowed from all passive activ  |   |                                   |                                 |                 |                                |
| out how to report the losses on your tax retu<br>Part IV Complete This Part Before   | Dart I Lines 1a   | 1h and 1c So                      | o instructions                  | 11              |                                |
| ·  | Currer  |                                   | Prior years                     | Ove             | rall gain or loss              |
| Name of activity   | (a) Net income<br>(line 1a)   | <b>(b)</b> Net loss<br>(line 1b)  | (c) Unallowed<br>loss (line 1c) | <b>(d)</b> Gain | (e) Loss                       |
|  |   |                                   |                                 |                 |                                |
|  |   |                                   |                                 |                 |                                |
|  |   |                                   |                                 |                 |                                |
|  |   |                                   |                                 |                 |                                |
|  |   |                                   |                                 |                 |                                |
|  |   | 1                                 | 1                               |                 | 1                              |
|  |   |                                   |                                 |                 |                                |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c  |   |                                   |                                 |                 |                                |

#### Form 8582 (2021) McKnight Brain Research Foundation Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

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|                  | Name of activity                 |                                | nt year  |                    | Prior ye                        |         | Overa         | all ga   | ain or loss                |  |
|------------------|----------------------------------|--------------------------------|----------|--------------------|---------------------------------|---------|---------------|----------|----------------------------|--|
| Name of activity |                                  | (a) Net income<br>(line 2a)    |          | Net loss<br>ne 2b) | (c) Unallowed<br>loss (line 2c) |         | (d) Gain      |          | (e) Loss                   |  |
|                  |                                  | (                              | (        |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  | See Attac                      | hed      | Statem             | ent fo                          | r Pa    | rt V          |          |                            |  |
| Total. Enter o   | n Part I, lines 2a, 2b, and 2c 🕨 | 63,054.                        | -2       | 8,602.             |                                 |         |               |          |                            |  |
| Part VI          | Use This Part if an Amou         | nt Is Shown on I               | Part II, | Line 9. S          | See instru                      | ctions. |               |          |                            |  |
|                  |                                  | Form or schedule               |          |                    |                                 |         |               |          |                            |  |
|                  | Nome of estivity                 | and line number                |          |                    | (h) Do                          | tio     | (c) Special   |          | (d) Subtract<br>column (c) |  |
|                  | Name of activity                 | to be reported on              | (a       | ) Loss             | (b) Ra                          | .110    | allowance     |          | from column (a)            |  |
|                  |                                  | (see instructions)             |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
| Total            |                                  | ►                              |          |                    |                                 |         |               |          |                            |  |
| Part VII         | Allocation of Unallowed          | Losses. See instr              | uction   | S.                 |                                 |         |               |          |                            |  |
|                  |                                  | Form or sch                    | edule    |                    |                                 |         |               |          |                            |  |
|                  | Name of activity                 | and line nur                   |          | (a) [              | _oss                            |         | (b) Ratio     | 6        | <b>c)</b> Unallowed loss   |  |
|                  | ,                                | to be reporte<br>(see instruct |          |                    |                                 |         | ( )           | `        | ,                          |  |
|                  |                                  | (000                           |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
| Total            |                                  |                                | ►        |                    |                                 |         |               |          |                            |  |
| Part VIII        | Allowed Losses. See inst         | ructions.                      | ►        |                    |                                 | L       |               | <u> </u> |                            |  |
|                  |                                  | Form or sch                    | edule    |                    |                                 |         |               |          |                            |  |
|                  |                                  | and line nur                   |          |                    |                                 |         |               |          |                            |  |
|                  | Name of activity                 | to be reporte                  | ed on    | (a) L              | _OSS                            | (b) U   | nallowed loss |          | (c) Allowed loss           |  |
|                  |                                  | (see instruct                  | ions)    |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
|                  |                                  |                                |          |                    |                                 |         |               |          |                            |  |
| Total            |                                  |                                | 🕨        |                    |                                 |         |               |          |                            |  |

Form **8582** (2021)

#### Form 8582 (2021) McKnight Brain Research Foundation

|  | 65- | 63 | 012 | 55 | Page <b>3</b> |
|--|-----|----|-----|----|---------------|
|--|-----|----|-----|----|---------------|

| Name of activity:  | (a)        | (b) | (c) Ratio | (d) Unallowed<br>loss | (e) Allowed loss |
|--|------------|-----|-----------|-----------------------|------------------|
| Form or schedule and line number<br>to be reported on (see<br>instructions): |            |     |           |                       |                  |
| 1a Net loss plus prior year unallowed loss from form or schedule             |            |     |           |                       |                  |
| <b>b</b> Net income from form or schedule                                    |            |     |           |                       |                  |
| c Subtract line 1b from line 1a. If zero or less,                            | enter -0 ► |     |           |                       |                  |
| Form or schedule and line number<br>to be reported on (see<br>instructions): |            |     |           |                       |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule      |            |     |           |                       |                  |
| <b>b</b> Net income from form or schedule                                    | •          |     |           |                       |                  |
| c Subtract line 1b from line 1a. If zero or less,                            | enter -0 ► |     |           |                       |                  |
| Form or schedule and line number<br>to be reported on (see<br>instructions): |            |     |           |                       |                  |
| 1a Net loss plus prior year unallowed loss from form or schedule             |            |     |           |                       |                  |
| <b>b</b> Net income from form or schedule                                    | •          |     |           |                       |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less,                     | enter -0 ► |     |           |                       |                  |
| Total  | ►          |     |           |                       |                  |

Form 8582

Equity Fund V, LP

315.

-315.

|   |       | Current  | Yea   | r<br>_          | Prior Year<br>Unallowed | Overall Ga          | in or Loss      |
|---|-------|----------|-------|-----------------|-------------------------|---------------------|-----------------|
| Name of Activity  | Net   | Income   | Net   | Loss            | Loss                    | Gain                | Loss            |
| Lighthouse Global<br>Long/Short Fund, L.I<br>Lighthouse Credit    | 2.5   | 52,668.  |       | 0.              |                         | 52,668.             |                 |
| Opportunities Fund,<br>L.P.<br>Lighthouse<br>Diversified Fund (QI | ۰ ۱   | 0.       | - :   | 20,460.         |                         |                     | -20,460         |
| II, L.P.<br>HCP Private Equity                                    |       | 0,124.   |       | 0.              |                         | 10,124.             |                 |
| Fund V, LP<br>Harbourvest 2019                                    |       | 0.       |       | -315.           |                         |                     | -315            |
| Global Fund LP<br>Harbourvest 2020                                |       | 0.       |       | -2,057.         |                         |                     | -2,057          |
| Global Fund LP<br>Harbourvest 2021                                |       | 0.       |       | -1,379.         |                         |                     | -1,379          |
| Global Fund LP<br>Strategic Investors                             |       | 0.       |       | -4,391.         |                         |                     | -4,391          |
| Fund X, L.P.  |       | 262.     |       | 0.              |                         | 262.                |                 |
| Totals  |       | 53,054.  |       | 28,602.         |                         | 63,054.             | -28,602         |
| Form 8582   | 5     | Summary  | of Pa | assive .        | Activities              | Sta                 | tement 25       |
| R<br>R  | Form  |          |       |                 |                         |                     |                 |
| E   | or    | .e Gain/ | Loss  | Prior<br>Year C | Net<br>/O Gain/Loss     | Unallowed<br>5 Loss | Allowed<br>Loss |
| Lighthouse Globals<br>Long/Short Fund,                            | Sch E |          |       |                 |                         |                     |                 |
| L.P.<br>Lighthouse Credits<br>Opportunities                       | Sch E | 52,      | 668.  |                 | 52,668                  | 3.                  |                 |
| Fund, L.P.<br>Lighthouse &  | Sch E | -20,     | 460.  |                 | -20,460                 | ).                  | 20,460          |
| Diversified Fund<br>(QP) II, L.P.<br>HCP Private                  | Sch E | 10,      | 124.  |                 | 10,124                  | ł.                  |                 |
|   |       |          | 215   |                 | 216                     |                     | 21 5            |

-315.

Other Passive Activities - Part V

65-6301255

Statement

24

| McKnight Brain Research F | oundation |         | 65-6301255 |
|---------------------------|-----------|---------|------------|
| Harbourvest 2019 Sch E    |           |         |            |
| Global Fund LP            | -2,057.   | -2,057. | 2,057.     |
| Harbourvest 2020 Sch E    |           |         |            |
| Global Fund LP            | -1,379.   | -1,379. | 1,379.     |
| Harbourvest 2021 Sch E    |           |         |            |
| Global Fund LP            | -4,391.   | -4,391. | 4,391.     |
| Strategic Sch E           |           |         |            |
| Investors Fund X,         |           |         |            |
| L.P.                      | 262.      | 262.    |            |
| otals                     | 34,452.   | 34,452. | 28,602.    |
|                           |           |         |            |

Prior year carryovers allowed due to current year net activity income

Total

28,602.

#### McKnight Brain Research Foundation EIN: 65-6301255 6/30/2022 Charitable Contribution Carryforward Schedule

#### 50% Deductible Charitable Contributions

|               | Contributions                       | Contributions  |   | Cumulative  |
|---------------|-------------------------------------|--|---|---|
| Contributions | Taken                               | Expired  | Carryover   | Carryover   |
| Available     | During Tax Year:                    | <b>During Tax Year:</b>  | Amounts   | Amount  |
| 3,198,793     | -                                   | (3,198,793)  | -   | -   |
| 2,191,526     | -                                   | -  | 2,191,526   | 2,191,526   |
| 1,632,253     | -                                   | -  | 1,632,253   | 3,823,779   |
|               | Available<br>3,198,793<br>2,191,526 | Contributions         Taken           Available         During Tax Year:           3,198,793         -           2,191,526         - | Contributions         Taken         Expired           Available         During Tax Year:         During Tax Year:           3,198,793         -         (3,198,793)           2,191,526         -         - | Contributions         Taken         Expired         Carryover           Available         During Tax Year:         During Tax Year:         Amounts           3,198,793         -         -         -           2,191,526         -         -         2,191,526 |

50% deductible charitable contribution carryforward to 6/30/2023 Tax year 3,823,779

#### 60% Deductible Charitable Contributions

|               |               | Contributions           | Contributions           |           | Cumulative |
|---------------|---------------|-------------------------|-------------------------|-----------|------------|
| Year of       | Contributions | Taken                   | Expired                 | Carryover | Carryover  |
| Contributions | Available     | <b>During Tax Year:</b> | <b>During Tax Year:</b> | Amounts   | Amount     |
| 6/30/2020     | 1,351,009     | -                       | -                       | 1,351,009 | 1,351,009  |
| 6/30/2021     | 921,527       | -                       | -                       | 921,527   | 2,272,536  |
| 6/30/2022     | 1,864,500     | (359,939)               | -                       | 1,504,561 | 3,777,097  |

60% deductible charitable contribution carryforward to 6/30/2023 Tax year 3,777,097