

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2024

Prepared for	McKnight Brain Research Foundation 333 S. Garland Avenue, 17th Floor Orlando, FL 32801
Prepared by	Batts Morrison Wales & Lee, P.A. 801 North Orange Avenue, Suite 800 Orlando, FL 32801
Amount due or refund	Overpayment of \$113,221 with \$63,221 applied to the estimated tax payments and the balance of \$50,000 refunded.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been electronically filed. Do not mail a paper copy of the return to the IRS.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

2023

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://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).Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Check box if address changed.	<b>Print or Type</b>	Name of organization (Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3)		McKnight Brain Research Foundation	65-6301255
408(e) 220(e)		Number, street, and room or suite no. If a P.O. box, see instructions. 333 S. Garland Avenue, 17th Floor	<b>E</b> Group exemption number (see instructions)
408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code Orlando, FL 32801	N/A
<b>C</b> Book value of all assets at end of year		39,392,794.	<b>F</b> Check box if an amended return.
<b>G</b> Check organization type 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust 401(a) trust Other trust State college/university			
6417(d)(1)(A) Applicable entity			

<b>H</b> Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
<b>J</b> Enter the number of attached Schedules A (Form 990-T) 1
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation
<b>L</b> The books are in care of Truist Bank Telephone number (407) 237-4485

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	3,058.
2 Reserved	2	
3 Add lines 1 and 2	3	3,058.
4 Charitable contributions (see instructions for limitation rules) Stmt 17 Stmt 18	4	1,235.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,823.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,823.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	823.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	82.
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	82.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	82.
3a Amount due from Form 4255	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	82.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.

**Part III Tax and Payments** (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	87,303.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	26,000.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	113,303.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	113,221.
11	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 63,221. <b>Refunded</b>	11	50,000.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority 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 here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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 carryover	
	901101	\$ 43,075.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Michele M. Wales</i>		Date <i>4/30/25</i>	Title <i>Trustee</i>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<i>Michele M. Wales</i>	<i>Michele M. Wales</i>	<i>04/30/25</i>	<i>P00428093</i>
	Firm's name	Firm's EIN		
	<i>Batts Morrison Wales &amp; Lee, P.A.</i>	<i>20-4193611</i>		
	Firm's address	Phone no.		
	<i>801 North Orange Avenue, Suite 800</i>	<i>407-770-6000</i>		
	<i>Orlando, FL 32801</i>			

Form 990-T (2023)

Form 990-T		Contributions	Statement 17
Description/Kind of Property	Method Used to Determine FMV	Amount	
American Federation for Aging Research	N/A	2,534,500.	
University of Miami	N/A	50,000.	
Total to Form 990-T, Part I, line 4		2,584,500.	

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Form 990-T	Contributions Summary	Statement 18
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## Carryover of Prior Years Unused Contributions - 60% Limit

For Tax Year 2018	
For Tax Year 2019	1,351,009
For Tax Year 2020	921,527
For Tax Year 2021	1,504,561
For Tax Year 2022	296,250

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Total Carryover	4,073,347
Total Current Year 60% Contributions	2,584,500

Total Contributions Available	6,657,847
Taxable Income Limitation as Adjusted	1,235

Excess 60% Contributions	6,656,612
Total Excess Contributions	6,656,612

Allowable Contributions Deduction	1,235
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Taxable Income for limitation after 60% contributions	0
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## Carryover of Prior Years Unused Contributions - 50% Limit

For Tax Year 2018	
For Tax Year 2019	
For Tax Year 2020	
For Tax Year 2021	
For Tax Year 2022	

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Total Carryover	
Total Current Year 50% Contributions	

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Total Contributions Available	
Taxable Income Limitation as Adjusted	0

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Excess 50% Contributions	0
Total Excess Contributions	0

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Allowable Contributions Deduction	0
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Taxable Income for limitation after 50% Contribution	0
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## Qualified Cash Contributions - 100% Limit

Total Current Year 100% Contributions	
Taxable Income Limitation as Adjusted	823

Excess 100% Contributions	0
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Allowable Contribution Deduction	0
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Total Contribution Deduction	1,235
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**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

**2023**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <div style="text-align: center;"><b>McKnight Brain Research Foundation</b></div>	<b>B</b> Employer identification number <div style="text-align: center;"><b>65-6301255</b></div>
<b>C</b> Unrelated business activity code (see instructions) <b>901101</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>Statement 19</b>	<b>5</b>	52,140.		52,140.
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b>	49,140.		49,140.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>See Statement 20</b>	<b>14</b>	33,849.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	33,849.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	15,291.
<b>17</b> Deduction for net operating loss. See instructions <b>Stmt 21 Stmt 23</b>	<b>17</b>	12,233.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	3,058.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a 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) .....				
c 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. Enter here and on Part I, line 6, column (A) .....	0.			
Deductions directly connected with the income				
4 in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c 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 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

  

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7



**Part IX Advertising Income****1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

**2** Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

**a****3** Direct advertising costs by periodical**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, 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 -0- 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 less than line 6, enter -0-**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

Form 990-T (A)	Income (Loss) from Partnerships	Statement 19
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Description	Net Income or (Loss)
Lighthouse Global Long/Short Fund, L.P.	78,839.
Prior year PAL	-80,006.
Lighthouse Credit Opportunities Fund, L.P.	45,450.
Lighthouse Diversified Fund (QP) II, L.P.	67,458.
Prior year PAL	-26,684.
HCP Private Equity Fund V, LP	6,066.
Harbourvest 2019 Global Fund LP	-1,161.
Prior year PAL	-2,569.
Harbourvest 2020 Global Fund LP	-5,102.
Prior year PAL	-8,202.
Harbourvest 2021 Global Fund LP	-7,556.
Prior year PAL	-8,027.
Strategic Investors Fund X, L.P.	545.
Harbourvest 2022 Global Fund LP	-2,525.
Prior year PAL	-4,386.
Total Included on Schedule A, Part I, line 5	52,140.

Form 990-T (A)	Other Deductions	Statement 20
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Description	Amount
Legal fees	5,709.
Accounting fees	6,810.
Other Professional fees	21,330.
Total to Schedule A, Part II, line 14	33,849.

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Form 990-T (A)	Post 2017 NOL Schedule	Statement 21
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Prior Year Post 2017 NOL	NOL Deduction	Carryforward of Post 2017 NOL
<u>43,075.</u>	<u>12,233.</u>	<u>30,842.</u>

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990-T Sch A	Post-2017 Net Operating Loss Deduction	Statement 22
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Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/23	43,075.	0.	43,075.	43,075.
NOL Carryover Available This Year			43,075.	43,075.

Sch A (990-T)	Schedule A NOL Detail	Statement	23
Taxable income from all entities		15,291.	
This entities portion of taxable income		15,291.	
This entities percentage of pre-2018 net operating loss		100.00%	
This entities allowed pre-2018 net operating loss		0.	
Taxable income after pre-2018 net operating loss		15,291.	
80% income limitation		12,233.	
Post-2017 available		43,075.	
Lesser of Post-2017 net operating loss or 80% limitation		12,233.	

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

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

Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

OMB No. 1545-0092

**2023**

Name of estate or trust

Employer identification number

**McKnight Brain Research Foundation**

**65-6301255**

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

☐ Yes ☒ No

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.

**Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1 a</b> 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				
<b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 24</b>				<b>5</b> <b>404.</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet				<b>6</b> <b>(158,131.)</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				<b>7</b> <b>-157,727.</b>

**Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8 a</b> 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				
<b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 25</b>				<b>12</b> <b>13,677.</b>
<b>13</b> Capital gain distributions				<b>13</b>
<b>14</b> Gain from Form 4797, Part I				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet				<b>15</b> <b>( )</b>
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)				<b>16</b> <b>13,677.</b>

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

Schedule D (Form 1041) 2023

**Part III Summary of Parts I and II****Caution:** Read the instructions before completing this part.

	(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss) .....	17	-157,727.	-157,727.
18 Net long-term gain or (loss):			
a Total for year .....	18a	13,677.	13,677.
b Unrecaptured section 1250 gain (see line 18 of the worksheet) .....	18b		
c 28% rate gain .....	18c		
19 Total net gain or (loss). Combine lines 17 and 18a .....	19	-144,050.	-144,050.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of:		
a The loss on line 19, column (3)   or   b \$3,000 .....	20	( 3,000. )

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the inst. if either line 18b, col (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) .....	21		
22 Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero .....	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) .....	23		
24 Add lines 22 and 23 .....	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- .....	25		
26 Subtract line 25 from line 24. If zero or less, enter -0- .....	26		
27 Subtract line 26 from line 21. If zero or less, enter -0- .....	27		
28 Enter the <b>smaller</b> of the amount on line 21 or \$3,000 .....	28		
29 Enter the <b>smaller</b> of the amount on line 27 or line 28 .....	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% .....	30		
31 Enter the <b>smaller</b> of line 21 or line 26 .....	31		
32 Subtract line 30 from line 26 .....	32		
33 Enter the <b>smaller</b> of line 21 or \$14,650 .....	33		
34 Add lines 27 and 30 .....	34		
35 Subtract line 34 from line 33. If zero or less, enter -0- .....	35		
36 Enter the <b>smaller</b> of line 32 or line 35 .....	36		
37 Multiply line 36 by 15% (0.15) .....	37		
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		
41 Multiply line 40 by 20% (0.20) .....	41		
42 Figure the tax on the amount on line 27. Use the 2023 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 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 .....	44		
45 <b>Tax on all taxable income.</b> Enter the <b>smaller</b> 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		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

McKnight Brain Research Foundation

65-6301255

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

**Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☒ **Yes** ☐ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	See Statement 27					
B						
C						
D						
<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>				
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A						
B						
C						
D						
29a	Totals	198,358.				
b	Totals	146,218.				
30	Add columns (h) and (k) of line 29a				30	198,358.
31	Add columns (g), (i), and (j) of line 29b				31	( 146,218. )
32	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31				32	52,140.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1
A		
B		
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	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36	37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41
42	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42
43	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations	Statement 24
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Description of Activity	Gain or Loss
HCP Private Equity Fund V, LP	38.
Harbourvest 2019 Global Fund LP	57.
Harbourvest 2020 Global Fund LP	66.
Harbourvest 2021 Global Fund LP	56.
Harbourvest 2022 Global Fund LP	187.
 Total to Schedule D, Part I, line 5	 404.

Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations	Statement 25
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Description of Activity	Gain or Loss	28% Gain
HCP Private Equity Fund V, LP	3,120.	
Harbourvest 2019 Global Fund LP	2,391.	
Harbourvest 2020 Global Fund LP	1,393.	
Harbourvest 2021 Global Fund LP	2,528.	
Strategic Investors Fund X, L.P.	-7.	
Harbourvest 2022 Global Fund LP	4,252.	
 Total to Schedule D, Part II, line 12	 13,677.	



Schedule D	Capital Loss Carryover Worksheet	Statement 26
1. Enter the amount from Form 990-T, Sch A, Line 18. . . . .		3,058.
2. Enter the loss from Schedule D, line 20, as a positive amt . .		3,000.
3. Combine lines 1 and 2. If zero or less, enter -0- . . . . .		6,058.
4. Enter the smaller of line 2 or line 3 . . . . .		3,000.
Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from Sch D, line 7, as a positive amount . . .		157,727.
6. Enter any gain from Schedule D, line 16 . . . . .	13,677.	
7. Add lines 4 and 6 . . . . .		16,677.
8. Short-term capital loss carryover to 2024. Subtract line 7 from line 5. If zero or less, enter -0- . . . . .		141,050.
Note: If line 16 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from Schedule D, line 16, as a positive amt . .		0.
10. Enter any gain from Schedule D, line 7 . . . . .	0.	
11. Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	0.	
12. Add lines 10 and 11 . . . . .		0.
13. Long-term capital loss carryover to 2024. Subtract line 12 from line 9. If zero or less, enter -0- . . . . .		0.

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Schedule E      Income or (Loss) from Partnerships and S Corps      Statement    27

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Name

Emp ID No.

Code	X if Frn	Basis Comp Req	Any Not at Risk	Passive Loss	Passive Income	Nonpassive Loss	Sec. 179 Deduction	Nonpassive Income
Harbourvest 2019 Global Fund LP								
P				1,161.				
Prior year PAL								
P				2,569.				
Harbourvest 2020 Global Fund LP								
P				5,102.				
Prior year PAL								
P				8,202.				
Harbourvest 2021 Global Fund LP								
P				7,556.				
Prior year PAL								
P				8,027.				
Harbourvest 2022 Global Fund LP								
P				2,525.				
Prior year PAL								
P				4,386.				
HCP Private Equity Fund V, LP								
P					6,066.			
Lighthouse Credit Opportunities Fund, L.P.								
P					45,450.			
Lighthouse Diversified Fund (QP) II, L.P.								
P					67,458.			
Prior year PAL								
P				26,684.				
Lighthouse Global Long/Short Fund, L.P.								
P					78,839.			

Prior year PAL

P 80,006.  
Strategic Investors Fund X, L.P.

P 545.

Totals to Sch. E, ln. 29	<u>146,218.</u>	<u>198,358.</u>	<u></u>	<u></u>	<u></u>
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**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

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

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

Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

OMB No. 1545-0092

**2023**

Name of estate or trust

Employer identification number

**McKnight Brain Research Foundation****65-6301255**

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

☐ Yes ☒ No

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.**Part I Short-Term Capital Gains and Losses—Generally Assets Held 1 Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
<b>1 a</b> 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				
<b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 28</b> .....				<b>5</b> <b>404.</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet .....				<b>6</b> <b>(158,131.)</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3) .....				<b>7</b> <b>-157,727.</b>

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than 1 Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
<b>8 a</b> 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				
<b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 29</b> .....				<b>12</b> <b>13,677.</b>
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Gain from Form 4797, Part I .....				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet .....				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3) .....				<b>16</b> <b>13,677.</b>

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

Schedule D (Form 1041) 2023

**Part III Summary of Parts I and II**

Caution: Read the instructions before completing this part.

	(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss) .....	17	-157,727.	-157,727.
18 Net long-term gain or (loss):			
a Total for year .....	18a	13,677.	13,677.
b Unrecaptured section 1250 gain (see line 18 of the worksheet) .....	18b		
c 28% rate gain .....	18c		
19 Total net gain or (loss). Combine lines 17 and 18 .....	19	-144,050.	-144,050.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of:	20	( 3,000. )
a The loss on line 19, column (3)   or   b \$3,000 .....		

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the inst. if either line 18b, col (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11) .....	21		
22 Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero .....	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) .....	23		
24 Add lines 22 and 23 .....	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- .....	25		
26 Subtract line 25 from line 24. If zero or less, enter -0- .....	26		
27 Subtract line 26 from line 21. If zero or less, enter -0- .....	27		
28 Enter the <b>smaller</b> of the amount on line 21 or \$3,000 .....	28		
29 Enter the <b>smaller</b> of the amount on line 27 or line 28 .....	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% .....	30		
31 Enter the <b>smaller</b> of line 21 or line 26 .....	31		
32 Subtract line 30 from line 26 .....	32		
33 Enter the <b>smaller</b> of line 21 or \$14,650 .....	33		
34 Add lines 27 and 30 .....	34		
35 Subtract line 34 from line 33. If zero or less, enter -0- .....	35		
36 Enter the <b>smaller</b> of line 32 or line 35 .....	36		
37 Multiply line 36 by 15% (0.15) .....	37		
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		
41 Multiply line 40 by 20% (0.20) .....	41		
42 Figure the tax on the amount on line 27. Use the 2023 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 2023 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 <b>smaller</b> 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		

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**Alternative Minimum Tax  
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/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

OMB No. 1545-0092

**2023**

Name of estate or trust

Employer identification number

**McKnight Brain Research Foundation****65-6301255**

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

☐ Yes ☒ No

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.**Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
<b>1 a</b> 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				
<b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 31</b> .....				<b>5</b> <b>404.</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet .....				<b>6</b> <b>(158,131.)</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3) .....				<b>7</b> <b>-157,727.</b>

**Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
<b>8 a</b> 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				
<b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts <b>See Statement 32</b> .....				<b>12</b> <b>13,677.</b>
<b>13</b> Capital gain distributions .....				<b>13</b>
<b>14</b> Gain from Form 4797, Part I .....				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet .....				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3) .....				<b>16</b> <b>13,677.</b>

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

Schedule D (Form 1041) 2023

# Alternative Minimum Tax

Schedule D (Form 1041) 2023 **Investment in partnerships**

65-6301255

Page 2

## Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17	-157,727.	-157,727.
18 Net long-term gain or (loss):			
a Total for year	18a	13,677.	13,677.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18	19	-144,050.	-144,050.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

## Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of:	
a The loss on line 19, column (3)    or    b \$3,000	20 ( )

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

## Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the inst. if either line 18b, col (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22 Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero	22		
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24 Add lines 22 and 23	24		
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the <b>smaller</b> of the amount on line 21 or \$3,000	28		
29 Enter the <b>smaller</b> of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31 Enter the <b>smaller</b> of line 21 or line 26	31		
32 Subtract line 30 from line 26	32		
33 Enter the <b>smaller</b> of line 21 or \$14,650	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the <b>smaller</b> of line 32 or line 35	36		
37 Multiply line 36 by 15% (0.15)	37		
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		
41 Multiply line 40 by 20% (0.20)	41		
42 Figure the tax on the amount on line 27. Use the 2023 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 2023 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 <b>smaller</b> 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		

Schedule D	Net Short-Term Gain or Loss from Partnerships and S-Corporations	Statement 28
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Description of Activity	Gain or Loss
HCP Private Equity Fund V, LP	38.
Harbourvest 2019 Global Fund LP	57.
Harbourvest 2020 Global Fund LP	66.
Harbourvest 2021 Global Fund LP	56.
Harbourvest 2022 Global Fund LP	187.
 Total to Schedule D, Part I, line 5	 404.

Schedule D	Net Long-Term Gain or Loss from Partnerships and S-Corporations	Statement 29
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Description of Activity	Gain or Loss	28% Gain
HCP Private Equity Fund V, LP	3,120.	
Harbourvest 2019 Global Fund LP	2,391.	
Harbourvest 2020 Global Fund LP	1,393.	
Harbourvest 2021 Global Fund LP	2,528.	
Strategic Investors Fund X, L.P.	-7.	
Harbourvest 2022 Global Fund LP	4,252.	
 Total to Schedule D, Part II, line 12	 13,677.	



Schedule D	Capital Loss Carryover Worksheet	Statement	30
1.	Enter the amount from Form 990-T, line 11 . . . . .	823	
2.	Enter the loss from Schedule D, line 20, as a positive amt . .	3,000	
3.	Combine lines 1 and 2. If zero or less, enter -0- . . . . .	3,823	
4.	Enter the smaller of line 2 or line 3 . . . . .	3,000	
Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.			
5.	Enter the loss from Sch D, line 7, as a positive amount . . .	157,727	
6.	Enter any gain from Schedule D, line 16 . . . . .	13,677	
7.	Add lines 4 and 6 . . . . .	16,677	
8.	Short-term capital loss carryover to 2024. Subtract line 7 from line 5. If zero or less, enter -0- . . . . .	141,050	
Note: If line 16 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.			
9.	Enter the loss from Schedule D, line 16, as a positive amt . .	0	
10.	Enter any gain from Schedule D, line 7 . . . . .	0	
11.	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	0	
12.	Add lines 10 and 11 . . . . .	0	
13.	Long-term capital loss carryover to 2024. Subtract line 12 from line 9. If zero or less, enter -0- . . . . .	0	

Schedule D AMT	Net Short-Term Gain or Loss from Partnerships and S-Corporations	Statement 31
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Description of Activity	Gain or Loss
HCP Private Equity Fund V, LP	38.
HCP Private Equity Fund V, LP	3,120.
Harbourvest 2019 Global Fund LP	57.
Harbourvest 2019 Global Fund LP	2,391.
Harbourvest 2020 Global Fund LP	66.
Harbourvest 2020 Global Fund LP	1,393.
Harbourvest 2021 Global Fund LP	56.
Harbourvest 2021 Global Fund LP	2,528.
Strategic Investors Fund X, L.P.	-7.
Harbourvest 2022 Global Fund LP	187.
Harbourvest 2022 Global Fund LP	4,252.
 Total to Schedule D, Part I, line 5	 14,081.

Schedule D AMT	Net Long-Term Gain or Loss from Partnerships and S-Corporations	Statement 32
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Description of Activity	Gain or Loss	28% Gain
HCP Private Equity Fund V, LP	38.	
HCP Private Equity Fund V, LP	3,120.	
Harbourvest 2019 Global Fund LP	57.	
Harbourvest 2019 Global Fund LP	2,391.	
Harbourvest 2020 Global Fund LP	66.	
Harbourvest 2020 Global Fund LP	1,393.	
Harbourvest 2021 Global Fund LP	56.	
Harbourvest 2021 Global Fund LP	2,528.	
Strategic Investors Fund X, L.P.	-7.	
Harbourvest 2022 Global Fund LP	187.	
Harbourvest 2022 Global Fund LP	4,252.	
 Total to Schedule D, Part II, line 12	 14,081.	

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Schedule D	Capital Loss Carryover Worksheet	Statement	33
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1. Enter the amount from Form 990-T, Sch A, Line 18. . . . . BAD DATA.



[illegible]

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b>					

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>				

Part VII Allowed Losses. See instructions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b> .....				

**Part IX Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Total</b> .....					

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**Part V** Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
	See Attached Statement for Part V				
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c .....	198,358.	-16,344.	-129,874.		

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b>					

**Part VII Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b> .....				

**Part VIII**      **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				



## Alternative Minimum Tax

Form 8582 (2023) McKnight Brain Research Foundation

65-6301255

Page 3

**Part IX** Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> 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- .....					
<b>Total</b> .....					

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Form 8582 Other Passive Activities - Part V Statement 34

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
Lighthouse Global Long/Short Fund, L.P.	78,839.	0.	-80,006.		-1,167.
Lighthouse Credit Opportunities Fund, L.P.	45,450.	0.		45,450.	
Lighthouse Diversified Fund (QP) II, L.P.	67,458.	0.	-26,684.	40,774.	
HCP Private Equity Fund V, LP	6,066.	0.		6,066.	
Harbourvest 2019 Global Fund LP	0.	-1,161.	-2,569.		-3,730.
Harbourvest 2020 Global Fund LP	0.	-5,102.	-8,202.		-13,304.
Harbourvest 2021 Global Fund LP	0.	-7,556.	-8,027.		-15,583.
Strategic Investors Fund X, L.P.	545.	0.		545.	
Harbourvest 2022 Global Fund LP	0.	-2,525.	-4,386.		-6,911.
Totals	198,358.	-16,344.	-129,874.	92,835.	-40,695.

Form 8582 Summary of Passive Activities Statement 35

R R E A Name	Form or Schedule	Gain/Loss	Prior Year C/O	Net Gain/Loss	Unallowed Loss	Allowed Loss
Lighthouse Global Long/Short Fund, L.P.	Sch E	78,839.	-80,006.	-1,167.		1,167.
Lighthouse Credit Opportunities Fund, L.P.	Sch E	45,450.		45,450.		
Lighthouse Diversified Fund (QP) II, L.P.	Sch E	67,458.	-26,684.	40,774.		

HCP Private Sch E				
Equity Fund V, LP	6,066.		6,066.	
Harbourvest 2019 Sch E				
Global Fund LP	-1,161.	-2,569.	-3,730.	3,730.
Harbourvest 2020 Sch E				
Global Fund LP	-5,102.	-8,202.	-13,304.	13,304.
Harbourvest 2021 Sch E				
Global Fund LP	-7,556.	-8,027.	-15,583.	15,583.
Strategic Sch E				
Investors Fund X, L.P.	545.		545.	
Harbourvest 2022 Sch E				
Global Fund LP	-2,525.	-4,386.	-6,911.	6,911.
Totals	182,014.	-129,874.	52,140.	40,695.
Prior year carryovers allowed due to current year net activity income				105,523.
Total				146,218.

Form 8582 Alternative Minimum Tax Statement 36  
Other Passive Activities - Part V

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
Lighthouse Global Long/Short Fund, L.P.	78,839.	0.	-80,006.		-1,167.
Lighthouse Credit Opportunities Fund, L.P.	45,450.	0.		45,450.	
Lighthouse Diversified Fund (QP) II, L.P.	67,458.	0.	-26,684.	40,774.	
HCP Private Equity Fund V, LP	6,066.	0.		6,066.	
Harbourvest 2019 Global Fund LP	0.	-1,161.	-2,569.		-3,730.
Harbourvest 2020 Global Fund LP	0.	-5,102.	-8,202.		-13,304.
Harbourvest 2021 Global Fund LP	0.	-7,556.	-8,027.		-15,583.
Strategic Investors Fund X, L.P.	545.	0.		545.	
Harbourvest 2022 Global Fund LP	0.	-2,525.	-4,386.		-6,911.
Totals	198,358.	-16,344.	-129,874.	92,835.	-40,695.

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Form 8582AMT                      Summary of Passive Activities - AMT                      Statement 37

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R R E A	Name	Form or Schedule	Gain/Loss	Prior Year C/O	Net Gain/Loss	Unallowed Loss	Allowed Loss
	Lighthouse Global Long/Short Fund, L.P.	Sch E	78,839.	-80,006.	-1,167.		1,167.
	Lighthouse Credit Opportunities Fund, L.P.	Sch E	45,450.		45,450.		
	Lighthouse Diversified Fund (QP) II, L.P.	Sch E	67,458.	-26,684.	40,774.		
	HCP Private Equity Fund V, LP	Sch E	6,066.		6,066.		
	Harbourvest 2019 Global Fund LP	Sch E	-1,161.	-2,569.	-3,730.		3,730.
	Harbourvest 2020 Global Fund LP	Sch E	-5,102.	-8,202.	-13,304.		13,304.
	Harbourvest 2021 Global Fund LP	Sch E	-7,556.	-8,027.	-15,583.		15,583.
	Strategic Investors Fund X, L.P.	Sch E	545.		545.		
	Harbourvest 2022 Global Fund LP	Sch E	-2,525.	-4,386.	-6,911.		6,911.
	Totals		182,014.	-129,874.	52,140.		40,695.
	Prior year carryovers allowed due to current year net activity income						105,523.
	Total						146,218.

**McKnight Brain Research Foundation**

**EIN: 65-6301255**

**6/30/2024**

**Charitable Contribution Carryforward Schedule**

**60% Deductible Charitable Contributions**

<b>Year of Contributions</b>	<b>Contributions Available</b>	<b>Contributions Taken During Tax Year:</b>	<b>Contributions Expired During Tax Year:</b>	<b>Carryover Amounts</b>	<b>Cumulative Carryover Amount</b>
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	1,504,561	-	-	1,504,561	3,777,097
6/30/2023	296,250	-	-	296,250	4,073,347
6/30/2024	2,584,500	(1,235)	-	2,583,265	6,656,612
<b>60% deductible charitable contribution carryforward to 6/30/2025 Tax year</b>					<b><u>6,656,612</u></b>

**McKnight Brain Research Foundation**  
**EIN: 65-6301255**  
**6/30/2024**  
**Net Operating Loss Carryforward**

<b>Tax Year Generated</b>	<b>NOL Available</b>	<b>NOL Applied During Tax Year</b>	<b>Remaining NOL Available</b>	<b>Carryover Amounts</b>	<b>Cumulative Carryover Amount</b>
6/30/2023	43,075	(12,233)	-	30,842	30,842
<b>Post-2017 Federal NOL Carryforward to 6/30/2025 Tax year</b>					<b>30,842</b>

Product: Exempt  
Name: McKnight Brain Research Foundation  
FEIN: \*\*\*\*\*1255  
Bank Info:  
Fiscal Year Begin Date: 7/1/2023  
IRS Message:

Category: 990-T  
  
Plan Number:  
  
Fiscal Year End Date: 6/30/2024

IRS Center: Ogden  
e-Postmark: 5/3/2025 1:54 PM  
Notification:  
  
eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
03/01/2025	23X:1353.0:V1	Upload Started				
03/01/2025	23X:1353.0:V1	Ready to Release by Customer				
04/30/2025	23X:1353.0:V1	Upload Started				
04/30/2025	23X:1353.0:V1	Ready to Release by Customer				
05/03/2025	23X:1353.0:V1	Released for Transmission - Validation in Progress			136453	
05/03/2025	23X:1353.0:V1	Ready to transmit - Validation Complete				
05/03/2025	23X:1353.0:V1	Transmitted to FD - 990-T	5953602025123033ae00	\$50,000.00		
05/03/2025	23X:1353.0:V1	Accepted by FD - 990-T on 5/3/2025				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury  
Internal Revenue ServiceDo not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**McKnight Brain Research Foundation**

EIN or SSN

**65-6301255**Name and title of officer or person subject to tax **Melanie Cianciotto  
Trustee****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <b>82.</b>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **Batts Morrison Wales & Lee, P.A.**to enter my PIN **32538**

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Melanie Cianciotto, Trustee of the MBRF*

Date

**4/30/2025****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59536032006**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Michelle M. Wales*

Date

**04/30/25****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>McKnight Brain Research Foundation</b>	Taxpayer identification number (TIN) <b>65-6301255</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 S. Garland Avenue, 17th Floor</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Orlando, FL 32801</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **06**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **Truist Bank**  
**333 S. Garland Ave., 17th Floor - Orlando, FL 32801**  
Telephone No. **(407) 237-4485** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>27,454.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>113,303.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Product: Exempt Extension  
Name: McKnight Brain Research Foundation  
FEIN: \*\*\*\*\*1255  
Bank Info:  
Fiscal Year Begin Date: 7/1/2023  
IRS Message:

Category: 990-T Extension  
Plan Number:  
Fiscal Year End Date: 6/30/2024

IRS Center: Ogden  
e-Postmark: 10/8/2024 2:22 PM  
Notification:  
eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
10/03/2024	23X:1353.0:V1	Upload Started				
10/03/2024	23X:1353.0:V1	Ready to Release by Customer				
10/08/2024	23X:1353.0:V1	Upload Started				
10/08/2024	23X:1353.0:V1	Ready to Release by Customer				
10/08/2024	23X:1353.0:V1	Released for Transmission - Validation in Progress			136453	
10/08/2024	23X:1353.0:V1	Ready to transmit - Validation Complete				
10/08/2024	23X:1353.0:V1	Transmitted to FD - 990-T Extension	5953602024282034be10			
10/08/2024	23X:1353.0:V1	Accepted by FD - 990-T Extension on 10/8/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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