

PUBLIC DISCLOSURE COPY

Return of Private Foundation

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

Form **990-PF**

OMB No. 1545-0052

Department of the Treasury
Internal Revenue Service

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▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending , 20

Name of foundation THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE		A Employer identification number 41-1563321
Number and street (or P.O. box number if mail is not delivered to street address) 710 S 2ND ST STE 400	Room/suite	B Telephone number (see instructions) (612) 333-4220
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-2290		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 9,972	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,699,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	3,699,000	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	43,000			43,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	8,513	0	0	8,513
	c Other professional fees (attach schedule)	168,000	0	0	168,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	0	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy				
	21 Travel, conferences, and meetings	326,575			326,575
	22 Printing and publications				
	23 Other expenses (attach schedule)	14,472	0	0	14,472
	24 Total operating and administrative expenses. Add lines 13 through 23	560,560	0	0	560,560
	25 Contributions, gifts, grants paid	3,147,220			3,147,220
26 Total expenses and disbursements. Add lines 24 and 25	3,707,780	0	0	3,707,780	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(8,780)				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	18,752	9,972	9,972
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	0	0	0
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶	0		
	Less: allowance for doubtful accounts ▶	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	0	0	0
	c Investments—corporate bonds (attach schedule)	0	0	0
	11 Investments—land, buildings, and equipment: basis ▶	0		
Less: accumulated depreciation (attach schedule) ▶	0	0	0	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	0	0	0	
14 Land, buildings, and equipment: basis ▶	0			
Less: accumulated depreciation (attach schedule) ▶	0	0	0	
15 Other assets (describe ▶ _____)	0	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	18,752	9,972	9,972	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶ _____)	0	0	
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	18,752	9,972		
30 Total net assets or fund balances (see instructions)	18,752	9,972		
31 Total liabilities and net assets/fund balances (see instructions)	18,752	9,972		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		1	18,752
2 Enter amount from Part I, line 27a		2	(8,780)
3 Other increases not included in line 2 (itemize) ▶		3	0
4 Add lines 1, 2, and 3		4	9,972
5 Decreases not included in line 2 (itemize) ▶		5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30		6	9,972

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }		3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	3,720,106	883,094	4.212582
2016	3,758,647	830,392	4.526353
2015	3,710,738	479,338	7.741381
2014	3,713,180	422,782	8.782730
2013	3,652,814	239,177	15.272430
2 Total of line 1, column (d)			2 40.535476
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 8.107095
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 826,175
5 Multiply line 4 by line 3			5 6,697,879
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 6,697,879
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 3,707,780

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1		0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		
3	Add lines 1 and 2	3		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		0
6	Credits/Payments:			
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a		0
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		✓
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		✓
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	✓	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>MN</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	✓	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	✓	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		✓

Part VII-A Statements Regarding Activities *(continued)*

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		✓
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.NEUROSCIENCE.MCKNIGHT.ORG	✓	
14 The books are in care of ► <u>THERESE CASEY</u> Telephone no. ► <u>(612) 333-4220</u> Located at ► <u>710 S 2ND ST STE 400, MINNEAPOLIS, MN</u> ZIP+4 ► <u>55401-2290</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year		<input type="checkbox"/>
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>	1b	✓
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c	✓
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	<input checked="" type="checkbox"/>
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	<input checked="" type="checkbox"/>
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ERIKA BINGER 710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	SECRETARY/TREASURER, 0.2	0	0	0
J ANTHONY MOVSHON, PH.D 710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 1.3	6,000	0	0
KELSEY MARTIN , MD , PH.D 710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 1.8	7,000	0	0
(SEE STATEMENT)				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE MCKNIGHT FOUNDATION 710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	ADMINISTRATIVE SERVICES	100,000
Total number of others receiving over \$50,000 for professional services ▶		1

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SEE SCHEDULE O	304,312
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount	
1 N/A		
2		
3 All other program-related investments. See instructions.		
Total. Add lines 1 through 3 ▶		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	838,756
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	838,756
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	838,756
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	12,581
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	826,175
6	Minimum investment return. Enter 5% of line 5	6	41,309

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5	2a	
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	3,707,780
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,707,780
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,707,780

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only				
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ _____				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	3,707,780	3,720,106	3,758,647	3,710,738	14,897,271
d Amounts included in line 2c not used directly for active conduct of exempt activities	3,147,220	3,148,550	3,149,388	3,148,679	12,593,837
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	560,560	571,556	609,259	562,059	2,303,434
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	27,539	29,436	27,680	15,978	100,634
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
MEFN SELECTION COMMITTEE, 710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290, NEURO@MCKNIGHT.ORG

b The form in which applications should be submitted and information and materials they should include:
SEE SUPPLEMENTAL INFORMATION

c Any submission deadlines:
SEE SUPPLEMENTAL INFORMATION

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE SUPPLEMENTAL INFORMATION

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> (SEE STATEMENT)				
Total			▶ 3a	3,147,220
b <i>Approved for future payment</i> (SEE STATEMENT)				
Total			▶ 3b	2,400,000

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE	Employer identification number 41-1563321
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE	Employer identification number 41-1563321
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE MCKNIGHT FOUNDATION ----- 710 S 2ND ST STE 400 ----- MINNEAPOLIS, MN 55401-2290 -----	\$ ----- 3,699,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE	Employer identification number 41-1563321
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE	Employer identification number 41-1563321
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

Return Reference - Identifier	Explanation
FORM 990-PF, PART IX, LINE 1 - ANNUAL CONFERENCE	<p>THE 2018 MCKNIGHT CONFERENCE ON NEUROSCIENCE WAS HELD FROM FRIDAY EVENING, JUNE 8 THROUGH MONDAY MORNING, JUNE 11, 2018. ONE HUNDRED AND NINE NEUROSCIENTISTS ATTENDED, INCLUDING SIX MEMBERS OF THE BOARD OF DIRECTORS OF THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE, 12 MEMBERS OF THE AWARDS SELECTION COMMITTEES, FIVE DOUPE FELLOWS, AND FIVE GUEST SPEAKERS.</p> <p>TWENTY-THREE MCKNIGHT AWARD RECIPIENTS, FIVE MCKNIGHT DOUPE FELLOWS, AND FIVE GUEST SPEAKERS PRESENTED THE FINDINGS OF THEIR BRAIN RESEARCH PROJECTS OVER THE COURSE OF THE WEEKEND. THE SPECIAL LECTURE TOPICS WERE: "DECIPHERING THE BRAIN'S CODE FOR FACES AND OBJECTS," PRESENTED BY DR. DORIS TSAO, CALIFORNIA INSTITUTE FOR TECHNOLOGY; AND "MAKING UP YOUR MIND: THE GENERATION AND INTEGRATION OF GABAERGIC INTERNEURONS INTO CORTICAL CIRCUITRY," PRESENTED BY DR. GORDON FISHELL, HARVARD UNIVERSITY. THE BRAIN DISEASE WORKSHOP WAS ON BREATHING" AND FEATURED RENOWNED RESEARCHERS DR. JACK FELDMAN (UCLA); MARK KRASNOW (STANFORD UNIVERSITY); AND NINO RAMIREZ (SEATTLE CHILDREN'S HOSPITAL). THE SESSIONS INCLUDED:</p> <ul style="list-style-type: none"> *AWARD RECIPIENT SCIENTIFIC SPEAKING PRESENTATIONS (THREE SESSIONS) *BRAIN DISEASE WORKSHOP (ONE SESSION) *TECHNOLOGY WORKSHOP AND TECHNOLOGY DEMONSTRATIONS (ONE SESSION) *AWARD RECIPIENT SCIENTIFIC POSTER PRESENTATIONS (TWO SESSIONS) *KEYNOTE SPEAKER SESSIONS (TWO SESSIONS) <p>SINCE THE CONFERENCE PROGRAM INCORPORATES 15 MINUTES OF QUESTION AND ANSWER FOLLOWING EACH PRESENTATION, THE CONFERENCE AUDIENCE BENEFITED FROM AN OPEN DISCUSSION OF THE RESEARCH WORK PRESENTED. ADDITIONALLY, THE POSTER SESSION AND THE TECH DEMO SESSION ARE INTERACTIVE AND INCLUDE OPEN DISCUSSIONS.</p> <p>THE MCKNIGHT CONFERENCE ON NEUROSCIENCE PROVIDES A FORUM FOR: 1) SHARING OF RESEARCH DEVELOPMENTS BY AND BETWEEN MCKNIGHT AWARDEES THROUGH THE FORMAL PRESENTATIONS; 2) SHARING OF RESEARCH WORK IN INFORMAL DISCUSSIONS; AND 3) MONITORING BY THE BOARD OF DIRECTORS AND REVIEW COMMITTEE MEMBERS OF THE RESEARCH WORK BEING SUPPORTED BY THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE.</p> <p>THE NEXT MCKNIGHT CONFERENCE ON NEUROSCIENCE IS SCHEDULED TO BE HELD JUNE 7-10, 2019, IN ASPEN, CO. ELEVEN RECENT RECIPIENTS OF A MCKNIGHT AWARD; FOUR FORMER RECIPIENTS OF A MCKNIGHT AWARD; AND FIVE GUEST SPEAKERS WILL PRESENT THE FINDINGS OF THEIR BRAIN RESEARCH PROJECTS. NINE CURRENT MCKNIGHT AWARDEES AND FIVE DOUPE FELLOWS WILL PRESENT RESEARCH POSTERS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990-PF, PART XV, LINE 2B - AWARDS</p>	<p>THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE IS AN INDEPENDENT CHARITABLE ORGANIZATION ESTABLISHED BY THE MCKNIGHT FOUNDATION TO CARRY OUT THE INTENTION OF ITS FOUNDER, WILLIAM L. MCKNIGHT (1887-1979). MR. MCKNIGHT, WHO LED THE 3M COMPANY FOR THREE DECADES, HAD A PERSONAL INTEREST IN MEMORY AND ITS DISEASES AND SET ASIDE PART OF HIS LEGACY TO BRING HOPE TO THOSE SUFFERING FROM BRAIN INJURY OR DISEASE AND COGNITIVE IMPAIRMENT.</p> <p>THE ENDOWMENT FUND FULFILLS THIS MISSION BY SUPPORTING INNOVATIVE RESEARCH IN NEUROSCIENCE THROUGH THREE COMPETITIVE ANNUAL AWARDS. THE AWARDS COMPLEMENT EACH OTHER TO SUPPORT BOTH YOUNG AND ESTABLISHED NEUROSCIENTISTS AND TO ENCOURAGE INTERDISCIPLINARY COLLABORATION. EACH IN A DIFFERENT WAY, THE THREE PROGRAMS SEEK OUT INVESTIGATORS WHOSE RESEARCH SHOWS PROMISE IN BRINGING SOCIETY CLOSER TO PREVENTIONS, TREATMENTS, AND CURES FOR MANY DEVASTATING DISEASES. RESEARCH SUPPORTED BY THE ENDOWMENT FUND HAS FURTHERED UNDERSTANDING OF ALZHEIMER'S DISEASE, PARKINSON'S DISEASE, SPINAL CORD INJURIES, AND MANY OTHER COGNITIVE IMPAIRMENTS.</p> <p>THE ENDOWMENT FUND IS LED BY A BOARD OF EMINENT NEUROSCIENTISTS, WITH ADMINISTRATIVE SUPPORT FROM THE MCKNIGHT FOUNDATION. EACH AWARD HAS ITS OWN SELECTION COMMITTEE, ALSO MADE UP OF PROMINENT SCIENTISTS. THE COMMITTEE RECOMMENDS AWARDEES, AND THE BOARD HAS THE FINAL APPROVAL.</p> <p>MCKNIGHT SCHOLAR AWARDS THE MCKNIGHT SCHOLAR AWARDS ENCOURAGE NEUROSCIENTISTS IN THE EARLY STAGES OF THEIR CAREERS TO FOCUS ON DISORDERS OF LEARNING AND MEMORY. THESE AWARDS SUPPORT YOUNG SCIENTISTS WHO HOLD THE M.D. AND/OR PH.D. DEGREE, WHO HAVE COMPLETED FORMAL POSTDOCTORAL TRAINING AND WHO DEMONSTRATE A COMMITMENT TO NEUROSCIENCE. THE ENDOWMENT FUND ESPECIALLY SEEKS APPLICANTS WORKING ON PROBLEMS THAT, IF SOLVED AT THE BASIC LEVEL, WOULD HAVE IMMEDIATE AND SIGNIFICANT IMPACT ON CLINICALLY RELEVANT ISSUES, ESPECIALLY THOSE RELATED TO DEFICITS OF MEMORY AND COGNITION. FOR DESCRIPTIONS OF PREVIOUS AWARDS, PLEASE GO TO THE ENDOWMENT FUND WEBSITE.</p> <p>EACH YEAR UP TO SIX SCHOLARS ARE SELECTED TO RECEIVE THREE YEARS OF SUPPORT AT \$75,000 PER YEAR. FUNDS MAY BE USED IN ANY WAY THAT WILL FACILITATE DEVELOPMENT OF THE SCHOLAR'S RESEARCH PROGRAM, BUT NOT FOR INDIRECT COSTS. SCHOLARS MUST HAVE AUTHORIZATION FROM THE HOME INSTITUTION TO WORK IN THE U.S. AND MUST HOLD FULL TIME APPOINTMENTS AT THE RANK OF ASSISTANT PROFESSOR AT THEIR SPONSORING INSTITUTION; SCIENTISTS HOLDING OTHER TITLES SUCH AS RESEARCH ASSISTANT PROFESSOR, ADJUNCT ASSISTANT PROFESSOR, ASSISTANT PROFESSOR RESEARCH TRACK, VISITING PROFESSOR OR INSTRUCTOR ARE NOT ELIGIBLE. EMPLOYEES OF THE HOWARD HUGHES MEDICAL INSTITUTE OR SCIENTISTS WITHIN THE INTRAMURAL PROGRAM OF THE NATIONAL INSTITUTES OF HEALTH ARE NOT ELIGIBLE.</p> <p>APPLICATION MATERIALS ARE AVAILABLE IN SEPTEMBER EACH YEAR, AND COMPLETED APPLICATIONS SHOULD BE EMAILED TO AN ACCOUNT SET UP FOR THIS PURPOSE (NEURO@MCKNIGHT.ORG). EACH APPLICANT MUST ENSURE THAT FOUR LETTERS OF REFERENCE ARE SUBMITTED TO THE EMAIL ACCOUNT; THESE LETTERS ARE AN INTEGRAL PART OF THE APPLICATION. AWARDS ARE ANNOUNCED IN MAY AND BEGIN ON JULY 1.</p> <p>MCKNIGHT TECHNOLOGICAL INNOVATIONS IN NEUROSCIENCE AWARDS THESE AWARDS ENCOURAGE AND SUPPORT SCIENTISTS WORKING ON THE DEVELOPMENT OF NOVEL AND CREATIVE APPROACHES TO UNDERSTANDING BRAIN FUNCTION. THE ENDOWMENT FUND IS INTERESTED IN HOW A NEW TECHNOLOGY MAY BE USED TO MONITOR, MANIPULATE, ANALYZE, OR MODEL BRAIN FUNCTION AT ANY LEVEL, FROM THE MOLECULAR TO THE ENTIRE ORGANISM. TECHNOLOGY MAY TAKE ANY FORM, FROM BIOCHEMICAL TOOLS TO INSTRUMENTS TO SOFTWARE AND MATHEMATICAL APPROACHES. BECAUSE THE PROGRAM SEEKS TO ADVANCE AND ENLARGE THE RANGE OF TECHNOLOGIES AVAILABLE TO THE NEUROSCIENCES, RESEARCH BASED PRIMARILY ON EXISTING TECHNIQUES WILL NOT BE CONSIDERED. FOR DESCRIPTIONS OF PREVIOUS AWARDS, PLEASE GO TO THE ENDOWMENT FUND WEBSITE.</p> <p>THE FIRST STEP IS TO SUBMIT A TWO-PAGE LETTER OF INTENT DESCRIBING THE PROJECT AND HOW THE TECHNOLOGY INVOLVED WILL ENRICH THE NEUROSCIENCES AND BECOME ACCESSIBLE TO OTHER RESEARCH IN THE FIELD. INVESTIGATORS MUST HAVE AUTHORIZATION FROM THE HOME INSTITUTION TO WORK IN THE U.S. AND MUST HOLD FULL TIME APPOINTMENTS AT THE RANK OF ASSISTANT PROFESSOR OR HIGHER AT THE SPONSORING INSTITUTION; SCIENTISTS HOLDING OTHER TITLES SUCH AS RESEARCH PROFESSOR, ADJUNCT PROFESSOR, PROFESSOR RESEARCH TRACK, VISITING PROFESSOR, OR INSTRUCTOR ARE NOT ELIGIBLE. FUNDS MAY BE USED TOWARD A VARIETY OF RESEARCH ACTIVITIES, BUT NOT THE RECIPIENT'S SALARY. EMPLOYEES OF THE HOWARD HUGHES MEDICAL INSTITUTE OR SCIENTISTS WITHIN THE INTRAMURAL PROGRAM OF THE NATIONAL INSTITUTES OF HEALTH ARE NOT ELIGIBLE.</p> <p>THE SELECTION COMMITTEE WILL INVITE A FEW APPLICANTS TO SEND DETAILED PROPOSALS, FROM WHICH UP TO THREE AWARDS WILL BE MADE. EACH AWARD PROVIDES \$100,000 ANNUALLY FOR TWO YEARS. LETTERS OF INTENT ARE DUE IN EARLY DECEMBER AND CAN BE UPLOADED BY ACCESSING THE ONLINE URL SET UP FOR THIS PURPOSE. AWARDS ARE ANNOUNCED IN LATE JUNE AND BEGIN ON AUGUST 1.</p> <p>MCKNIGHT MEMORY AND COGNITIVE DISORDERS AWARDS THE MEMORY AND COGNITIVE DISORDERS AWARDS SUPPORT NEUROSCIENTISTS WHO ARE WORKING TO APPLY THE KNOWLEDGE ACHIEVED THROUGH BASIC OR CLINICAL RESEARCH TO HUMAN BRAIN DISORDERS THAT AFFECT MEMORY OR COGNITION. THEY ARE DESIGNED TO STIMULATE INNOVATIVE APPROACHES THAT MIGHT LEAD TO THERAPIES AND CURES. COMPETITIVE PROJECTS WOULD INCLUDE THOSE THAT ADDRESS MEMORY OR COGNITION UNDER NORMAL AND PATHOLOGICAL CONDITIONS, INCLUDING PROPOSALS THAT ADDRESS THE MECHANISMS OF MEMORY OR COGNITION AT THE SYNAPTIC, CELLULAR, MOLECULAR, GENETIC OR BEHAVIORAL LEVEL IN ANIMALS, INCLUDING HUMANS. WE ARE PARTICULARLY INTERESTED IN PROPOSALS THAT INCORPORATE FUNDAMENTALLY NEW APPROACHES, AS WELL AS THOSE THAT INVOLVE HUMAN EXPERIMENTATION. COLLABORATIVE AND CROSS-DISCIPLINARY APPLICATIONS ARE ENCOURAGED. FOR DESCRIPTIONS OF PREVIOUS AWARDS, PLEASE GO TO THE ENDOWMENT FUND WEBSITE.</p> <p>THE FIRST STEP IS TO SUBMIT A TWO-PAGE LETTER OF INTENT DESCRIBING THE PROJECT AND HOW THE RESEARCH WILL BE APPLIED TO IMPROVING THE UNDERSTANDING OF A BRAIN DISORDER OR DISEASE,</p>

Return Reference - Identifier	Explanation
	<p>ESPECIALLY DISEASES RELATED TO MEMORY OR COGNITIVE DISORDERS. THE LETTER SHOULD CLEARLY DESCRIBE HOW THE PROPOSED RESEARCH WILL UNCOVER MECHANISMS OF BRAIN INJURY OR DISEASE AND HOW IT COULD TRANSLATE TO DIAGNOSIS, PREVENTION, TREATMENT, OR CURE. INVESTIGATORS MUST HAVE AUTHORIZATION FROM THE HOME INSTITUTION TO WORK IN THE U.S. AND MUST HOLD FULL TIME APPOINTMENTS AT THE RANK OF ASSISTANT PROFESSOR OR HIGHER AT THE SPONSORING INSTITUTION; SCIENTISTS HOLDING OTHER TITLES SUCH AS RESEARCH PROFESSOR, ADJUNCT PROFESSOR, PROFESSOR RESEARCH TRACK, VISITING PROFESSOR, OR INSTRUCTOR ARE NOT ELIGIBLE. FUNDS MAY BE USED TOWARD A VARIETY OF RESEARCH ACTIVITIES, BUT NOT THE RECIPIENT'S SALARY. EMPLOYEES OF THE HOWARD HUGHES MEDICAL INSTITUTE OR SCIENTISTS WITHIN THE INTRAMURAL PROGRAM OF THE NATIONAL INSTITUTES OF HEALTH ARE NOT ELIGIBLE.</p> <p>THE SELECTION COMMITTEE WILL INVITE A FEW APPLICANTS TO SUBMIT DETAILED PROPOSALS, FROM WHICH UP TO FOUR AWARDS WILL BE SELECTED. EACH PROVIDES \$100,000 ANNUALLY FOR THREE YEARS. LETTERS OF INTENT ARE DUE IN LATE MARCH/EARLY APRIL AND CAN BE UPLOADED BY ACCESSING THE ONLINE URL SET UP FOR THIS PURPOSE. AWARDS ARE ANNOUNCED IN DECEMBER AND BEGIN FEBRUARY 1 OF THE FOLLOWING YEAR.</p>

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) PROFESSIONAL FEES	8,513	0	0	8,513
TOTAL	8,513	0	0	8,513

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) ADMINISTRATIVE SERVICE FEES	100,000	0	0	100,000
(2) COMMITTEE FEES	68,000	0	0	68,000
TOTAL	168,000	0	0	168,000

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) POSTAGE AND SHIPPING	2,378	0	0	2,378
(2) COMMUNICATION EXPENSE	5,500	0	0	5,500
(3) MISCELLANEOUS	504	0	0	504
(4) COMPUTER SERVICES	6,090	0	0	6,090
TOTAL	14,472	0	0	14,472

Name	Address	Title, and average hours per week devoted to position	Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
MARKUS MEISTER	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 1.6	5,000	0	0
MICHAEL D EHLERS, MD , PH.D	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 0.8	0	0	0
RICK SCOTT	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 0.8	0	0	0
WENDY SUZUKI, PH.D	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	DIRECTOR , 1.3	6,000	0	0
HUDA ZOGHBI, MD	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	PRESIDENT , 1.2	13,000	0	0
THOMAS JESSELL, PH.D	710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290	VICE PRESIDENT , 0.5	6,000	0	0

Name and Address	Relationship	Foundation status	Purpose	Amount
DAVID FOSTER JOHNS HOPKINS SCHOOL OF MEDICINE BALTIMORE, MD, 21218	NONE	PC	THE DUEL ROLE OF HIPPOCAMPAL PLACE-CELL SEQUENCES IN LEARNING AND MEMORY	100,000
UELI RUTISHAUSER & ADAM MAMELAK CEDARS-SINAI MEDICAL CENTER LOS ANGELES, CA, 90048	NONE	PC	HIPPOCAMPAL THETA RHYTHM-MEDICATED COORDINATION OF NEURAL ACTIVITY IN HUMAN MEMORY	100,000
DAPHNA SHOHAMY COLUMBIA UNIVERSITY NEW YORK, NY, 10027	NONE	PC	HOW EPISODIC MEMORY GUIDES DECISIONS: NEURAL MECHANISMS AND IMPLICATIONS FOR MEMORY LOSS	100,000
KIMBERLEY TOLIAS AND ANDREAS TOLIAS BAYLOR COLLEGE OF MEDICINE HOUSTON, TX, 77030	NONE	PC	STUDYING GLOBAL MEMORY TRACES AT SINGLE SYNAPSE RESOLUTION	100,000
DONNA J CALU UNIVERSITY OF MARYLAND MEDICAL SCHOOL BALTIMORE, MD, 21201	NONE	GOV	INDIVIDUAL DIFFERENCES IN ATTENTION SIGNALING IN AMYGDALA CIRCUITS	100,000
FRED GAGE & MATTHEW SHTRAHMAN SALK INSTITUTE & UCSD SAN DIEGO, CA, 92093	NONE	PC	USING DEEP IN VIVO TWO-PHOTON CA2+ IMAGING TO STUDY TEMPORAL PATTERN SEPARATION	100,000
GABRIEL KREIMAN CHILDREN'S HOSPITAL BOSTON BOSTON, MA, 02115	NONE	PC	HOW EPISODIC MEMORY GUIDES DECISIONS: NEURAL MECHANISMS AND IMPLICATIONS FOR MEMORY LOSS	100,000
BORIS ZEMELMAN & DANIEL JOHNSTON U OF TEXAS, AUSTIN AUSTIN, TX, 78712	NONE	GOV	PREFRONTAL DYSFUNCTION IN FRAGILE X SYNDROME	100,000
ELIZABETH BUFFALO UNIVERSITY OF WASHINGTON MEDICAL SCHOOL SEATTLE, WA, 98185	NONE	GOV	NEURAL DYNAMICS OF MEMORY AND COGNITION IN THE PRIMATE HIPPOCAMPAL FORMATION	100,000
MAURICIO DELGADO RUTGERS UNIVERSITY NEWARK, NJ, 07012	NONE	PC	THE REGULATION OF NEGATIVE AUTOBIOGRAPHICAL MEMORIES VIA POSITIVE EMOTION-FOCUSED STRATEGIES	100,000
BRUCE HERRING UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA, 90007	NONE	GOV	UNDERSTANDING SYNAPTIC DYSFUNCTION IN AUTISM SPECTRUM DISORDER	100,000
STEVE RAMIREZ BOSTON UNIVERSITY BOSTON, MA, 02215	NONE	PC	ARTIFICIALLY MODULATING POSITIVE AND NEGATIVE MEMORIES TO ALLEVIATE MALADAPTIVE FEAR RESPONSES	100,000
JOSE CARMENA & MICHEL MAHARBIZ U OF CALIFORNIA, BERKELEY BERKELEY, CA, 94720	NONE	GOV	NEURAL DUST: AN ULTRASONIC, LOW POWER, EXTREME MINIATURE TECHNOLOGY FOR COMPLETELY WIRELESS AND UNTETHERED NEURAL RECORDINGS IN THE BRAIN	100,000
ALI GHOLLIPOUR HARVARD MEDICAL SCHOOL CAMBRIDGE, MA, 02138	NONE	PC	MOTION-ROBUST IMAGING TECHNOLOGY FOR QUANTITATIVE ANALYSIS OF EARLY BRAIN DEVELOPMENT	100,000
ALEXANDER SCHIER HARVARD UNIVERSITY CAMBRIDGE, MA, 02138	NONE	PC	RECORDING THE HISTORY OF NEURONAL ACTIVITY THROUGH GENOME EDITING	100,000
MICHAEL S FEE MASSACHUSETTS INSTITUTE OF TECHNOLOGY CAMBRIDGE, MA, 02139	NONE	PC	NEW TECHNOLOGIES FOR IMAGING AND ANALYZING NEURAL STATE-SPACE TRAJECTORIES IN FREELY-BEHAVING SMALL ANIMALS"	100,000

Name and Address	Relationship	Foundation status	Purpose	Amount
MARCO GALLIO NORTHWESTERN UNIVERSITY EVANSTON, IL, 60208	NONE	PC	RE-WIRING CONNECTIONS IN THE LIVING BRAIN	100,000
SAM SOBER AND MUHANNAD BAKIR EMORY UNIVERSITY/GEORGIE TECH ATLANTA, GA, 30332	NONE	PC	FLEXIBLE ELECTRODE ARRAYS FOR LARGE-SCALE RECORDINGS OF SPIKES FROM MUSCLE FIBERS IN FREELY BEHAVING MICE AND SONGBIRDS	100,000
MARK ANDERMANN BETH ISRAEL DEACONESS MEDICAL CENTER/HARVARD BOSTON, MA, 02215	NONE	PC	A PATHWAY FOR HUNGER MODULATION OF LEARNED FOOD CUE RESPONSES IN INSULAR CORTEX	75,000
JOHN CUNNINGHAM COLUMBIA UNIVERSITY NEW YORK, NY, 10027	NONE	PC	THE COMPUTATIONAL STRUCTURE OF POPULATIONS OF NEURONS IN THE MOTOR CORTEX	75,000
ROOZBEH KIANI NEW YORK UNIVERSITY NEW YORK, NY, 10003	NONE	PC	HIERARCHICAL DECISION PROCESSES THAT OPERATE OVER DISTINCT TIME SCALES UNDERLIE CHOICE AND CHANGES IN STRATEGY	75,000
YUKI OKA CALIFORNIA INSTITUTE OF TECHNOLOGY PASADENA, CA, 91125	NONE	PC	PERIPHERAL AND CENTRAL MECHANISMS OF BODY FLUID REGULATION	75,000
ABIGAIL PERSON UNIVERSITY OF COLORADO, DENVER DENVER, CO, 80204	NONE	GOV	CIRCUIT MECHANISMS OF CEREBELLAR MOTOR CORRECTION	75,000
WEI WEI UNIVERSITY OF CHICAGO CHICAGO, IL, 60637	NONE	PC	DENDRITIC PROCESSING OF VISUAL MOTION IN THE RETINA	75,000
MARTHA BAGNALL WASHINGTON UNIVERSITY IN ST. LOUIS ST. LOUIS, MO, 63130	NONE	PC	SENSORY AND MOTOR COMPUTATIONS UNDERLYING POSTURAL CONTROL	75,000
STEPHEN BROHAWN U OF CALIFORNIA, BERKELEY BERKELEY, CA, 94720	NONE	GOV	MECHANISMS OF BIOLOGICAL FORCE SENSATION	75,000
MEHRDAD JAZAYERI MASSACHUSETTS INSTITUTE OF TECHNOLOGY CAMBRIDGE, MA, 02139	NONE	PC	THALAMOCORTICAL MECHANISMS OF FLEXIBLE MOTOR TIMING	75,000
KATHERINE NAGEL NEW YORK UNIVERSITY NEW YORK, NY, 10003	NONE	PC	NEURAL MECHANISMS UNDERLYING OLFACTORY SEARCH BEHAVIOR IN DROSOPHILA MELANOGASTER	75,000
MATTHEW PECOT HARVARD MEDICAL SCHOOL BOSTON, MA, 02138	NONE	PC	DEFINING THE TRANSCRIPTIONAL LOGIC UNDERLYING NEURAL NETWORK ASSEMBLY IN THE DROSOPHILA VISUAL SYSTEM	75,000
MICHAEL YARTSEV U OF CALIFORNIA, BERKELEY BERKELEY, CA, 94720	NONE	GOV	NEUROBIOLOGICAL BASIS OF VOCAL PRODUCTION LEARNING IN THE DEVELOPING MAMMALIAN BRAIN	75,000
EIMAN AZIM SALK INSTITUTE LA JOLLA, CA, 92097	NONE	PC	SPINAL CIRCUITS CONTROLLING DEXTEROUS FORELIMB MOVEMENT	75,000
RUDY BEHNIA COLUMBIA UNIVERSITY NEW YORK, NY, 10027	NONE	PC	STATE-DEPENDENT NEUROMODULATION OF A CIRCUIT FOR MOTION VISION	75,000
FELICE DUNN UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SAN FRANCISCO, CA, 94143	NONE	GOV	THE ESTABLISHMENT AND REGULATION OF ROD AND CONE VISION	75,000

Name and Address	Relationship	Foundation status	Purpose	Amount
JOHN TUTHILL UNIVERSITY OF WASHINGTON SEATTLE, WA, 98195	NONE	GOV	PROPRIOCEPTIVE FEEDBACK CONTROL OF LOCOMOTION IN DROSOPHILA	75,000
MINGSHAN XUE BAYLOR COLLEGE OF MEDICINE HOUSTON, TX, 77030	NONE	PC	FUNCTION AND MECHANISM OF INPUT-SPECIFIC HOMEOSTATIC SYNAPTIC PLASTICITY IN VIVO	75,000
BRAD ZUCHERO STANFORD UNIVERSITY PALO ALTO, CA, 94305	NONE	PC	MECHANISMS OF MYELIN MEMBRANE GROWTH AND WRAPPING	75,000
RETURNED AWARD FUNDS C/O THE MCKNIGHT FOUNDATION 710 S 2ND ST STE 400 MINNEAPOLIS , MN, 55401-2290	RETURNED AWARD	PC	RETURNED AWARD	(2,780)

Name and Address	Relationship	Foundation status	Purpose	Amount
DENISE CAI ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI NEW YORK, NY, 10029-6574	NONE	PC	CIRCUIT MECHANISMS OF MEMORY-LINKING	300,000
XIN JIN THE SALK INSTITUTE FOR BIOLOGICAL STUDIES LA JOLLA, CA, 92097	NONE	PC	DISSECTING STRIATAL PATCH AND MATRIX COMPARTMENTS FOR ACTION LEARNING	300,000
ILYA MONOSOV WASHINGTON SCHOOL OF MEDICINE IN ST. LOUIS ST. LOUIS, MO, 63130	NONE	PC	THE NEURONAL MECHANISMS OF INFORMATION SEEKING UNDER UNCERTAINTY	300,000
VIKAAS SOHAL UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SAN FRANCISCO, CA, 94143	NONE	GOV	USING NEW APPROACHES FOR VOLTAGE IMAGING TO TEST HOW PREFRONTAL DOPAMINE RECEPTORS CONTRIBUTE TO GAMMA OSCILLATIONS AND FLEXIBLE BEHAVIOR:	300,000
MICHALE S FEE MASSACHUSETTS INSTITUTE OF TECHNOLOGY CAMBRIDGE, MA, 02139	NONE	PC	NEW TECHNOLOGIES FOR IMAGING AND ANALYZING NEURAL STATE-SPACE TRAJECTORIES IN FREELY-BEHAVING SMALL ANIMALS"	100,000
MARCO GALLIO NORTHWESTERN UNIVERSITY EVANSTON, IL, 60208	NONE	PC	RE-WIRING CONNECTIONS IN THE LIVING BRAIN	100,000
SAM SOBER AND MUHANNAD BAKIR EMORY UNIVERSITY/GEORGIE TECH ATLANTA, GA, 30332	NONE	PC	FLEXIBLE ELECTRODE ARRAYS FOR LARGE-SCALE RECORDINGS OF SPIKES FROM MUSCLE FIBERS IN FREELY BEHAVING MICE AND SONGBIRDS	100,000
EIMAN AZIM SALK INSTITUTE LA JOLLA, CA, 92097	NONE	PC	SPINAL CIRCUITS CONTROLLING DEXTEROUS FORELIMB MOVEMENT	150,000
RUDY BEHNIA COLUMBIA UNIVERSITY NEW YORK, NY, 10027	NONE	PC	STATE-DEPENDENT NEUROMODULATION OF A CIRCUIT FOR MOTION VISION	150,000
FELICE DUNN UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SAN FRANCISCO, CA, 94143	NONE	GOV	THE ESTABLISHMENT AND REGULATION OF ROD AND CONE VISION	150,000
JOHN TUTHILL UNIVERSITY OF WASHINGTON SEATTLE, WA, 98195	NONE	GOV	PROPRIOCEPTIVE FEEDBACK CONTROL OF LOCOMOTION IN DROSOPHILA	150,000
MINGSHAN XUE BAYLOR COLLEGE OF MEDICINE HOUSTON, TX, 77030	NONE	PC	FUNCTION AND MECHANISM OF INPUT-SPECIFIC HOMEOSTATIC SYNAPTIC PLASTICITY IN VIVO	150,000
BRAD ZUCHERO STANFORD UNIVERSITY PALO ALTO, CA, 94305	NONE	PC	MECHANISMS OF MYELIN MEMBRANE GROWTH AND WRAPPING	150,000

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE	Employer identification number 41-1563321
Name and title of officer THERESE CASEY, DIRECTOR OF FINANCE	

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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 checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) 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 organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN

6	3	3	2	1
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 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature ▶ *Therese Casey* Date ▶ 5-28-2019

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.

3	5	5	6	2	4	2	1	6	8	0
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 ▶ *Therese Casey* Date ▶ 6/9/2019

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So