

## PUBLIC DISCLOSURE COPY

## Return of Private Foundation

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

Form **990-PF**Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

For calendar year 2020 or tax year beginning , 2020, and ending , 20

|  |   |   |
|--|---|---|
| Name of foundation<br><b>THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE</b>  |   | <b>A</b> Employer identification number<br><b>41-1563321</b>  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>710 S 2ND ST STE 400</b>   | Room/suite  | <b>B</b> Telephone number (see instructions)<br><b>(612) 333-4220</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>MINNEAPOLIS, MN 55401-2290</b>  |   | <b>C</b> If exemption application is pending, check here ► <input type="checkbox"/>   |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D</b> 1. Foreign organizations, check here . . . ► <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation . . . ► <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . ► <input type="checkbox"/>  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ <b>25,180</b>   | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d), must be on cash basis.) | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . ► <input type="checkbox"/>   |

| <b>Part I Analysis of Revenue and Expenses</b> (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) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>   | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                      | 3,464,000                          |                           |                         |   |
|  | <b>2</b> Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
|  | <b>3</b> Interest on savings and temporary cash investments                                  |                                    |                           |                         |   |
|  | <b>4</b> Dividends and interest from securities . . . . .                                    |                                    |                           |                         |   |
|  | <b>5a</b> Gross rents . . . . .  |                                    |                           |                         |   |
|  | <b>b</b> Net rental income or (loss)   |                                    |                           |                         |   |
|  | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                              | 0                                  |                           |                         |   |
|  | <b>b</b> Gross sales price for all assets on line 6a   |                                    |                           |                         |   |
|  | <b>7</b> Capital gain net income (from Part IV, line 2) . .                                  |                                    | 0                         |                         |   |
|  | <b>8</b> Net short-term capital gain . . . . .   |                                    |                           | 0                       |   |
|  | <b>9</b> Income modifications . . . . .  |                                    |                           | 39                      |   |
|  | <b>10a</b> Gross sales less returns and allowances   | 0                                  |                           |                         |   |
| <b>Operating and Administrative Expenses</b>   | <b>b</b> Less: Cost of goods sold . . . . .  | 0                                  |                           |                         |   |
|  | <b>c</b> Gross profit or (loss) (attach schedule) . . . .                                    | 0                                  |                           |                         |   |
|  | <b>11</b> Other income (attach schedule) . . . . .   | 0                                  | 0                         | 0                       |   |
|  | <b>12 Total.</b> Add lines 1 through 11 . . . . .  | 3,464,000                          | 0                         | 39                      |   |
|  | <b>13</b> Compensation of officers, directors, trustees, etc.                                | 38,500                             |                           |                         | 38,500  |
|  | <b>14</b> Other employee salaries and wages . . . . .  |                                    |                           |                         |   |
|  | <b>15</b> Pension plans, employee benefits . . . . .   |                                    |                           |                         |   |
|  | <b>16a</b> Legal fees (attach schedule) . . . . .  | 0                                  | 0                         | 0                       | 0   |
|  | <b>b</b> Accounting fees (attach schedule) . . . . .   | 8,630                              | 0                         | 0                       | 8,630   |
|  | <b>c</b> Other professional fees (attach schedule) . . .                                     | 154,000                            | 0                         | 0                       | 154,000   |
|  | <b>17</b> Interest . . . . .   |                                    |                           |                         |   |
|  | <b>18</b> Taxes (attach schedule) (see instructions) . . .                                   | 0                                  | 0                         | 0                       | 0   |
|  | <b>19</b> Depreciation (attach schedule) and depletion . .                                   | 0                                  | 0                         | 0                       |   |
|  | <b>20</b> Occupancy . . . . .  |                                    |                           |                         |   |
|  | <b>21</b> Travel, conferences, and meetings . . . . .  | 90,460                             |                           |                         | 90,460  |
|  | <b>22</b> Printing and publications . . . . .  |                                    |                           |                         |   |
|  | <b>23</b> Other expenses (attach schedule) . . . . .   | 15,299                             | 0                         | 0                       | 15,299  |
|  | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .     | 306,889                            | 0                         | 0                       | 306,889   |
|  | <b>25</b> Contributions, gifts, grants paid . . . . .  | 3,149,961                          |                           |                         | 3,150,000   |
|  | <b>26 Total expenses and disbursements.</b> Add lines 24 and 25                              | 3,456,850                          | 0                         | 0                       | 3,456,889   |
|  | <b>27</b> Subtract line 26 from line 12:   |                                    |                           |                         |   |
|  | <b>a Excess of revenue over expenses and disbursements</b>                                   | 7,150                              |                           |                         |   |
|  | <b>b Net investment income</b> (if negative, enter -0-) .                                    |                                    | 0                         |                         |   |
|  | <b>c Adjusted net income</b> (if negative, enter -0-) . .                                    |                                    |                           | 39                      |   |

For Paperwork Reduction Act Notice, see instructions.

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| <b>Part II Balance Sheets</b> 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 |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 18,030            | 25,180         | 25,180                |
|  | <b>2</b> Savings and temporary cash investments . . . . .   |                   |                |                       |
|  | <b>3</b> Accounts receivable ▶ . . . . .  |                   |                |                       |
|  | Less: allowance for doubtful accounts ▶ . . . . .   | 0                 | 0              | 0                     |
|  | <b>4</b> Pledges receivable ▶ . . . . .   |                   |                |                       |
|  | Less: allowance for doubtful accounts ▶ . . . . .   | 0                 | 0              | 0                     |
|  | <b>5</b> Grants receivable . . . . .  |                   |                |                       |
|  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .    | 0                 | 0              | 0                     |
|  | <b>7</b> Other notes and loans receivable (attach schedule) ▶ . . . . .   | 0                 |                |                       |
|  | Less: allowance for doubtful accounts ▶ . . . . .   | 0                 | 0              | 0                     |
|  | <b>8</b> Inventories for sale or use . . . . .  |                   |                |                       |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  |                   |                |                       |
|  | <b>10a</b> Investments—U.S. and state government obligations (attach schedule) . . . . .  | 0                 | 0              | 0                     |
|  | <b>b</b> Investments—corporate stock (attach schedule) . . . . .  | 0                 | 0              | 0                     |
|  | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .  | 0                 | 0              | 0                     |
| <b>Liabilities</b>   | <b>11</b> Investments—land, buildings, and equipment: basis ▶ . . . . .   | 0                 |                |                       |
|  | Less: accumulated depreciation (attach schedule) ▶ . . . . .  | 0                 | 0              | 0                     |
|  | <b>12</b> Investments—mortgage loans . . . . .  |                   |                |                       |
|  | <b>13</b> Investments—other (attach schedule) . . . . .   | 0                 | 0              | 0                     |
|  | <b>14</b> Land, buildings, and equipment: basis ▶ . . . . .   | 0                 |                |                       |
|  | Less: accumulated depreciation (attach schedule) ▶ . . . . .  | 0                 | 0              | 0                     |
|  | <b>15</b> Other assets (describe ▶ . . . . .)   | 0                 | 0              | 0                     |
|  | <b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .                               | 18,030            | 25,180         | 25,180                |
|  | <b>17</b> Accounts payable and accrued expenses . . . . .   |                   |                |                       |
|  | <b>18</b> Grants payable . . . . .  |                   |                |                       |
| <b>Net Assets or Fund Balances</b>   | <b>19</b> Deferred revenue . . . . .  |                   |                |                       |
|  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .  | 0                 | 0              |                       |
|  | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .   | 0                 | 0              |                       |
|  | <b>22</b> Other liabilities (describe ▶ . . . . .)  | 0                 | 0              |                       |
|  | <b>23 Total liabilities</b> (add lines 17 through 22) . . . . .   | 0                 | 0              |                       |
|  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>              |                   |                |                       |
|  | <b>24</b> Net assets without donor restrictions . . . . .   |                   |                |                       |
|  | <b>25</b> Net assets with donor restrictions . . . . .  |                   |                |                       |
|  | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b> |                   |                |                       |
|  | <b>26</b> Capital stock, trust principal, or current funds . . . . .  |                   |                |                       |
| <b>Net Assets or Fund Balances</b>   | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .  |                   |                |                       |
|  | <b>28</b> Retained earnings, accumulated income, endowment, or other funds . . . . .  | 18,030            | 25,180         |                       |
|  | <b>29 Total net assets or fund balances</b> (see instructions) . . . . .  | 18,030            | 25,180         |                       |
|  | <b>30 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .   | 18,030            | 25,180         |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |        |
|---|----------|--------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 18,030 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | 7,150  |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ . . . . .   | <b>3</b> | 0      |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 25,180 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ . . . . .   | <b>5</b> | 0      |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .  | <b>6</b> | 25,180 |

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

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

| <b>1</b> Reserved           |                 |                 |                 |
|-----------------------------|-----------------|-----------------|-----------------|
| (a)<br>Reserved             | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
| Reserved                    |                 |                 |                 |
| Reserved                    |                 |                 |                 |
| Reserved                    |                 |                 |                 |
| Reserved                    |                 |                 |                 |
| Reserved                    |                 |                 |                 |
| <b>2</b> Reserved . . . . . |                 | <b>2</b>        |                 |
| <b>3</b> Reserved . . . . . |                 | <b>3</b>        |                 |
| <b>4</b> Reserved . . . . . |                 | <b>4</b>        |                 |
| <b>5</b> Reserved . . . . . |                 | <b>5</b>        |                 |
| <b>6</b> Reserved . . . . . |                 | <b>6</b>        |                 |
| <b>7</b> Reserved . . . . . |                 | <b>7</b>        |                 |
| <b>8</b> Reserved . . . . . |                 | <b>8</b>        |                 |

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

|           |   |           |   |
|-----------|---|-----------|---|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |   |
| <b>b</b>  | Reserved  | <b>1</b>  | 0 |
| <b>c</b>  | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   |           |   |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  | <b>2</b>  |   |
| <b>3</b>  | Add lines 1 and 2   | <b>3</b>  | 0 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  | <b>4</b>  |   |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-  | <b>5</b>  | 0 |
| <b>6</b>  | Credits/Payments:   |           |   |
| <b>a</b>  | 2020 estimated tax payments and 2019 overpayment credited to 2020   | <b>6a</b> | 0 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source   | <b>6b</b> |   |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)   | <b>6c</b> |   |
| <b>d</b>  | Backup withholding erroneously withheld   | <b>6d</b> |   |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d   | <b>7</b>  | 0 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached  | <b>8</b>  |   |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>   | <b>9</b>  | 0 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>   | <b>10</b> | 0 |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>  | <b>11</b> | 0 |

**Part VII-A Statements Regarding Activities**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> 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>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | ✓  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?  |     | ✓  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____   |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____   |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.  |     | ✓  |
| <b>3</b> 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.  |     | ✓  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?   |     | ✓  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  |     |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .  |     | ✓  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?                           | ✓   |    |
| <b>7</b> 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  | ✓   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ►<br><u>MN</u>   |     |    |
| <b>b</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  | ✓   |    |
| <b>9</b> 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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV  | ✓   |    |
| <b>10</b> 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                       |
|---|-----|--------------------------|
| <b>11</b> 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 . . . . .  |     | ✓                        |
| <b>12</b> 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 . . . . .   |     | ✓                        |
| <b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.NEUROSCIENCE.MCKNIGHT.ORG</u>  | ✓   |                          |
| <b>14</b> The books are in care of ► <u>THERESE CASEY</u> Telephone no. ► <u>(612) 333-4220</u><br>Located at ► <u>710 S 2ND ST STE 400, MINNEAPOLIS, MN</u> ZIP+4 ► <u>55401-2290</u>  |     |                          |
| <b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>   |     | <input type="checkbox"/> |
| <b>16</b> At any time during calendar year 2020, 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? . . . . .<br>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 |
|--|-----------|----|
| <b>1a</b> During the year, did the foundation (either directly or indirectly):<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(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<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(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<br>(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .<br>Organizations relying on a current notice regarding disaster assistance, check here . . . . . ► <input type="checkbox"/>   | <b>1b</b> | ✓  |
| <b>c</b> 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 2020? . . . . .   | <b>1c</b> | ✓  |
| <b>2</b> 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)):<br><b>a</b> At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____<br><b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .<br><b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>► 20____, 20____, 20____, 20____   | <b>2b</b> |    |
| <b>3a</b> 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<br><b>b</b> If "Yes," did it have excess business holdings in 2020 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) . . . . .   | <b>3b</b> |    |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | <b>4a</b> | ✓  |
| <b>b</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 2020?   | <b>4b</b> | ✓  |

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

|           |  | Yes                          | No                                     |
|-----------|--|------------------------------|--|
| <b>5a</b> | During the year, did the foundation pay or incur any amount to:  |                              |  |
| (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 type="checkbox"/> Yes | <input checked="" 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>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 | <b>5b</b>                    |  |
|           | Organizations relying on a current notice regarding disaster assistance, check here  |                              | <input type="checkbox"/>               |
| <b>c</b>  | 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).   |                              |  |
| <b>6a</b> | 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>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>6b</b>                    | <input checked="" type="checkbox"/>    |
|           | If "Yes" to 6b, file Form 8870.  |                              |  |
| <b>7a</b> | 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>b</b>  | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  | <b>7b</b>                    |  |
| <b>8</b>  | 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 |
|---|---|---|---|---------------------------------------|
| J ANTHONY MOVSHON, PH.D<br>710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290 | PRESIDENT, 0.9  | 12,000                                    | 0   | 0                                     |
| KELSEY MARTIN, MD, PH.D<br>710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290 | VICE PRESIDENT, 1.7                                       | 12,000                                    | 0   | 0                                     |
| ERIKA BINGER<br>710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290            | SECRETARY/TREASURER, 0.3                                  | 0   | 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 ▶

**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<br>710 S 2ND ST STE 400, MINNEAPOLIS, MN 55401-2290               | ADMINISTRATIVE SERVICES | 100,000          |
|   |                         |                  |
|   |                         |                  |
|   |                         |                  |
|   |                         |                  |
|   |                         |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services . . . . . |                         | <b>1</b>         |

**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 |
|-------------------------|----------|
| <b>1</b> SEE SCHEDULE O | 88,000   |
|                         |          |
| <b>2</b>                |          |
|                         |          |
| <b>3</b>                |          |
|                         |          |
| <b>4</b>                |          |
|                         |          |

**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   |
|--|----------|
| <b>1</b> N/A   |          |
|  |          |
| <b>2</b>   |          |
|  |          |
| All other program-related investments. See instructions. |          |
| <b>3</b>   |          |
|  |          |
| <b>Total.</b> Add lines 1 through 3 . . . . .            | <b>0</b> |

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

|          |   |           |         |
|----------|---|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:         |           |         |
| <b>a</b> | Average monthly fair market value of securities . . . . .   | <b>1a</b> | 0       |
| <b>b</b> | Average of monthly cash balances . . . . .  | <b>1b</b> | 851,267 |
| <b>c</b> | Fair market value of all other assets (see instructions) . . . . .  | <b>1c</b> | 0       |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .   | <b>1d</b> | 851,267 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . . | <b>1e</b> | 0       |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .  | <b>2</b>  |         |
| <b>3</b> | Subtract line 2 from line 1d . . . . .  | <b>3</b>  | 851,267 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) . . . . .    | <b>4</b>  | 12,769  |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4         | <b>5</b>  | 838,498 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .  | <b>6</b>  | 41,925  |

**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.)

|           |   |           |  |
|-----------|---|-----------|--|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .   | <b>1</b>  |  |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5 . . . . .  | <b>2a</b> |  |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.) . . . . .  | <b>2b</b> |  |
| <b>c</b>  | Add lines 2a and 2b . . . . .   | <b>2c</b> |  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  |  |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .   | <b>4</b>  |  |
| <b>5</b>  | Add lines 3 and 4 . . . . .   | <b>5</b>  |  |
| <b>6</b>  | Deduction from distributable amount (see instructions) . . . . .  | <b>6</b>  |  |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  |  |

**Part XII Qualifying Distributions** (see instructions)

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .   | <b>1a</b> | 3,456,889 |
| <b>b</b> | Program-related investments—total from Part IX-B . . . . .  | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .   | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:  |           |           |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .  | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .   | <b>3b</b> | 0         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4   | <b>4</b>  | 3,456,889 |
| <b>5</b> | 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 . . . . . | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .   | <b>6</b>  | 3,456,889 |

**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)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7 . . . . .   |               |                            |             |             |
| <b>2</b> Undistributed income, if any, as of the end of 2020:   |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only . . . . .   |               |                            |             |             |
| <b>b</b> Total for prior years: 20 ____, 20 ____, 20 ____   |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:   |               |                            |             |             |
| <b>a</b> From 2015 . . . . .  |               |                            |             |             |
| <b>b</b> From 2016 . . . . .  |               |                            |             |             |
| <b>c</b> From 2017 . . . . .  |               |                            |             |             |
| <b>d</b> From 2018 . . . . .  |               |                            |             |             |
| <b>e</b> From 2019 . . . . .  |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e . . . . .   |               |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ _____  |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a . . . . .   |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .  |               |                            |             |             |
| <b>d</b> Applied to 2020 distributable amount . . . . .   |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus . . . . .   |               |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .  |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>  |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .  |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .   |               |                            |             |             |
| <b>c</b> 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 . . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .   |               |                            |             |             |
| <b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .  |               |                            |             |             |
| <b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 . . . . .  |               |                            |             |             |
| <b>7</b> 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) . . . . .         |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . . . .  |               |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a . . . . .   |               |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2016 . . . . .   |               |                            |             |             |
| <b>b</b> Excess from 2017 . . . . .   |               |                            |             |             |
| <b>c</b> Excess from 2018 . . . . .   |               |                            |             |             |
| <b>d</b> Excess from 2019 . . . . .   |               |                            |             |             |
| <b>e</b> Excess from 2020 . . . . .   |               |                            |             |             |



**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 2020, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year   | Prior 3 years |           |           | (e) Total |            |
|--|---------------|-----------|-----------|-----------|------------|
| (a) 2020   | (b) 2019      | (c) 2018  | (d) 2017  |           |            |
| 39   | 13,752        | 0         | 0         | 13,791    |            |
| 33   | 11,689        | 0         | 0         | 11,722    |            |
| <b>b</b> 85% of line 2a . . . . .  |               |           |           |           |            |
| 33   | 11,689        | 0         | 0         | 11,722    |            |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed . . . . .  | 3,456,889     | 3,705,694 | 3,707,780 | 3,720,106 | 14,590,469 |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   | 3,150,000     | 3,150,000 | 3,147,220 | 3,148,550 | 12,595,770 |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                             | 306,889       | 555,694   | 560,560   | 571,556   | 1,994,699  |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |               |           |           |           |            |
| <b>a</b> "Assets" alternative test—enter:  |               |           |           |           |            |
| (1) Value of all assets . . . . .  |               |           |           |           |            |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .  |               |           |           |           |            |
| <b>b</b> "Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6, for each year listed . . . . . | 27,950        | 23,831    | 27,539    | 29,436    | 108,756    |
| <b>c</b> "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, 612-333-4220, 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)                            |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i><br>(SEE STATEMENT)        |   |                                |                                  |           |
| <b>Total</b>   |   |                                | ▶ <b>3a</b>                      | 3,150,000 |
| <b>b</b> <i>Approved for future payment</i><br>(SEE STATEMENT) |   |                                |                                  |           |
| <b>Total</b>   |   |                                | ▶ <b>3b</b>                      | 2,100,000 |

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Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions.) |
|---|--|---------------------------|---------------|--------------------------------------|---------------|--|
|   |  | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |  |
| 1   | Program service revenue:                                       |                           |               |                                      |               |  |
| a   | _____  |                           |               |                                      |               |  |
| b   | _____  |                           |               |                                      |               |  |
| c   | _____  |                           |               |                                      |               |  |
| d   | _____  |                           |               |                                      |               |  |
| e   | _____  |                           |               |                                      |               |  |
| f   | _____  |                           |               |                                      |               |  |
| g   | Fees and contracts from government agencies                    |                           |               |                                      |               |  |
| 2   | Membership dues and assessments . . . . .                      |                           |               |                                      |               |  |
| 3   | Interest on savings and temporary cash investments             |                           |               |                                      |               |  |
| 4   | Dividends and interest from securities . . . . .               |                           |               |                                      |               |  |
| 5   | Net rental income or (loss) from real estate:                  |                           |               |                                      |               |  |
| a   | Debt-financed property . . . . .                               |                           |               |                                      |               |  |
| b   | Not debt-financed property . . . . .                           |                           |               |                                      |               |  |
| 6   | Net rental income or (loss) from personal property             |                           |               |                                      |               |  |
| 7   | Other investment income . . . . .                              |                           |               |                                      |               |  |
| 8   | Gain or (loss) from sales of assets other than inventory       |                           |               |                                      |               |  |
| 9   | Net income or (loss) from special events . . . .               |                           |               |                                      |               |  |
| 10  | Gross profit or (loss) from sales of inventory . .             |                           |               |                                      |               |  |
| 11  | Other revenue: a _____   |                           |               |                                      |               |  |
| b   | _____  |                           |               |                                      |               |  |
| c   | _____  |                           |               |                                      |               |  |
| d   | _____  |                           |               |                                      |               |  |
| e   | _____  |                           |               |                                      |               |  |
| 12  | Subtotal. Add columns (b), (d), and (e) . . . . .              |                           | 0             |                                      | 0             | 0  |
| 13  | <b>Total.</b> Add line 12, columns (b), (d), and (e) . . . . . |                           |               |                                      | <b>13</b>     | 0  |

(See worksheet in line 13 instructions to verify calculations.)

## Line No.

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

[illegible]

## Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

|            |  | Yes          | No |
|------------|--|--------------|----|
| <b>1</b>   | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |              |    |
| <b>a</b>   | Transfers from the reporting foundation to a noncharitable exempt organization of:   |              |    |
| <b>(1)</b> | Cash . . . . .   | <b>1a(1)</b> | ✓  |
| <b>(2)</b> | Other assets . . . . .   | <b>1a(2)</b> | ✓  |
| <b>b</b>   | Other transactions:  |              |    |
| <b>(1)</b> | Sales of assets to a noncharitable exempt organization . . . . .   | <b>1b(1)</b> | ✓  |
| <b>(2)</b> | Purchases of assets from a noncharitable exempt organization . . . . .   | <b>1b(2)</b> | ✓  |
| <b>(3)</b> | Rental of facilities, equipment, or other assets . . . . .   | <b>1b(3)</b> | ✓  |
| <b>(4)</b> | Reimbursement arrangements . . . . .   | <b>1b(4)</b> | ✓  |
| <b>(5)</b> | Loans or loan guarantees . . . . .   | <b>1b(5)</b> | ✓  |
| <b>(6)</b> | Performance of services or membership or fundraising solicitations . . . . .   | <b>1b(6)</b> | ✓  |
| <b>c</b>   | Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .   | <b>1c</b>    | ✓  |
| <b>d</b>   | If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |    |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If “Yes,” complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |


**Sign  
Here**

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.

[illegible]

May the IRS discuss this return with the preparer shown below?  
See instructions. ☒ **Yes** ☐ **No**

**Paid  
Preparer  
Use Only**

|  |   |                        |   |                          |
|--|---|------------------------|---|--------------------------|
| Print/Type preparer's name<br><b>NICOLE BENCIK</b>                               | Preparer's signature<br> | Date<br><b>5/11/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00756195</b> |
| Firm's name ▶ <b>CROWE LLP</b>   |   |                        | Firm's EIN ▶ <b>35-0921680</b>                  |                          |
| Firm's address ▶ <b>225 WEST WACKER DRIVE SUITE 2600, CHICAGO, IL 60606-1224</b> |   |                        | Phone no. <b>(312) 899-7000</b>                 |                          |

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE

Employer identification number

41-1563321

**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 33<sup>1</sup>/<sub>3</sub>% 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<br><b>THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE</b> | Employer identification number<br><b>41-1563321</b> |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | THE MCKNIGHT FOUNDATION<br>710 S 2ND ST STE 400<br>MINNEAPOLIS, MN 55401-2290 | \$ 3,464,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE</b> | Employer identification number<br><b>41-1563321</b> |
|---|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

|   |   |
|---|---|
| Name of organization<br><b>THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE</b> | Employer identification number<br><b>41-1563321</b> |
|---|---|

**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.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
|---------------------------|---|-------------------------|--|
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |

| Return Reference - Identifier                          | Explanation  |
|--|--|
| FORM 990-PF, PART IX,<br>LINE 1 - ANNUAL<br>CONFERENCE | <p>THE 2020 MCKNIGHT CONFERENCE ON NEUROSCIENCE WAS INITIALLY SCHEDULED FOR JUNE 12-15, 2020. DUE TO THE COVID 19 PANDEMIC IT WAS POSTPONED TO OCTOBER 30-NOVEMBER 2, 2020. UNFORTUNATELY, THE PANDEMIC DID NOT SUBSIDE AND THE MCKNIGHT ENDOWMENT FUND FOR NEUROSCIENCE (MEFN) BOARD OF DIRECTORS DECIDED TO CANCEL THE 2020 CONFERENCE.</p> <p>THE NEXT MCKNIGHT CONFERENCE ON NEUROSCIENCE WAS INITIALLY SCHEDULED TO BE HELD JUNE 11-14, 2021 IN ASPEN, CO. DUE TO THE CONTINUING COVID 19 PANDEMIC, THE MEFN BOARD DECIDED TO POSTPONE THE CONFERENCE UNTIL OCTOBER 29-NOVEMBER 1, 2021. THE SPEAKERS ARE ALL TENTATIVELY CONFIRMED; NINE RECENT RECIPIENTS OF A MCKNIGHT AWARD; THREE FORMER RECIPIENTS OF A MCKNIGHT AWARD; AND FOUR GUEST SPEAKERS WILL PRESENT THE FINDINGS OF THEIR BRAIN RESEARCH PROJECTS.</p> |

| Return Reference - Identifier             | Explanation  |
|---|--|
| FORM 990-PF, PART XV,<br>LINE 2B - AWARDS | <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><b>MCKNIGHT SCHOLAR AWARDS</b><br/>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 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 DUE IN EARLY JANUARY AND CAN BE UPLOADED BY ACCESSING THE ONLINE URL SET UP FOR THIS PURPOSE. EACH APPLICANT MUST ENSURE THAT FOUR LETTERS OF REFERENCE ARE SUBMITTED TO AN EMAIL ACCOUNT; THESE LETTERS ARE AN INTEGRAL PART OF THE APPLICATION. AWARDS ARE ANNOUNCED IN MAY AND BEGIN ON JULY 1.</p> <p><b>MCKNIGHT TECHNOLOGICAL INNOVATIONS IN NEUROSCIENCE AWARDS</b><br/>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. THE 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><b>MCKNIGHT MEMORY AND COGNITIVE DISORDERS AWARDS</b><br/>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, ESPECIALLY DISEASES RELATED TO MEMORY OR COGNITIVE DISORDERS. THE LETTER SHOULD CLEARLY</p> |



| Return Reference - Identifier | Explanation   |
|-------------------------------|---|
|                               | <p>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 | 8,630                    |                           |                         | 8,630                        |
| TOTAL                 | 8,630                    | 0                         | 0                       | 8,630                        |

| Description                     | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|---------------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) ADMINISTRATIVE SERVICE FEES | 100,000                  |                           |                         | 100,000                      |
| (2) COMMITTEE FEES              | 54,000                   |                           |                         | 54,000                       |
| TOTAL                           | 154,000                  | 0                         | 0                       | 154,000                      |

| Description               | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|---------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) POSTAGE AND SHIPPING  | 912                      |                           |                         | 912                          |
| (2) COMMUNICATION EXPENSE | 5,000                    |                           |                         | 5,000                        |
| (3) MISCELLANEOUS         | 396                      |                           |                         | 396                          |
| (4) COMPUTER SERVICES     | 8,991                    |                           |                         | 8,991                        |
| TOTAL                     | 15,299                   | 0                         | 0                       | 15,299                       |

| 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 |
|--------------------------------|---|---|---------------------------------------|---|-----------------------------------|
| CATHERINE DULAC                | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 0.3  | 1,000                                 | 0   | 0                                 |
| HUDA ZOGHBI, MD                | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 0.2  | 1,000                                 | 0   | 0                                 |
| KARA CARLISLE                  | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 0.2  | 0                                     | 0   | 0                                 |
| LESLIE VOSSHALL                | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 0.5  | 2,000                                 | 0   | 0                                 |
| MARCUS MEISTER                 | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 1.2  | 4,500                                 | 0   | 0                                 |
| MICHAEL D EHLERS, MD ,<br>PH.D | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 0.4  | 0                                     | 0   | 0                                 |
| MING GUO, MD , PH.D            | 710 S 2ND ST STE 400,<br>MINNEAPOLIS, MN 55401-2290 | DIRECTOR , 1.3  | 6,000                                 | 0   | 0                                 |



| Name and Address  | Relationship | Foundation status | Purpose   | Amount  |
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| BAYLOR COLLEGE OF MEDICINE<br>DEPARTMENT OF<br>NEUROSCIENCE, 1250<br>MOURSUND STREET, NRI, SUITE<br>1250<br>HOUSTON, TX, 77030                | NONE         | PC                | FUNCTION AND MECHANISM OF<br>INPUT-SPECIFIC HOMEOSTATIC<br>SYNAPTIC PLASTICITY IN VIVO.<br>PRINCIPAL INVESTIGATOR:<br>MINGSHAN XUE                              | 75,000  |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA, T632<br>HOUSTON, TX, 77030  | NONE         | PC                | CEREBELLAR COMPUTATIONS<br>DURING MOTOR PLANNING.<br>PRINCIPAL INVESTIGATOR: NUO<br>LI  | 75,000  |
| BOSTON UNIVERSITY<br>DEPARTMENT OF<br>PSYCHOLOGICAL AND BRAIN<br>SCIENCES<br>610 COMMONWEALTH AVENUE<br>BOSTON, MA, 02215                     | NONE         | PC                | ARTIFICIALLY MODULATING<br>POSITIVE AND NEGATIVE<br>MEMORIES TO ALLEVIATE<br>MALADAPTIVE FEAR<br>RESPONSES. PRINCIPAL<br>INVESTIGATOR: STEVE RAMIREZ            | 100,000 |
| CALIFORNIA INSTITUTE OF<br>TECHNOLOGY<br>MAIL CODE 139-74, CALTECH,<br>1200 E. CALIFORNIA BLVD.<br>PASADENA, CA, 91125                        | NONE         | PC                | CIRCUIT DYNAMICS AND<br>COGNITIVE CONSEQUENCES OF<br>GENERAL ANESTHESIA.<br>PRINCIPAL INVESTIGATOR:<br>THANOS SIAPAS  | 100,000 |
| CALIFORNIA INSTITUTE OF<br>TECHNOLOGY<br>BIOLOGY AND BIOLOGICAL<br>ENGINEERING, 1200 E.<br>CALIFORNIA BLVD., MC 114-96<br>PASADENA, CA, 91125 | NONE         | PC                | MODULAR ENZYMATIC<br>BARCODING. PRINCIPAL<br>INVESTIGATOR: KAI ZINN   | 100,000 |
| COLUMBIA UNIVERSITY<br>ZUCKERMAN MIND BRAIN<br>BEHAVIOR INSTITUTE, 3227<br>BROADWAY, L8 QUAD 8A<br>NEW YORK, NY, 10027                        | NONE         | PC                | STATE-DEPENDENT<br>NEUROMODULATION OF A<br>CIRCUIT FOR MOTION VISION.<br>PRINCIPAL INVESTIGATOR:<br>RUDY BEHNIA   | 75,000  |
| COLUMBIA UNIVERSITY<br>DEPARTMENT OF BIOLOGICAL<br>SCIENCES, 1212 AMSTERDAM<br>AVENUE, MC 2416<br>NEW YORK, NY, 10027                         | NONE         | PC                | THE EVOLUTION OF GENE<br>MODULES AND CIRCUIT MOTIFS<br>FOR CORTICAL INHIBITION.<br>PRINCIPAL INVESTIGATOR:<br>MARIA ANTOINETTA TOSCHES                          | 75,000  |
| GEORGIA TECH & EMORY<br>BIOMEDICAL ENGINEERING, 313<br>FERST DRIVE NW, SUITE 3108<br>ATLANTA, GA, 30332                                       | NONE         | PC                | COMPARING LARGE-SCALE<br>NEURAL DATASETS ACROSS<br>TIME, SPACE, AND BEHAVIOR.<br>PRINCIPAL INVESTIGATOR: EVA<br>DYER  | 100,000 |
| ICAHN SCHOOL OF MEDICINE AT<br>MOUNT SINAI<br>ONE GUSTAVE L. LEVY PLACE,<br>BOX 1639<br>NEW YORK, NY, 10029-6574                              | NONE         | PC                | CIRCUIT MECHANISMS OF<br>MEMORY-LINKING. PRINCIPAL<br>INVESTIGATOR: DENISE CAI  | 100,000 |
| ICAHN SCHOOL OF MEDICINE AT<br>MOUNT SINAI<br>ANNENBERG BUILDING, 19 – 080,<br>1468 MADISON AVE<br>NEW YORK, NY, 10029-6574                   | NONE         | PC                | ACCELERATING DRUG<br>DISCOVERY FOR COGNITIVE<br>DISORDERS THROUGH<br>STRUCTURAL STUDIES OF A<br>SEROTONIN RECEPTOR.<br>PRINCIPAL INVESTIGATOR:<br>DANIEL WACKER | 75,000  |
| JOHNS HOPKINS UNIVERSITY<br>DEPARTMENT OF CELL<br>BIOLOGY, 725 NORTH WOLFE<br>STREET, BIOPHYSICS 100<br>BALTIMORE, MD, 21205                  | NONE         | PC                | MECHANISTIC INSIGHTS INTO<br>MEMBRANE REMODELING AT<br>SYNAPSES. PRINCIPAL<br>INVESTIGATOR: SHIGEKI<br>WATANABE   | 75,000  |
| JOHNS HOPKINS UNIVERSITY<br>725 NORTH WOLFE STREET,<br>WBSB 216<br>BALTIMORE, MD, 21205   | NONE         | PC                | DISCOVERING MOLECULAR<br>IDENTIFY AND FUNCTION OF<br>NOVEL CHLORIDE CHANNELS IN<br>THE NERVOUS SYSTEM.<br>PRINCIPAL INVESTIGATOR:<br>ZHAOZHU QUI                | 75,000  |
| MARQUETTE UNIVERSITY<br>560 N 16TH ST, SCHROEDER<br>COMPLEX, ROOM 446<br>MILWAUKEE, WI, 53233   | NONE         | PC                | FAST PANOPTICAL IMAGING OF<br>BRAIN VOLUMES VIA TIME-<br>TAGGED QUADRANGULAR<br>STEREOSCOPY. PRINCIPAL<br>INVESTIGATOR: IAROSLAV<br>"ALEX" SAVTCHOUK            | 100,000 |
| MASSACHUSETTS INSTITUTE OF<br>TECHNOLOGY<br>BRAIN AND COGNITIVE<br>SCIENCES, 43 VASSAR STREET,<br>BUILDING 46-6143<br>CAMBRIDGE, MA, 02139    | NONE         | PC                | PERTURBING DENDRITIC<br>COMPARTMENTALIZATION TO<br>EVALUATE SINGLE NEURON<br>CORTICAL COMPUTATIONS.<br>PRINCIPAL INVESTIGATOR:<br>MARK HARNETT                  | 75,000  |

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| MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>77 MASSACHUSETTS AVE, ROOM 46-4243<br>CAMBRIDGE, MA, 02139                             | NONE         | PC                | ELUCIDATING FUNDAMENTAL MECHANISMS OF GUT-BRAIN SIGNALING IN C. ELEGANS. PRINCIPAL INVESTIGATOR: STEVEN FLAVELL  | 75,000  |
| NYU LANGONE HEALTH CENTER FOR HUMAN GENETICS & GENOMICS, 435 EAST 30TH STREET, 8TH FLOOR<br>NEW YORK, NY, 10016                 | NONE         | PC                | TAPESTRY: A SINGLE-CELL MULTI-OMICS TECHNOLOGY FOR HIGH-RESOLUTION LINEAGE TRACING OF THE HUMAN BRAIN. PRINCIPAL INVESTIGATOR: GILAD EVRONY  | 100,000 |
| NYU SCHOOL OF MEDICINE ROOM 1207, 435 EAST 30TH STREET<br>NEW YORK, NY, 10016   | NONE         | PC                | CORTICAL SENSORY MODULATION OF HIPPOCAMPAL ACTIVITY AND SPATIAL REPRESENTATION. PRINCIPAL INVESTIGATOR: JAYEETA BASU   | 75,000  |
| RUTGERS UNIVERSITY DEPARTMENT OF PSYCHOLOGY, SMITH HALL, ROOM 324, 101 WARREN STREET<br>NEWARK, NJ, 07012                       | NONE         | PC                | THE REGULATION OF NEGATIVE AUTOBIOGRAPHICAL MEMORIES VIA POSITIVE EMOTION-FOCUSED STRATEGIES. PRINCIPAL INVESTIGATOR: MAURICIO DELGADO   | 100,000 |
| SALK INSTITUTE MOLECULAR NEUROBIOLOGY LABORATORY - EAST, 10010 NORTH TORREY PINES ROAD<br>LA JOLLA, CA, 92037-1002              | NONE         | PC                | SPINAL CIRCUITS CONTROLLING DEXTEROUS FORELIMB MOVEMENT. PRINCIPAL INVESTIGATOR: EIMAN AZIM  | 75,000  |
| STANFORD UNIVERSITY DEPARTMENT OF NEUROSURGERY, 1201 WELCH ROAD, MSLS P311, STANFORD, CA 94305<br>PALO ALTO, CA, 94305          | NONE         | PC                | MECHANISMS OF MYELIN MEMBRANE GROWTH AND WRAPPING. PRINCIPAL INVESTIGATOR: BRAD ZUCHERO  | 75,000  |
| STANFORD UNIVERSITY 371 JANE STANFORD WAY<br>STANFORD, CA, 94305  | NONE         | PC                | NEURONAL BASIS OF PARENTAL ENGRAMS IN THE INFANT BRAIN PRINCIPAL INVESTIGATOR: LAUREN O'CONNELL  | 75,000  |
| TEXAS STATE UNIVERSITY DEPARTMENT OF PSYCHOLOGY, 601 UNIVERSITY DRIVE, SAN MARCOS, TX 78666<br>SAN MARCOS, TX, 78666            | NONE         | GOV               | DOES SUPERIOR SLEEP PHYSIOLOGY CONTRIBUTE TO SUPERIOR MEMORY FUNCTION? IMPLICATIONS FOR COUNTERACTING FORGETTING. PRINCIPAL INVESTIGATORS: CARMEN WESTERBERG & KEN PALLER              | 100,000 |
| THE SALK INSTITUTE FOR BIOLOGICAL STUDIES MOLECULAR NEUROBIOLOGY LAB, 10010 NORTH TORREY PINES ROAD<br>LA JOLLA, CA, 92037-1002 | NONE         | PC                | DISSECTING STRIATAL PATCH AND MATRIX COMPARTMENTS FOR ACTION LEARNING. PRINCIPAL INVESTIGATOR: XIN JIN   | 100,000 |
| UC BERKELEY HELEN WILLS NEUROSCIENCE INSTITUTE, 289 LIFE SCIENCE ADDITION<br>BERKELEY, CA, 94720                                | NONE         | GOV               | PHOTO-ACTIVATION OF DOPAMINE RECEPTORS IN MODELS OF PARKINSON'S DISEASE. PRINCIPAL INVESTIGATOR: EHUD ISACOFF & DIRK TRAUNER   | 100,000 |
| UC BERKELEY ELECTRICAL ENGINEERING AND COMPUTER SCIENCES, 2108 ALLSTON WAY, SUITE 200<br>BERKELEY, CA, 94704                    | NONE         | GOV               | A HIGH-SPEED HOLOGRAPHIC DEVICE FOR OPTOGENIC CONTROL OF THOUSANDS OF NEURONS. PRINCIPAL INVESTIGATOR: RIKKY MULLER  | 100,000 |
| UC LOS ANGELES BOX 951763, CHS 77-200K, 650 CHARLES E. YOUNG DRIVE SOUTH<br>LOS ANGELES, CA, 90095-1763                         | NONE         | GOV               | WIRELESS AND PROGRAMMABLE RECORDING AND STIMULATION OF DEEP BRAIN ACTIVITY IN FREELY MOVING HUMANS IMMERSED IN VIRTUAL (OR AUGMENTED) REALITY. PRINCIPAL INVESTIGATOR: NATHNIA SUTHANA | 100,000 |
| UC LOS ANGELES BRAIN RESEARCH INSTITUTE 300 STEIN PLAZA, SUITE 562<br>LOS ANGELES, CA, 90095                                    | NONE         | GOV               | NEURAL CIRCUIT MECHANISMS OF MATERNAL BEHAVIOR. PRINCIPAL INVESTIGATOR: WEIZHE HONG  | 75,000  |
| UC SAN FRANCISCO 675 NELSON RISING LANE, ROOM 514D<br>SAN FRANCISCO, CA, 94127  | NONE         | GOV               | NEW MYELIN FORMATION IN SYSTEMS CONSOLIDATION AND RETRIEVAL OF REMOTE MEMORIES. PRINCIPAL INVESTIGATORS: MAZEN KHEIRBEK & JONAH CHAN   | 100,000 |

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| UNIVERSITY OF CALIFORNIA SAN FRANCISCO<br>DEPARTMENT OF PSYCHOLOGY,<br>SAN FRANCISCO 675 NELSON<br>RISING LANE<br>SAN FRANCISCO, CA, 94127 | NONE         | GOV               | USING NEW APPROACHES FOR VOLTAGE IMAGING TO TEST HOW PREFRONTAL DOPAMINE RECEPTORS CONTRIBUTE TO GAMMA OSCILLATIONS AND FLEXIBLE BEHAVIOR. PRINCIPAL INVESTIGATOR: VIKAS SOHAL | 100,000 |
| UNIVERSITY OF CALIFORNIA SAN FRANCISCO<br>DEPARTMENT OF<br>OPHTHALMOLOGY, 10 KORET<br>WAY, BOX 0730<br>SAN FRANCISCO, CA, 94143            | NONE         | GOV               | THE ESTABLISHMENT AND REGULATION OF ROD AND CONE VISION. PRINCIPAL INVESTIGATOR: FELICE DUNN   | 75,000  |
| UNIVERSITY OF GEORGIA<br>120 CEDAR STREET, BIOLOGICAL<br>SCIENCES #302<br>ATHENS, GA, 30602  | NONE         | GOV               | REGENERATION OF THE CENTRAL NERVOUS SYSTEM IN PLANARIANS. PRINCIPAL INVESTIGATOR: RACHEL ROBERTS-GALBRAITH   | 75,000  |
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>3641 WATT WAY 328A<br>LOS ANGELES, CA, 90089-2520   | NONE         | GOV               | UNDERSTANDING SYNAPTIC DYSFUNCTION IN AUTISM SPECTRUM DISORDER. PRINCIPAL INVESTIGATOR: BRUCE HERRING  | 100,000 |
| UNIVERSITY OF WASHINGTON<br>1705 NE PACIFIC STREET<br>SEATTLE, WA, 98195   | NONE         | GOV               | PROPRIOCEPTIVE FEEDBACK CONTROL OF LOCOMOTION IN DROSOPHILA. PRINCIPAL INVESTIGATOR: JOHN TUTHILL  | 75,000  |
| UNIVERSITY OF WASHINGTON<br>MEDICAL SCHOOL<br>1705 NE PACIFIC STREET, BOX<br>357290<br>SEATTLE, WA, 98195                                  | NONE         | GOV               | NEURAL DYNAMICS OF MEMORY AND COGNITION IN THE PRIMATE HIPPOCAMPAL FORMATION. PRINCIPAL INVESTIGATOR: ELIZABETH BUFFALO  | 100,000 |
| VAN ANDEL RESEARCH<br>INSTITUTE<br>333 BOSTWICK AVENUE<br>GRAND RAPIDS, MI, 49546  | NONE         | PC                | REGULATION MECHANISM OF THERMOSENSITIVE RECEPTORS IN NERVOUS SYSTEM. PRINCIPAL INVESTIGATOR: JUAN DU   | 75,000  |
| WASHINGTON SCHOOL OF<br>MEDICINE<br>DEPARTMENT OF<br>NEUROSCIENCE, CAMPUS BOX<br>8108, 660 SOUTH EUCLID<br>ST. LOUIS, MO, 63110            | NONE         | PC                | THE NEURONAL MECHANISMS OF INFORMATION SEEKING UNDER UNCERTAINTY. PRINCIPAL INVESTIGATOR: ILYA MONOSOV   | 100,000 |

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| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA, T632<br>HOUSTON, TX, 77030  | NONE         | PC                | CEREBELLAR COMPUTATIONS DURING MOTOR PLANNING. PRINCIPAL INVESTIGATOR: NUO LI  | 150,000 |
| COLUMBIA UNIVERSITY<br>DEPARTMENT OF BIOLOGICAL SCIENCES, 1212<br>AMSTERDAM AVENUE, MC 2416<br>NEW YORK, NY, 10027                        | NONE         | PC                | THE EVOLUTION OF GENE MODULES AND CIRCUIT MOTIFS FOR CORTICAL INHIBITION. PRINCIPAL INVESTIGATOR: MARIA ANTOINETTA TOSCHES   | 150,000 |
| GEORGIA TECH & EMORY<br>BIOMEDICAL ENGINEERING, 313 FERST DRIVE NW,<br>SUITE 3108<br>ATLANTA, GA, 30332                                   | NONE         | PC                | COMPARING LARGE-SCALE NEURAL DATASETS ACROSS TIME, SPACE, AND BEHAVIOR PRINCIPAL INVESTIGATOR: EVA DYER  | 100,000 |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI<br>ANNENBERG BUILDING, 19 – 080, 1468 MADISON AVE<br>NEW YORK, NY, 10029-6574                     | NONE         | PC                | ACCELERATING DRUG DISCOVERY FOR COGNITIVE DISORDERS THROUGH STRUCTURAL STUDIES OF A SEROTONIN RECEPTOR. PRINCIPAL INVESTIGATOR: DANIEL WACKER  | 150,000 |
| JOHNS HOPKINS UNIVERSITY<br>725 NORTH WOLFE STREET, WBSB 216<br>BALTIMORE, MD, 21205  | NONE         | PC                | DISCOVERING MOLECULAR IDENTIFY AND FUNCTION OF NOVEL CHLORIDE CHANNELS IN THE NERVOUS SYSTEM. PRINCIPAL INVESTIGATOR: ZHAOZHU QUI  | 150,000 |
| CALIFORNIA INSTITUTE OF TECHNOLOGY<br>BIOLOGY AND BIOLOGICAL ENGINEERING, 1200 E. CALIFORNIA BLVD., MC 114-96<br>PASADENA, CA, 91125-0001 | NONE         | PC                | MODULAR ENZYMATIC BARCODING. PRINCIPAL INVESTIGATOR: KAI ZINN  | 100,000 |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>77 MASSACHUSETTS AVE, ROOM 46-4243<br>CAMBRIDGE, MA, 02139                                       | NONE         | PC                | ELUCIDATING FUNDAMENTAL MECHANISMS OF GUT-BRAIN SIGNALING IN C. ELEGANS. PRINCIPAL INVESTIGATOR: STEVEN FLAVELL  | 150,000 |
| STANFORD UNIVERSITY<br>371 JANE STANFORD WAY<br>STANFORD, CA, 94305   | NONE         | PC                | NEURONAL BASIS OF PARENTAL ENGRAMS IN THE INFANT BRAIN. PRINCIPAL INVESTIGATOR: LAUREN O'CONNELL   | 150,000 |
| UC BERKELEY<br>ELECTRICAL ENGINEERING AND COMPUTER SCIENCES, 2108 ALLSTON WAY, SUITE 200<br>BERKELEY, CA, 94704                           | NONE         | GOV               | A HIGH-SPEED HOLOGRAPHIC DEVICE FOR OPTOGENIC CONTROL OF THOUSANDS OF NEURONS. PRINCIPAL INVESTIGATOR: RIKKY MULLER  | 100,000 |
| UNC CHAPEL HILL<br>116 MANNING DRIVE, MARY ELLEN JONES BLDG, RM 6008B<br>CHAPEL HILL, NC, 27599   | NONE         | PC                | ELUCIDATING THE NEURAL BASIS OF PAIN UNPLEASANTNESS: CIRCUITS AND NEW THERAPEUTICS TO END THE DUAL EPIDEMIC OF CHRONIC PAIN AND OPIOID ADDICTION. PRINCIPAL INVESTIGATOR: GREGORY SCHERRER | 300,000 |
| UNIVERSITY OF IOWA COLLEGE OF MEDICINE<br>DEPT. OF MOLECULAR PHYSIOLOGY & BIOPHYSICS, 51 NEWTON RD., 6-510 BSB<br>IOWA CITY, IA, 52242    | NONE         | PC                | BRAIN-WIDE ELECTRICAL CONNECTIVITY IN MIGRAINE: TOWARD THE DEVELOPMENT OF NETWORK-BASED THERAPEUTICS. PRINCIPAL INVESTIGATOR: RAINBO HULTMAN   | 300,000 |
| YALE UNIVERSITY SCHOOL OF MEDICINE<br>333 CEDAR STREET, SHM B163B<br>NEW HAVEN, CT, 06510   | NONE         | PC                | FROM GUT TO BRAIN: UNDERSTANDING THE PROPAGATION OF PARKINSON'S DISEASE. PRINCIPAL INVESTIGATORS: RUI CHANG & SREEGANGA CHANDRA  | 300,000 |