| * * * | PUBLIC | DISCLOSURE | COPY | * * * |
|-------|--------|------------|------|-------|
|-------|--------|------------|------|-------|

| Form 990 (Rev. January 2020) | Unde |
|--|------|
| Department of the Treasury | |

Return of Organization Exempt From Income Tax

der section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



| AF | A For the 2019 calendar year, or tax year beginning APR 1, 2019 and ending MAR 31, 2020 | | | | | | | | | | |
|-------------------------|---|---|---------------|------------------------------|-------------------------------|--|--|--|--|--|--|
| | heck if pplicable: | C Name of organization | | D Employer identific | cation number | | | | | | |
| | Address | BRIGHTFOCUS FOUNDATION | | | | | | | | | |
| | Name change Doing business as 23-7337229 | | | | | | | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | | | |
| | Final Final | 22512 GATEWAY CENTER DRIVE | | (301) 948 | 3-3244 | | | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 51,222,832. | | | | | | |
| | Amende | CLARRSBORG, MD 20071 | | H(a) Is this a group re | | | | | | | |
| | Applica tion pending | F Name and address of principal officer: STACT FAGOS HALLER | | for subordinates | ? Yes X No | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | | | | | |
| | | mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) | or 527 | lf "No," attach a | list. (see instructions) | | | | | | |
| | | E ► WWW.BRIGHTFOCUS.ORG | | H(c) Group exemption | | | | | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1973 N | State of legal domicile: DC | | | | | | |
| Pa | | Summary | | ~ | _ | | | | | | |
| Ð | | Briefly describe the organization's mission or most significant activities: BRIG | | | | | | | | | |
| anc | | (BRIGHTFOCUS) SEEKS A WORLD FREE FROM DIS | | | | | | | | | |
| Governance | | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | I I | | | | | | | |
| Ň | | | | | 14 | | | | | | |
| | | lumber of independent voting members of the governing body (Part VI, line 1b) | | | 14 | | | | | | |
| ies | | otal number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 66 | | | | | | |
| Activities & | | otal number of volunteers (estimate if necessary) | | | 60 | | | | | | |
| Act | | | | | 0. | | | | | | |
| | b | let unrelated business taxable income from Form 990-T, line 39 | <u></u> | | 0. | | | | | | |
| | | | | Prior Year 39,635,190. | Current Year 35,740,875. | | | | | | |
| ue | | Contributions and grants (Part VIII, line 1h) | | <u> </u> | <u> </u> | | | | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 1,956,174. | 840,873. | | | | | | |
| Be | | hvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 693,445. | 815,078. | | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 42,284,809. | 37,396,826. | | | | | | |
| | | | | 16,205,073. | 17,853,862. | | | | | | |
| | | | | 0. | 0. | | | | | | |
| | | Salaries, other compensation, employee benefits (Part IX, column (A), line 4) | | 5,399,694. | 5,386,724. | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 761,638. | 743,582. | | | | | | |
| ben | | Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 8, 027, 13 | 89. | | , | | | | | | |
| ĔĂ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 18,076,925. | 18,867,346. | | | | | | |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 40,443,330. | 42,851,514. | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 1,841,479. | -5,454,688. | | | | | | |
| or | | | Be | ginning of Current Year | End of Year | | | | | | |
| Assets or d Balances | 20 T | otal assets (Part X, line 16) | | 58,993,683. | 53,987,981. | | | | | | |
| Ass 1 Ba | 21 T | otal liabilities (Part X, line 26) | | 25,715,274. | 28,594,817. | | | | | | |
| Func | 22 N | let assets or fund balances. Subtract line 21 from line 20 | | 33,278,409. | 25,393,164. | | | | | | |
| | rt II | Signature Block | | | | | | | | | |
| Und | or nonoli | is a of parium. I dealars that I have avamined this return including accompanying ashedular | | nto and to the best of my | Incontration and halist it is | | | | | | |

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 prepare (agher than officer) is based on all information of which preparer has any knowledge.

| | Stacy by our faller | | 7/29/20 |
|-------------|--|--|----------------------------------|
| Sign | Signature of officer () | | Date |
| Here | STACY PAGOS HALLER, | PRESIDENT/CEO | |
| | Type or print name and title | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN |
| Paid | FRANK H. SMITH | Frank H. Smith | 07/29/20 self-employed P00639053 |
| Preparer | Firm's name 🕒 MARCUM , LLP | | Firm's EIN ▶ 11-1986323 |
| Use Only | Firm's address 🕨 1899 L STREET, | NW, SUITE 850 | |
| | WASHINGTON, DC | 20036 | Phone no. (202) 227 – 4000 |
| May the I | RS discuss this return with the preparer shown | above? (see instructions) | X Yes No. |
| 932001 01-2 | 0-20 LHA For Paperwork Reduction Act N | Notice, see the separate instructions. | Form 990 (2019 |
| S | EE SCHEDULE O FOR ORGAN | IZATION MISSION STATE | MENT CONTINUATION COP |
| | *** ELECTRO | NICALLY FILED ON 07/2 | 9/2020 *** |

| orm | | age |
|-----|--|----------|
| Par | III Statement of Program Service Accomplishments | v |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| | Briefly describe the organization's mission: | |
| | BRIGHTFOCUS FUNDS EXCEPTIONAL SCIENTIFIC RESEARCH WORLDWIDE TO DEFEAT | |
| | ALZHEIMER'S DISEASE, MACULAR DEGENERATION, AND GLAUCOMA AND PROVIDES | |
| | EXPERT INFORMATION ON THESE HEARTBREAKING DISEASES. PLEASE REFER TO | |
| | SCHEDULE O FOR A COMPLETE OVERVIEW OF OUR MISSION. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| | prior Form 990 or 990-EZ? | <u>N</u> |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | N |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| - | (Code:) (Expenses \$19,939,783. including grants of \$11,210,971.) (Revenue \$] | |
| | ALZHEIMER'S DISEASE RESEARCH (ADR) - BRIGHTFOCUS' ADR PROGRAM FUNDS | |
| | RESEARCH FOCUSED ON UNDERSTANDING THE CAUSES OF ALZHEIMER'S DISEASE, | |
| | ITS EARLY DETECTION, AND TREATMENTS TO HELP SLOW OR STOP ITS | |
| | PROGRESSION, AND ULTIMATELY TO PREVENT THE DISEASE ALTOGETHER. ADR | |
| | ANNUALLY AWARDS PEER-REVIEWED GRANTS TO SCIENTISTS FROM INSTITUTIONS | |
| | WORLDWIDE WHO ARE CONDUCTING BIOMEDICAL AND CLINICAL RESEARCH ON | |
| | | |
| | ALZHEIMER'S DISEASE. | |
| | SINCE INCEPTION, BRIGHTFOCUS HAS CONTRIBUTED MORE THAN \$139 MILLION TO | |
| | THE CONQUERING OF ALZHEIMER'S DISEASE. DURING THE FISCAL YEAR ENDED | |
| | MARCH 31, 2020, ADR AWARDED \$9,755,348 IN PEER-REVIEWED GRANT AWARDS TO | 0 |
| | 42 NEW RESEARCH PROJECTS AND ELEVEN OTHER SCIENTIFIC AWARDS TO MAKE A | |
| | TOTAL OF \$11,210,971 IN FUNDING. | |
| 4b | (Code:) (Expenses \$ 7,210,979. including grants of \$ 3,560,818.) (Revenue \$ | |
| | MACULAR DEGENERATION RESEARCH (MDR) - A PROGRAM OF BRIGHTFOCUS, HAS | |
| | AWARDED MORE THAN \$33 MILLION TO SCIENTISTS STUDYING THE DISEASE. THE | |
| | LATEST RESEARCH IS FOCUSED ON NOVEL TREATMENTS FOR THE DISEASE, | |
| | UNDERSTANDING ITS CAUSES AND PROGRESSION, DRUG THERAPIES, ROLE OF THE | |
| | GUT MICROBIOME IN DISEASE RISK AND PROGRESSION, GENE EDITING, 3D | |
| | BIOPRINTING EYE TISSUE, THE ROLE OF THE IMMUNE RESPONSE IN DISEASE | |
| | RISK, AND NEW SCREENING TECHNIQUES. | |
| | MDR GRANTS ARE AVAILABLE TO MACULAR DEGENERATION RESEARCHERS WORLDWIDE. | |
| | MDR PLACES SPECIAL EMPHASIS ON ENCOURAGING APPLICATIONS FROM YOUNG | |
| | SCIENTISTS AND THOSE WITH CUTTING-EDGE IDEAS. ANNUAL GRANT | |
| | APPLICATIONS ARE PEER-REVIEWED, AND RECIPIENT SELECTIONS ARE BASED ON | |
| | SCIENTIFIC MERIT. | |
| 40 | | |
| | (Code:) (Expenses \$3,978,859 including grants of \$3,082,073) (Revenue \$ NATIONAL GLAUCOMA RESEARCH (NGR) – BRIGHTFOCUS' NGR PROGRAM HAS AWARDEI | п |
| | MATIONAL GLAUCOMA REPLACED (NGR) BRIGHTFOCOD NGR TROGRAM HAS AWARDED MORE THAN \$38 MILLION WORLDWIDE FOR THE STUDY OF GLAUCOMA. | |
| | NGR-SUPPORTED RESEARCH HAS BEEN FOCUSED ON THE EYE-BRAIN CONNECTION, | |
| | | |
| | THE MECHANISMS FOR PRESSURE BUILDUP IN THE EYE, OPTIC NERVE | |
| | REGENERATION, DISCOVERING GLAUCOMA RISK GENES FOR AFRICAN AMERICANS, | |
| | AND DEVELOPING EARLY GLAUCOMA SCREENING AND TARGETED TREATMENTS, | |
| | AMONGST OTHER INNOVATIVE PURSUITS. | |
| | | |
| | NGR GRANTS ARE AVAILABLE TO GLAUCOMA RESEARCHERS WORLDWIDE. NGR PLACES | |
| | SPECIAL EMPHASIS ON ENCOURAGING APPLICATIONS FROM YOUNG SCIENTISTS AND | |
| | THOSE WITH CUTTING-EDGE IDEAS. ANNUAL GRANT APPLICATIONS ARE | |
| | PEER-REVIEWED, AND RECIPIENT SELECTIONS ARE BASED ON SCIENTIFIC MERIT. | |
| | Other program services (Describe on Schedule O.) | |
| | | |
| | | |
| 40 | Total program convice expanses | |
| 4e | Total program service expenses ► 31,129,621. | (00- |
| | Total program service expenses ► 31,129,621. SEE SCHEDULE O FOR CONTINUATIONS OF 4A, 4B, & 4C Form 990 (; 01-20-20 | (20- |

 Form 990 (2019)
 BRIGHTFOCUS
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION

| | | | Yes | No |
|--------|--|---------------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| - | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | L | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV | _ | | - 23 |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | л | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | <u>11a</u> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| - | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| ., | | 17 | х | |
| 19 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | <u> </u> | - 23 | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | х | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ^ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | v |
| ~- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 932003 | 3 01-20-20 | Form | 990 | (2019) |

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3 2019.04010 BRIGHTFOCUS FOUNDATION COPY

| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | |
|--|--|----------------|----------|--------------|
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | х | |
| 94 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 270 | | | | |
| | last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete | 24a | | x |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| C | | 040 | | |
| -1 | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 1 | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 1 | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 35a | | 000 | | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R. Part V, line 2 | 35b | | |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | x |
| b 36 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35b 36 | | x |
| b 36 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| b 36 37 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | | | |
| b 36 37 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 36 37 | v | |
| ь 36 37 38 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 36 | X | |
| ь 36 37 38 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 36 37 | x | |
| ь 36 37 38 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 36 37 | | x |
| ь 36 37 38 Ра г | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | 36 37 38 | X Yes | x |
| b 336 337 338 Pai | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 36 37 38 | | x |
| b 36 37 38 Pai 1a b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 175 Ib 0 | 36 37 38 | | х х No |
| b 36 37 38 Pai 1a b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 36 37 38 | Yes | x |
| b 36 37 38 Pai 1a b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 175 Ib 0 | 36 37 38 | | X No |

| | 990 (2019) BRIGHTFOCUS FOUNDATION 23-7337 | 229 | Р | age 5 | | | | |
|-----|--|----------|-----|--------------|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
| | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 66 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | x | | | | |
| | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u> </u> | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | <u> </u> | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | <u> </u> | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | <u> </u> | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7c | | x | | | | |
| | to file Form 8282? | | | | | | | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | |
| e | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X X | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7b | | <u> </u> | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 0 | | | | | | |
| a | Did the energian experimetion makes any tayable distributions under eaction (0000) | 9a | | | | | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 55 | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders [11a] | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | |
| с | Enter the amount of reserves on hand 13c | | | x | | | | |
| 14a | 4a Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | ┝── | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | <u>-</u> - | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | 000 | | | | | |

Form **990** (2019)

932005 01-20-20

| Form | 990 | (201 | 9 |
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| | | | |

BRIGHTFOCUS FOUNDATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | | | | Yes | N |
|------------|--|--------------------------|----------------|---------|------|
| 19 | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | 163 | |
| iu | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | 1b | 14 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | |
| 2 | | | 2 | | X |
| 2 | Officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the | | | | - 23 |
| 3 | of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | x |
| | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | | X |
| 4 | Did the organization become aware during the year of a significant diversion of the organization's asso | | ····· <u> </u> | | X |
| 5 | | | | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | |
| <i>1</i> a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | |
| | more members of the governing body? | | <u>7a</u> | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | ockholders, or | | | |
| | persons other than the governing body? | | 7b | | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | |
| | The governing body? | | | X | - |
| b | Each committee with authority to act on behalf of the governing body? | | <u>8b</u> | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X |
| Sect | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue Code.) | | | - |
| | | | | Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | <u>10a</u> | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | apters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | <u>10b</u> | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / before filing the form | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," describe | | | |
| | in Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| b | Other officers or key employees of the organization | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent with a | | | |
| | taxable entity during the year? | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | e its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | ization's | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| Sect | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , C | T,FL,GA,HI, | IL,KS | ,KY | , MJ |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | , avanc | |
| | | on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | | and finar | cial | |
| J | | miler or interest policy | , anu imar | udl | |
| 00 | statements available to the public during the tax year. | ko and recercie | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo DAVID F. MARKS, CPA, CMA - (301) 948-3244 | oks and records | | | |
| | 22512 GATEWAY CENTER DRIVE, CLARKSBURG, MD 20871 | | | | |
| | · · · · · | | | | (201 |

| Form 990 (201 | | 23-7337229 | Page 7 | | | | | |
|--|---|------------|--------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| E | mployees, and Independent Contractors | | | | | | | |
| Cł | heck if Schedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. C | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | |

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

BRICHTFOCILS FOUNDATION

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-----------------------------------|------------------------|--------------------------------|---|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | do not check more than one | | | | one | Reportable | Reportable | Estimated |
| | hours per | box | oox, unless perso officer and a dire | | | s both | n an | compensation | compensation | amount of |
| | week | | | Trom | | | | from | from related | other |
| | (list any hours for | directo | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or c | stee | | | Isatec | | (W-2/1099-MISC) | (W-2/1033-10130) | organization |
| | organizations | truste | al trus | | yee | mper | | | | and related |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | est cc loyee | ler | | | organizations |
| | line) | Indiv | Instit | Officer | Key (| Highest compensated employee | Former | | | |
| (1) STACY PAGOS HALLER | 55.00 | | | | | | | | | |
| PRESIDENT/CEO | | | | Х | | | | 416,096. | 0. | 63,402. |
| (2) NANCY LYNN | 45.00 | | | | | | | | | |
| SR. VP STRATEGIC PARTNERSHIPS | | | | | Х | | | 241,169. | 0. | 50,733. |
| (3) R. BRIAN ELDERTON | 45.00 | | | | | | | | | |
| SR. VP, DEVELOPMENT | | | | | Х | | | 232,297. | 0. | 46,582. |
| (4) DAVID F. MARKS, CPA, CMA | 45.00 | | | | | | | | | |
| VP, FINANCE & ADMINISTRATION | | | | | Х | | | 163,142. | 0. | 59,485. |
| (5) DIANE BOVENKAMP, PHD | 45.00 | | | | | | | | | |
| VP, SCIENTIFIC AFFAIRS | | | | | Х | | | 168,414. | 0. | 19,191. |
| (6) MICHAEL BUCKLEY | 45.00 | | | | | | | | | |
| VP, PUBLIC AFFAIRS | | | | | Х | | | 159,632. | 0. | 17,866. |
| (7) JEFFREY HONAKER | 40.00 | | | | | | | | | |
| SR. MANAGER OPERATIONS & BUILDING | | | | | | X | | 102,086. | 0. | 38,608. |
| (8) EDWARD BERGER | 40.00 | | | | | | | | | |
| MANAGER OF ONLINE OPERATIONS | | | | | | X | | 104,558. | 0. | 28,796. |
| (9) KEITH WHITAKER, DIR. OF | 40.00 | | | | | | | | | |
| SCIENT. PROGRAMS, NEUROSCIENCE | | | | | | X | | 101,567. | 0. | 26,009. |
| (10) ALICE KIRKMAN | 40.00 | | | | | | | | | |
| COMMUNICATIONS MANAGER | | | | | | X | | 101,509. | 0. | 25,354. |
| (11) PREETI SUBRAMANIAN, DIR. OF | 40.00 | | | | | | | | | |
| SCIENT. PROGRAMS, VISION SCIENCE | | | | | | X | | 107,815. | 0. | 3,499. |
| (12) SCOTT RODGVILLE, CPA | 7.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (13) PATRICIA M. STEWART | 4.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (14) DIANE I. MARCELLO | 3.00 | | | | | | | | | |
| VICE CHAIR - UNTIL 06/2019 | | Х | | Х | | | | 0. | 0. | 0. |
| (15) NICHOLAS W. RAYMOND | 20.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (16) JUDITH F. LEE | 4.00 | | | | | | | _ | | _ |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (17) CECILIA ARRADAZA | 2.00 | | | | | | | | _ | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 932007 01-20-20 | | | | _ | _ | | | | | Form 990 (2019) |

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| Form 990 (2019) BRIGHTFOC | US FOUN | ΙDΑ | TI | ON | | | | | 23-73 | 3372 | 229 | Page 8 |
|--|-------------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|-----------|---------------------------|-------------------|------------|----------|---------------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloye | ees, | anc | l Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (| (F) |
| Name and title | Average | | | | ition | | | Reportable | Reportable | | | mated |
| | hours per | | | | | than c s both | | compensation | compensatio | | amo | ount of |
| | week | offic | cer an | d a d | irecto | r/trus | tee) | from | from related | ı | ot | ther |
| | (list any | ctor | | | | | | the | organization | s | compe | ensation |
| | hours for | r dire | | | | eq | | organization | (W-2/1099-MIS | ;C) | fror | m the |
| | related | tee o | ustee | | | ensat | | (W-2/1099-MISC) | | | orgar | nization |
| | organizations | l trus | nal tr | | oyee | omp | | | | | and r | related |
| | below | ndividual trustee or director | n stitutional trustee | cer | Key employee | Highest compensated employee | Former | | | | organi | izations |
| | line) | Indi | Inst | Officer | Key | Higle | For | | | | | |
| (18) MICHAEL H. BARNETT, ESQ. | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (19) MADDY DYCHTWALD | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (20) GRACE FRISONE | 3.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | 0. |
| (21) SCOTT KAISER, MD | 3.00 | 23 | | | | | | | | ~ • | | |
| DIRECTOR | 5.00 | х | | | | | | 0. | | 0. | | Ο |
| | 2 00 | Δ | | | | | | 0. | | <u> </u> | | 0. |
| (22) JUNE KINOSHITA | 3.00 | | | | | | | | | | | • |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (23) HENRY J. POWNALL, PHD | 1.00 | | | | | | | | | | | |
| DIRECTOR - UNTIL 06/2019 | | Х | | | | | | 0. | | 0. | | 0. |
| (24) BRIAN K. REGAN, PHD | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | Ο. |
| (25) ELTJO (ED) R. SCHOONVELD | 3.00 | | | | | | | | | | , | |
| DIRECTOR - UNTIL 06/2019 | | х | | | | | | 0. | | 0. | | 0. |
| (26) ERIC SIEMERS, MD | 3.00 | | | | | | | | | | | |
| DIRECTOR | 5.00 | х | | | | | | 0. | | 0. | | 0. |
| | | | | | | | | | | 0. | 270 | ,525. |
| 1b Subtotal | | | | | | | | 1,898,285. | | | 5/9 | |
| c Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | 200 | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,898,285. | | 0. | 379 | <u>,525.</u> |
| 2 Total number of individuals (including but no | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100,0 | 000 of reportable | ; | | |
| compensation from the organization | | | | | | | | | | | | 11 |
| | | | | | | | | | | | Y | es No |
| 3 Did the organization list any former officer, | director, truste | ee, k | ey e | mpl | oye | e, or | hig | hest compensated emple | oyee on | ſ | | |
| line 1a? If "Yes," complete Schedule J for su | ich individual | | | • | | - | Ū | | | | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | x |
| | | | | | | | | | | ····· | | |
| 51 | | | | | | | | | ual for services | | - | x |
| rendered to the organization? <i>If</i> "Yes," com | olete Schedule | e J fo | or su | ch į | oers | on . | | | | | 5 | A |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest cor | - | | | | | | | | | ensat | ion from | 1 |
| the organization. Report compensation for t | he calendar ye | ear e | ndin | g w | ith c | or wi | thin | the organization's tax ye | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | | | | | | | Description of se | ervices | C | ompens | ation |
| RKD GROUP, 35 PARKWOOD DR | IVE, SU | IT | E | 16 | 0, | | þ | PUBLIC AWAREN | IESS | | | |
| HOPKINTON, MA 01748 | | | | | | | | CONSUL. & MAT | TERIALS | 7 | ,844 | ,059. |
| BEACONFIRE REDENGINE, 2300 CLARENDON ONLINE PUBLIC | | | | | | | | | | | | |
| BLVD., SUITE 925, ARLINGTON, VA 22201 AWARENESS CONSULTING 515,510. | | | | | | | .510. | | | | | |
| DATA MANAGEMENT, INC. | | | | | | | / • = • • | | | | | |
| | | | | | | | 813 | | | | | |
| 60 STONE STREET, STONEVILLE, NC 27048 DATABASE MANAGEMENT 227,843. | | | | | | | ,0-1. | | | | | |
| GOOGLE, 1600 AMPHITHEATRE PARKWAY, PUBLIC AWARENESS | | | | | | | 105 | | | | | |
| NOUNTAIN VIEW, CA 94043 ADVERTISING 224,405. | | | | | | | | | | | | |
| LOBAL TECHNOLOGY SOLUTION, 2977 STEWART BUILDING & OFFICE | | | | | | | | | | | | |
| OOP, UNIT B, FORT MEADE, MD 20755 SUPPLIES 199,501. | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | |

| Total Hui | | acpendent | | Juu | ng but not inflited | | |
|-----------|-----------|-------------|------------------|-------|---------------------|------|--------|
| \$100,000 |) of comp | ensation fr | rom the organiza | ation | | 12 | |
| SEE | PART | VII, | SECTION | Α | CONTINUA | TION | SHEETS |

Form **990** (2019)

932008 01-20-20

| Form 990 BRIGHTFOCUS FOUNDATION | | | | | | | 23-7337229 | | | |
|--|---|--|-----------------------|---------|----------------------|---|------------|--|--|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highes | | | | | | est (| | , , , | | |
| (A) Name and title | (B) Average hours | Average Position hours (check all that apply) | | | Average hours (ch | (C) Position (check all that apply) | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest com pensated em ployee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | compensation from the organization and related organizations |
| (27) JAN M. STOUFFER, PHD DIRECTOR | 3.00 | x | | | | | | 0. | 0. | 0. |
| (28) ETHAN TREESE | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | <u></u> | <u></u> | | | | | |

932201 04-01-19

| | | | | FOUNDATIO | N | | 23-7337 | 229 Page 9 |
|---|---------|---------------------------------------|------------------------|----------------------|-----------------------------|--|---|--|
| Pa | rt VI | II Statement of Rev | /enue | | | | | |
| | | Check if Schedule O co | ontains a respons | e or note to any lin | | (5) | (2) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s s | 1 a | Federated campaigns | 1a | 195,679. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | | 1b | | | | | |
| s, G | c | Fundraising events | 1c | 220,360. | | | | |
| Gift: lar / | c | Related organizations | 1d | | | | | |
| imi) Simi | e | e Government grants (contrib | | | | | | |
| itior er S | f | All other contributions, gifts, g | | 25204026 | | | | |
| Otho | | similar amounts not included a | | 35324836. | | | | |
| ont | 9 L | Noncash contributions included in lin | | 114,952. | 35740875. | | | |
| o a | n | Total. Add lines 1a-1f | | Business Code | 33740073. | | | |
| | 2 a | L | | Business Coue | | | | |
| vice | b | | | - | | | | |
| Ser | c | | | | | | | |
| am eve | c | - | | | | | | |
| Program Service Revenue | e |) | | _ | | | | |
| P | f | 1 5 | | | | | | |
| | ç | | | | | | | |
| | 3 | Investment income (includi | | | 1 027 702 | | | 1027702 |
| | | other similar amounts) | | | 1,037,783. | | | 1037783. |
| | 4 5 | Income from investment of | - | | 482,896. | | | 482,896. |
| | 5 | Royalties | (i) Real | (ii) Personal | 402,090. | | | 402,050. |
| | 6 a | Gross rents | 6a 656, 319 | | | | | |
| | | | 6b 48,447 | | | | | |
| | c | | _{6c} 607,872 | • | | | | |
| | c | Net rental income or (loss) | | | 607,872. | | | 607,872. |
| | 7 a | Gross amount from sales of | (i) Securities | | | | | |
| | | | _{7a} 1326845 | 9 | | | | |
| • | b | Less: cost or other basis | - 1246526 | 0 | | | | |
| venue | _ | | 7b1346536 7c-196910 | | | | | |
| | | Gain or (loss) [Net gain or (loss) | | | -196,910. | | | -196,910. |
| Other Re | | Gross income from fundraising | | | 19079100 | | | 19079100 |
| oth | ••• | | ,360. of | | | | | |
| _ | | contributions reported on li | | | | | | |
| | | Part IV, line 18 | | _a 36,500. | | | | |
| | | Less: direct expenses | | вы 312,190. | | | | |
| | | Net income or (loss) from fu | т ^с | ▶ | -275,690. | | | -275,690. |
| | 9 a | Gross income from gaming | ° | <u></u> | | | | |
| | L | Part IV, line 19 | |)a)b | | | | |
| | | Net income or (loss) from g | | | | | | |
| | | Gross sales of inventory, le | · · · | | | | | |
| | | and allowances | | 0a | | | | |
| | b | Less: cost of goods sold | | 0b | | | | |
| | | Net income or (loss) from s | | | | | | |
| s | | | | Business Code | | | | |
| eou | 11 a | | | - | | | | |
| Miscellaneous Revenue | b | | | - | | | | |
| sce | c | | | | | | | |
| Ä | | All other revenue | | | | | | |
| | 12 | Total revenue. See instruction | | | 37396826. | 0. | 0. | 1655951. |
| 93200 | 9 01-20 | | | F | | | | Form 990 (2019) |

21490729 150872 BRIGHTFOCUS

BRIGHTFOCUS FOUNDATION Form 990 (2019) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------------------------|--|-----------------------|-------------------------------|-----------------------|----------------------------|
| 7 <i>D</i> , 1 | 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | and domestic governments. See Part IV, line 21 | 16,064,162. | 16,064,162. | | |
| 2 | Grants and other assistance to domestic | 10,001,1020 | 10,001,1020 | | |
| ~ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,789,700. | 1,789,700. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 1,594,024. | 991,613. | 322,740. | 279,671 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,752,817. | 1,516,124. | 876,643. | 360,050 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 171,240. | 94,311. | 54,532. | 22,397 |
| 9 | Other employee benefits | 586,992. | 323,288. | 186,929. | 22,397 76,775 36,838 |
| 0 | Payroll taxes | 281,651. | 155,120. | 89,693. | 36,838 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 223,496. | 131,527. | 91,969. | |
| С | Accounting | 92,807. | 58,896. | 8,699. | 25,212 |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 743,582. | | | 743,582 |
| f | Investment management fees | 287,562. | | 287,562. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 1 506 000 | 4 445 244 | | 40.001 |
| | column (A) amount, list line 11g expenses on Sch 0.) | 1,586,309. | 1,447,341. | 98,087. | 40,881 |
| 2 | Advertising and promotion | 425,754. | 182,588. | 200 025 | 243,166 |
| 3 | Office expenses | 980,585. | 523,357. | 309,035. | 148,193 |
| 4 | Information technology | 781,486. | 531,278. | 170,147. | 80,061 |
| 5 | Royalties | | | 115 044 | |
| 6 | | 366,790. | 215,360. | 115,944. | 35,486 |
| 7 | Travel | 275,293. | 187,533. | 53,938. | 33,822 |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | 413,466. | 204 020 | 11,392. | 7 1 / / |
| 9 | Conferences, conventions, and meetings | 7,309. | <u>394,930.</u> 4,292. | 2,310. | <u>7,144</u> 707 |
| 0 | Interest | 7,309. | 4,474. | 2,31U. | /0/ |
| 1 | Payments to affiliates | 345,725. | 201,643. | 105,736. | 38,346 |
| 2 | Depreciation, depletion, and amortization | 92,098. | 33,449. | 50,196. | <u> </u> |
| 3 | Insurance Other expenses. Itemize expenses not covered | 92,090. | 55,449. | 50,190. | 0,400 |
| 4 | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) | | | | |
| ~ | amount, list line 24e expenses on Schedule 0.) PUB. AWARENESS POSTAGE | 6,122,375. | 2,953,752. | 432,230. | 2,736,393 |
| a b | PUB. AWARENESS PRINTING | 3,904,853. | 1,907,867. | 258,116. | 1,738,870 |
| 0 | PUB. AWARENESS COMP. | 1,659,043. | 817,315. | 94,732. | 746,996 |
| с d | LIST RENTAL | 1,302,395. | 604,175. | 74,074. | 624,146 |
| | All other expenses | | | , =, 0, =• | 524,140 |
| е 5 | Total functional expenses. Add lines 1 through 24e | 42,851,514. | 31,129,621. | 3,694,704. | 8,027,189 |
| <u>5</u> 6 | Joint costs. Complete this line only if the organization | ,, | ,, | | -,,+-0) |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here \mathbf{P} \mathbf{X} if following SOP 98-2 (ASC 958-720) | 14,042,267. | 6,795,939. | 919,718. | 6,326,610 |
| | | ,, _, _, _, _, , | -,, | | Form 990 (20 |

21490729 150872 BRIGHTFOCUS

11

2019.04010 BRIGHTFOCUS FOUNDATION COPY

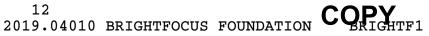
Form 990 (2019)

Part X Balance Sheet

| BRIGHTFOCUS | FOUNDATION |
|-------------|------------|

| | | | | - Bara la Alda D LM | | | |
|-----------------------------|-----|---|-------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 4,106,677. | 1 | 2,907,293. |
| | 2 | Savings and temporary cash investments | | | 337,121. | 2 | 269,981. |
| | 3 | Pledges and grants receivable, net | | | 9,069,022. | 3 | 8,906,997. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| Ś | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 17,631. | 8 | 15,836. |
| As | 9 | | | | 173,957. | 9 | 89,282. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 12,238,079. | | | |
| | b | Less: accumulated depreciation | 10b | | 7,767,340. | 10c | 7,596,856. |
| | 11 | Investments - publicly traded securities | | | 37,056,380. | 11 | 33,795,346. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 465,555. | 15 | 406,390. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 58,993,683. | 16 | 53,987,981. |
| | 17 | Accounts payable and accrued expenses | | | 531,785. | 17 | 635,145. |
| | 18 | Grants payable | | | 23,815,645. | 18 | 26,847,392. |
| | 19 | Deferred revenue | | | 116,330. | 19 | 39,675. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or form | er offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| iabi | | controlled entity or family member of any of thes | e perso | ons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted thir | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | l third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X | 1 051 514 | | 1 000 000 |
| | | of Schedule D | | | 1,251,514. | | 1,072,605. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 25,715,274. | 26 | 28,594,817. |
| ß | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| ice: | | and complete lines 27, 28, 32, and 33. | | | 15 150 740 | | 0 070 502 |
| alar | 27 | Net assets without donor restrictions | 15,150,746. | 27 | 8,878,593. | | |
| ä | 28 | Net assets with donor restrictions | 18,127,663. | 28 | 16,514,571. | | |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here | | | | | |
| ъ | | and complete lines 29 through 33. | | | | | |
| ts (| 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| ∍t A | 31 | Retained earnings, endowment, accumulated inc | | | 33,278,409. | 31 32 | 25,393,164. |
| ž | 32 | Total net assets or fund balances | | | 58,993,683. | 32 33 | 53,987,981. |
| | 33 | Total liabilities and net assets/fund balances | | | 50,555,005. | აა | Form 990 (2019) |





| | 990 (2019) BRIGHTFOCUS FOUNDATION | <u>23-7</u> | 337229 | Pag | _{ge} 12 |
|----|---|-------------|--------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 37,396 | <u> </u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 42,851 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,454 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 33,278 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -2,372 | 2,93 | <u>13.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -57 | 7,6 | 44. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 25,393 | 3,10 | 64. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | L |
| | | | | | |

Form **990** (2019)

932012 01-20-20

| SCH | IEDL | JLE A |
|-----|------|-------|
|-----|------|-------|

Department of the Treasury Internal Revenue Service

| (Form | 990 | or | 990-EZ) |
|-------|-----|----|---------|
|-------|-----|----|---------|

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

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

1

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nan | ne of | f tr | ne organization | | | | | | | dentification number |
|------|---|----------|--------------------------------|-------------------------|---|-------------------------------------|----------------------------------|-----------------|---------------|----------------------------|
| D | | _ | | HTFOCUS FOU | | | | | | 3-7337229 |
| Pa | rt I | | Reason for Public (| Sharity Status (| All organizations must co | omplete th | is part.) Se | e instructions | 6. | |
| The | orga | iniz | zation is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only o | one box.) | | | |
| 1 | | <u> </u> | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | l)(A)(i). | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | | |
| 3 | |] | A hospital or a cooperative | hospital service orga | inization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | |] . | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | | city, and state: | | | | | | | |
| 5 | |] . | An organization operated for | or the benefit of a col | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| | | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | ٦ | A federal, state, or local gov | | ental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| | X | - | An organization that norma | - | | | | | ne general i | oublic described in |
| | | | section 170(b)(1)(A)(vi). (C | | | | | | - 3 | |
| 8 | | ٦ | A community trust describe | | 1)(A)(vi), (Complete Parl | ни) | | | | |
| 9 | | - | An agricultural research org | | | - | ed in coniu | inction with a | land-grant | college |
| 5 | | | or university or a non-land-g | | | | - | | - | - |
| | | | university: | frank conege of agrice | | | lame, ony | , and state of | the college | |
| 10 | | - | An organization that norma | | than 22 1/20/ of its our | oort from o | ontributio | no momborol | ain face on | d grace receipte from |
| 10 | | | | | | | | | | |
| | | | activities related to its exem | - | | | | | | - |
| | | | income and unrelated busir | | (less section 511 tax) iro | in busines | ses acqui | red by the org | janization a | alter Julie 30, 1975. |
| | | | See section 509(a)(2). (Cor | . , | | | | 0(-)(4) | | |
| 11 | | | An organization organized a | • | | • | | | | |
| 12 | | | An organization organized a | • | • | • | | - | | |
| | | | more publicly supported or | - | | | | | | Check the box in |
| | _ | | lines 12a through 12d that | | | | | | - | |
| а | | | Type I. A supporting orga | | - | • | - | | | |
| | | | the supported organization | | | majority o | f the direc | tors or truste | es of the su | upporting |
| | _ | | organization. You must c | complete Part IV, Se | ctions A and B. | | | | | |
| b | | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | /ing |
| | | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functional | lly integrate | ed with, |
| | | | its supported organization | n(s) (see instructions) | . You must complete F | Part IV, Se | ctions A, | D, and E. | | |
| d | | | Type III non-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) |
| | | | that is not functionally int | egrated. The organiz | ation generally must sati | isfy a distri | ibution rec | uirement and | I an attentiv | veness |
| | | | requirement (see instructi | ions). You must con | plete Part IV, Sections | A and D, | and Part | v . | | |
| е | | | Check this box if the orga | anization received a v | vritten determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | | functionally integrated, or | | | | | | | |
| f | Ent | ter | the number of supported of | | | | | | | |
| g | Pro | ovi | de the following informatior | about the supporte | d organization(s). | | | | | |
| | | (i) | Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed ng document? | (v) Amount o | f monetary | (vi) Amount of other |
| | | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14 しし

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Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION Part II Support Schedule for Organizations Described in Sect

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|------------------------|---------------------|--------------------------|----------------------------|-----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 29220730. | 30692507. | 32362197. | 39635190. | 35740875. | 167651499 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 29220730. | 30692507. | 32362197. | 39635190. | 35740875. | 167651499 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 167651499 |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 29220730. | <u>30692507.</u> | 32362197. | <u>39635190.</u> | 35740875. | 167651499 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 1578975. | 1622675. | 1641767. | 1925519. | 2176998. | 8945934. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 176597433 |
| 12 | Gross receipts from related activities, | , etc. (see instructio | ons) | | | 12 | 133,900. |
| | First five years. If the Form 990 is fo | | | | | | |
| _ | organization, check this box and sto tion C. Computation of Publ | phere | | | | | |
| | | | | | | | |
| | Public support percentage for 2019 (| | | | | 14 | 94.93 % |
| | Public support percentage from 2018 | | | | | 15 | 95.01 % |
| 16a | 33 1/3% support test - 2019. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2018. If the | organization did no | ot check a box on | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qua | | •••• | | | | |
| 17a | 10% -facts-and-circumstances test | t - 2019. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% of | or more, |
| | and if the organization meets the "fac | cts-and-circumstand | ces" test, check th | is box and stop h | nere. Explain in Pa | rt VI how the orgar | nization |
| | meets the "facts-and-circumstances" | - | | | - | | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-cire | | - | - | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s > |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2019 |

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Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Calendar year (or fiscal year beginning in) | ► (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------------------|---------------------|-----------------------|---------------------|--------------------|-------------|
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do no | ot | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit t | to | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, ar | | | | | | |
| 3 received from disqualified perso | ns | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | _ |
| 8 Public support. (Subtract line 7c from line 6. Section B. Total Support | .) | | | | | |
| Calendar year (or fiscal year beginning in) | ► (a) 2015 | (b) 0016 | (c) 2017 | (d) 2018 | (a) 2010 | (f) Total |
| 9 Amounts from line 6 | | (b) 2016 | (0) 2017 | (u) 2018 | (e) 2019 | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from business acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12 | | | 1 | | 1 | |
| 14 First five years. If the Form 990 is | | 's first second thi | rd fourth or fifth te | ax vear as a sectio | n 501(c)(3) organ | ization |
| check this box and stop here | - | | | - | | |
| Section C. Computation of Pu | Iblic Support Pe | rcentage | | | | F |
| 15 Public support percentage for 201 | | | column (f)) | | 15 | ç |
| 16 Public support percentage from 20 | | • | | | 16 | |
| Section D. Computation of Inv | | | | | | , |
| 17 Investment income percentage for | | · · · · · · | ine 13, column (fl) | | 17 | ç |
| 18 Investment income percentage for | | | | | 18 | g |
| 19a 33 1/3% support tests - 2019. If | | | | | | - |
| more than 33 1/3%, check this bo | | | | | | |
| b 33 1/3% support tests - 2018. If | | | | | | |
| line 18 is not more than 33 1/3%, | | | | | | |
| | SHOOK THE DUN AND 3 | | a neution qualmes | as a papilory suppl | si coa organizatio | ··· ► |
| 20 Private foundation. If the organiz | ation did not check a | 1 box on line 14 | a or 19h check + | his hox and see ing | structions | |

Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

3a

3b

3c

4a

Yes No

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Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION Part IV Supporting Organizations (continued)

| | | | Yes | No |
|---------|---|----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 103 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| a | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | TIC | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 165 | NU |
| | | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| • | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | - | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions | | |
| 2 | Activities Test. Answer (a) and (b) below. | uctions | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | 110 |
| ŭ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| L | that these activities constituted substantially all of its activities. | 2a | | |
| a | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 0. | | |
| - | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | - | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
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Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------|--|------------|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | vintograto | | nization (and |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

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Schedule A (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION

| Pa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | \····/ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which th | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| C | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19



| Schedule A | (Form 990 or 990-EZ) 2019 | BRIGHTFOCUS F | OUNDATION | | 23-7337229 Page |
|--------------|--|---|---|--|---|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and | mation. Provide the explain, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a | anations required by Pa , 9b, 9c, 11a, 11b, and ⁻ on E, lines 1c, 2a, 2b, 3a | 11c; Part IV, Section B, line a, and 3b; Part V, line 1; Pa | a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, |
| | (See instructions.) | | | | |
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| 32028 09-25- | 19 | | | Sche | edule A (Form 990 or 990-EZ) 20 |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

23-7337229

| B | RIGHTFOCU | IS FOUNDATION | | | | | |
|--------------------------|--------------------------------|---------------------------------|--|--|--|--|--|
| Organization type (check | Organization type (check one): | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | X 501(c)(| 3) (enter number) organization | | | | | |
| | | | | | | | |

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

| L | 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

Form 990-PF

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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).

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

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

(:())

BRIGHTFOCUS FOUNDATION

Name of organization

Employer identification number

23-7337229

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | f additional space is needed. | |
|--------------|---|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>800,000.</u> | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 923452 11-00 | 6-19 23 | Schedule B (Forr | n 990, 990-EZ, or 990-PF) (2019) |

2019.04010 BRIGHTFOCUS FOUNDATION BRIGHTF1

Name of organization

Page 3
Employer identification number

23-7337229

BRIGHTFOCUS FOUNDATION

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

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

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2019.04010 BRIGHTFOCUS FOUNDATION COPY

Page 4

| ame of organi | ization | | Employer identification numbe | | | | | |
|----------------|--|--|---|--|--|--|--|--|
| RIGHTFC | CUS FOUNDATION | | 23-7337229 | | | | | |
| Part III Ex | | ons to organizations described in sec | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea | | | | | |
| cor | mpleting Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or le | ss for the year. (Enter this info. once.) S | | | | | |
| a) No. | se duplicate copies of Part III if additional | space is needed. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| a) No. from | | | (d) Decemination of how with its hold | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | _ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | (e) transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| — | | | | | | | | |
| | | | | | | | | |
| a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | | [| | | | | |
| — | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | . | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
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25 2019.04010 BRIGHTFOCUS FOUNDATION COPY BRIGHTF1

SCHEDULE C Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nan | ame of organization Employer identification number | | | | | | |
|-------------|---|--|-------------------------|-------------------------------------|-----------|----------------------------------|-------|
| | BRIGHTFOCUS FOUNDATION | | | | | 3-73372 | 29 |
| Pa | art I-A Complete if the org | ganization is exempt under | section 501(c) o | or is a section 52 | ?7 organ | ization. | |
| 1 2 3 | Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa | tures lign activities | | | | | |
| Pa | art I-B Complete if the org | ganization is exempt under | | | | | |
| 1 | Enter the amount of any excise tax | incurred by the organization under | section 4955 | | . 🕨 💲 _ | | |
| 2 | Enter the amount of any excise tax | incurred by organization managers | under section 4955 | | . 🕨 💲 _ | | |
| 3 | 5 | | | | | Yes | No No |
| 4a | Was a correction made? | | | | | Yes | No No |
| k | If "Yes." describe in Part IV. | | | | | | |
| Pa | art I-C Complete if the org | ganization is exempt under | section 501(c), e | except section 5 | 01(c)(3). | · | |
| 1 | Enter the amount directly expende | d by the filing organization for section | on 527 exempt function | on activities | . 🕨 \$ | | |
| 2 | Enter the amount of the filing organ | nization's funds contributed to othe | r organizations for sec | ction 527 | | | |
| | exempt function activities | | | | ▶\$ | | |
| 3 | | | | | | | |
| | line 17b | | | | | | |
| 4 | 4 Did the filing organization file Form 1120-POL for this year? | | | | | | |
| 5 | 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization | | | | | | |
| | made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political | | | | | | |
| | contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a | | | | | | |
| | political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid filing organization | | (e) Amount of ntributions rec | |
| | | | | funds. If none, ent | | promptly and | |
| | | 1 | | | | | |

| | (0) | filing organization's funds. If none, enter -0 | contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
|--|-----|---|--|
| | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19



OMB No. 1545-0047

2019 Open to Public Inspection

| Schedule C (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION 23-7337229 Page 2 | | | | | | | |
|--|------------------|--------------------------|------------------------------------|-------------------------|---|--------------------------------|--|
| Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under | | | | | | | |
| section 501(h)). | section 501(h)). | | | | | | |
| A Check ► if the filing organiza | tion belon | gs to an affil | iated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, | |
| expenses, and shar | | , . | • • | | | | |
| B Check ► if the filing organiza | tion check | ed box A an | d "limited control" pro | visions apply. | 1 | Γ | |
| | | oying Exper eans amou | nditures nts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | |
| 1a Total lobbying expenditures to influ | lence pub | lic opinion (<u>c</u> | arassroots lobbying) | | | | |
| b Total lobbying expenditures to influ | | | | | | | |
| c Total lobbying expenditures (add li | nes 1a and | d 1b) | · · · · | | | | |
| d Other exempt purpose expenditure | | | | | 41,820,370. | | |
| e Total exempt purpose expenditure | s (add line | s 1c and 1d) | | | 41,820,370. | | |
| f_Lobbying nontaxable amount. Ente | er the amo | unt from the | following table in both | n columns. | 1,000,000. | | |
| If the amount on line 1e, column (a) o | r (b) is: | The lob | bying nontaxable amo | ount is: | | | |
| Not over \$500,000 | | 20% of t | he amount on line 1e. | | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 | \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | | |
| Over \$1,500,000 but not over \$17, | 000,000 | \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | | |
| | | | | | | | |
| g Grassroots nontaxable amount (en | ter 25% of | line 1f) | | | 250,000. | | |
| h Subtract line 1g from line 1a. If zer | o or less, e | enter -0- | | | 0. | | |
| i Subtract line 1f from line 1c. If zero | | | | | 0. | | |
| j If there is an amount other than ze | ro on eithe | er line 1h or l | ine 1i, did the organiza | ation file Form 4720 | _ | | |
| reporting section 4911 tax for this | year? | <u></u> | | | | Yes No | |
| | | | raging Period Under | | | _ | |
| (Some organizations the second s | | | • • | • | of the five columns be | low. | |
| | | | ate instructions for lin | | | | |
| | LODI | bying Exper | nditures During 4-Yea | r Averaging Period | 1 | | |
| Calendar year (or fiscal year beginning in) | (a) | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | |
| 2a Lobbying nontaxable amount | 1,00 | 0,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 6,000,000. | |
| c Total lobbying expenditures | | | | | | | |
| d Grassroots nontaxable amount | 25 | 0,000. | 250,000. | 250,000. | 250,000. | 1,000,000. | |
| Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 1,500,000. | |
| f Grassroots lobbying expenditures | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

23-7337229 Page 3

Schedule C (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION 23-73372 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|--------|--|------------------|-------------|-----------|-------|--|
| | e lobbying activity. | Yes | Νο | Amo | ount | |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | | |
| | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| | Grants to other organizations for lobbying purposes? | | | | | |
| g | | | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | n 501(c)(5) | , or sec | tion | | |
| | | | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from th | | 3 | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes." | | | | 3, is | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | | |
| 2 | expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| | Carryover from last year | | | | | |
| | Total | | | | | |
| 3 | | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | | |
| - | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | | | | | |
| | expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | . 5 | | | |
| | t IV Supplemental Information | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A | , lines 1 a | nd 2 (see | | |
| | ictions); and Part II-B, line 1. Also, complete this part for any additional information. | - | | - | | |

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

| SCHEDULE D |) |
|------------|---|
|------------|---|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

| Allaci | 1010111330. |
|---------------------------|------------------------------------|
| o www.irs.gov/Form990 for | instructions and the latest inform |



| Department of the Treasury Attach to Form 990. Open to Participation Internal Revenue Service >Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | Inspection | |
|--|---|---|---|-------------------------|----------------------------|--|
| | e of the organizati | | | | r identification number | |
| | | BRIGHTFOCUS FOUNDA | FION | | 23-7337229 | |
| Par | t I Organiza | ations Maintaining Donor Advise | | | | |
| | | on answered "Yes" on Form 990, Part IV, lin | | | | |
| | 0 | · · · | (a) Donor advised funds | (b) Funds ar | nd other accounts | |
| 1 | Total number at e | nd of year | | | | |
| 2 | | of contributions to (during year) | | | | |
| 3 | | of grants from (during year) | | | | |
| 4 | | at end of year | | | | |
| 5 | | on inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds | | |
| | are the organization's property, subject to the organization's exclusive legal control? | | | | | |
| 6 | | on inform all grantees, donors, and donor a | | | | |
| | | poses and not for the benefit of the donor o | | | | |
| | impermissible priv | | | • | Yes No | |
| Par | t II Conserv | vation Easements. Complete if the org | ganization answered "Yes" on Form 990 | , Part IV, line 7. | | |
| 1 | | servation easements held by the organization | | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) Preservation of | of a historically impo | rtant land area | |
| | Protection of | of natural habitat | Preservation of | of a certified historic | structure | |
| | Preservation | n of open space | | | | |
| 2 | Complete lines 2a | a through 2d if the organization held a qualit | ied conservation contribution in the form | n of a conservation e | asement on the last | |
| | day of the tax yea | ır. | | Held | at the End of the Tax Year | |
| а | Total number of c | onservation easements | | 2a | | |
| b | Total acreage rest | tricted by conservation easements | | 2b | | |
| с | Number of conser | vation easements on a certified historic stru | ucture included in (a) | 2c | | |
| d | Number of conser | rvation easements included in (c) acquired a | after 7/25/06, and not on a historic struct | ture | | |
| | listed in the Nation | nal Register | | 2d | | |
| 3 | | rvation easements modified, transferred, rel | | | g the tax | |
| | year 🕨 | | | | | |
| 4 | Number of states | where property subject to conservation eas | sement is located | _ | | |
| 5 | Does the organiza | ation have a written policy regarding the per | iodic monitoring, inspection, handling of | | | |
| | violations, and en | forcement of the conservation easements it | holds? | | Yes No | |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | | | | |
| | ▶ | | | | | |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hanc | lling of violations, and enforcing conserv | ation easements dur | ring the year | |
| | ▶\$ | | | | | |
| 8 | Does each conser | rvation easement reported on line 2(d) abov | e satisfy the requirements of section 170 | 0(h)(4)(B)(i) | | |
| | and section 170(h | ı)(4)(B)(ii)? | | | Yes No | |
| 9 | In Part XIII, descri | be how the organization reports conservation | on easements in its revenue and expense | e statement and | | |
| | balance sheet, an | d include, if applicable, the text of the footr | note to the organization's financial staten | nents that describes | the | |
| _ | | counting for conservation easements. | | | - | |
| Par | | ations Maintaining Collections of | | ther Similar As | sets. | |
| | | if the organization answered "Yes" on Form | | | | |
| 1 a | | elected, as permitted under FASB ASC 95 | · • | | | |
| | | easures, or other similar assets held for put | | - | ; | |
| | • | Part XIII the text of the footnote to its finar | | | | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | | | |
| | | sures, or other similar assets held for public | exhibition, education, or research in fur | inerance of public se | ervice, | |
| | - | ing amounts relating to these items: | | L - | | |
| | | uded on Form 990, Part VIII, line 1 | | . . | | |
| ~ | . , | | | | | |
| 2 | • | received or held works of art, historical tre | | al gain, provide | | |
| | • | unts required to be reported under FASB A | • | . . | | |
| а | | I on Form 990, Part VIII, line 1 | | | | |
| b | Assets included in | n Form 990, Part X | | > \$ | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Ŧ | | | |
|------------|-------|------|------|
| Schedule D | (Form | 990) | 2019 |

932051 10-02-19

21490729 150872 BRIGHTFOCUS

29 2019.04010 BRIGHTFOCUS FOUNDATION COPY

| Schedule D (Form 990) 2019 BRIGHTFOCUS FOUNDATION 23-7337229 | | | | | | Page 2 | | |
|--|---|----------------------------------|-----------------------|------------------------------|-----------------------|-----------------|------------------------|--------------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Of | ther Sim | ilar Assets | s (continu | ed) |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that mal | ke significa | ant use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| b | Scholarly research | е | | | | | | |
| с | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how they further th | e organization's | exempt pu | rpose in Part | XIII. | |
| 5 | During the year, did the organization solicit o | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | • | | | Yes | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | line 9. or | |
| | reported an amount on Form 990, Par | | 0 | | | , , | , | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedia | arv for contributions | s or other assets | not include | ed | | |
| | on Form 990, Part X? | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | ······ <u> </u> | | |
| ~ | | | owing table. | | | | Amount | |
| с | Beginning balance | | | | | lc | / intodiric | |
| | Additions during the year | | | | | ld | | |
| e | Distributions during the year | | | | | le | | |
| f | Ending balance | | | | | lf | | |
| | Did the organization include an amount on Fe | | | | ····· – | ·· | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | ∟ | | |
| Par | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years ba | | ree years back | (e) Four y | ears hack |
| 1a | Beginning of year balance | 302,000. | 320,000. | 90,00 | | 90,000. | | 90,000. |
| b | Contributions | 14,778. | 14,385. | | | 4,332. | | 4,344. |
| c c | Net investment earnings, gains, and losses | | -18,000. | 10,00 | | | | |
| d | Grants or scholarships | | | / · · · | | | | |
| | Other expenditures for facilities | | | | | | | |
| e | | 14,778. | 14,385. | 14,80 | 16 | 4,332. | | 4,344. |
| | and programs | | 11,000. | 11,00 | /··· | 1,002. | | 1,011. |
| | Administrative expenses | 302,000. | 302,000. | 320,00 | 10 | 90,000. | | 90,000. |
| g | End of year balance | · · | , | , | | 50,000. | | 50,000. |
| 2 | Provide the estimated percentage of the curr | • 00 | | i) neiù as. | | | | |
| a L | Board designated or quasi-endowment ► Permanent endowment ► 100.00 | | _% | | | | | |
| a | | % | | | | | | |
| с | | % | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | ion that and hald an | | | | | |
| 38 | Are there endowment funds not in the posse | ssion of the organizat | ion that are neid ar | ia administerea in | or the orga | mzation | | 'es No |
| | by: | | | | | | | <u>′es No</u> X |
| | (i) Unrelated organizations | | | | | | | X |
| | (ii) Related organizations If "Yes" on line 3a(ii), are the related organiza | | | | | | 3a(ii) | |
| D | | | | | | | 3b | |
| Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | /ment tunds. | | | | | |
| 1 41 | Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | | | | | | | |
| | - | | | | | | | |
| | Description of property | (a) Cost or ot basis (investm | | or other ((other) | c) Accumu deprecia | | (d) Book | value |
| | Land | | , | 7,363. | ueprecia | | 3,947 | 363 |
| | Land | 1 600 | | | 3 /1/ | 336 | <u>3,94</u> 7 3,360 | |
| b | Buildings | | 5,14 | <u>J,441.</u> | 3,414 | , 330. | 5,300 | ,403. |
| | Leasehold improvements | | 1 71 | 1 910 | 1 040 | 012 | 272 | 007 |
| | Equipment | | | | 1,042 | | | <u>,807.</u> |
| | Other | | | 1,076. | | ,875. | | ,201. |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part X | (, column (B), line 1 | 0 <u>c.)</u> | | | 7,596 | |
| | | | | | | Schedule | D (Form 9 | 990) 2019 |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|------------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) | |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, F | Part X, line 25. |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITIES | 957,473. |
| (3) RENTAL DEPOSITS | 25,000. |
| | |
| (4) CAPITAL LEASE OBLIGATIONS | 90,132. |
| (4) CAPITAL LEASE OBLIGATIONS (5) | |
| | |
| (5) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,072,605.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19

(9)

| | dule D (Form 990) 2019 BRIGHTFOCUS FOUNDATION | | | | /33/229 Page 4 |
|---|--|--|---|--------------|---|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents Wi | th Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | l. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 51,305,514. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | -2,372,913. | | |
| b | Donated services and use of facilities | . 2b | 16,266,962. | | |
| с | Recoveries of prior year grants | . 2c | 233,154. | | |
| d | Other (Describe in Part XIII.) | 2d | 27,268. | | |
| е | Add lines 2a through 2d | | | 2e | <u>14,154,471.</u> 37,151,043. |
| 3 | Subtract line 2e from line 1 | | | 3 | 37,151,043. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4 a | 287,562. | | |
| b | Other (Describe in Part XIII.) | . 4b | -41,779. | | |
| | Add lines 4a and 4b | | | 4c | 245,783. |
| c | Add lines 4a and 4b | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 37,396,826. |
| 5 | | | | 5 Retur | 37,396,826. n. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents W | ith Expenses per F | 5 Retur | n. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.)</i> | ents W | ith Expenses per F | 5 Retur | 37,396,826. n. 59,190,759. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents W | ith Expenses per F | | n. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents W | ith Expenses per F | | n. |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents W | ith Expenses per F | | n. |
| 5 Pai 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents W | ith Expenses per F 16,266,962. | | n. |
| 5 Par 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents W | ith Expenses per F | | n. 59,190,759. |
| 5 Par 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | ents W 2a 2b 2c 2d | ith Expenses per F 16,266,962. 27,268. | | n. 59,190,759. 16,294,230. |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | ents W 2a 2b 2c 2d | ith Expenses per F 16,266,962. 27,268. | 1 | n. 59,190,759. |
| 5 Par 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ents W 2a 2b 2c 2d | ith Expenses per F 16,266,962. 27,268. | 1 2e | n. 59,190,759. 16,294,230. |
| 5 Par 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | ents W 2a 2b 2c 2d | ith Expenses per F 16,266,962. 27,268. 287,562. | 1 2e | n. 59,190,759. 16,294,230. |
| 5 Pai 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | ents W 2a 2b 2c 2d | ith Expenses per F 16,266,962. 27,268. | 1 2e | n. 59,190,759. 16,294,230. 42,896,529. |
| 5 Pai 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents W 2a 2b 2c 2d 4a 4b | ith Expenses per F 16,266,962. 27,268. 287,562. -332,577. | 1 2e | n. 59,190,759. 16,294,230. 42,896,529. -45,015. |
| 5 Pai 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | ents W 2a 2b 2c 2d 2d | ith Expenses per F 16,266,962. 27,268. 287,562. -332,577. | 1 2e 3 | n. 59,190,759. 16,294,230. 42,896,529. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE EARNINGS ON THIS ENDOWMENT ARE AVAILABLE FOR THE ALZHEIMER'S DISEASE

RESEARCH PROGRAM, ARE RECORDED AS TEMPORARILY RESTRICTED INVESTMENT

INCOME, AND ARE RELEASED AS SPENT.

PART X, LINE 2:

BRIGHTFOCUS PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE

YEAR ENDED MARCH 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT

MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

932054 10-02-19

| 27,268. |
|-----------|
| |
| |
| -41,779. |
| |
| 27,268. |
| |
| -41,779. |
| -290,798. |
| -332,577. |
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932055 10-02-19

| 60 | | Statom | ont of Act | tivities Outside the Un | itad Sta | atac | OMB No. 1545-0047 |
|----------|--|-------------------------------------|------------------------|--|----------------------|---|---|
| | HEDULE F rm 990) | | | on answered "Yes" on Form 990, Part I | | | 2010 |
| • | | | | Attach to Form 990. | , inte 146, i | | LUIJ Den to Public |
| | rtment of the Treasury al Revenue Service | ► Go t | o www.irs.gov/F | orm990 for instructions and the latest | information. | | rspection |
| Nam | ne of the organization | | | | | Employer ide | entification number |
| BR | IGHTFOCUS F | OUNDATION | | | | 23-7337 | 229 |
| | | | Activities Ou | tside the United States. Comple | te if the organ | ization answere | ed "Yes" on |
| | | Part IV, line 14b. | | | | | |
| 1 | - | - | | rds to substantiate the amount of its grar the selection criteria used to award the g | | | X Yes No |
| 2 | - | Describe in Part V 1 | he organization's | procedures for monitoring the use of its | grants and ot | her assistance o | outside the |
| _ | United States. | | | | | | |
| 3 | | | | an be duplicated if additional space is ne | | vity listed in (d) | |
| | (a) Region | (b) Number offices in the regior | employees, agents, and | (by type) (such as, fundraising, pro- | is a pro describe | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments |
| | | | in the region | recipients located in the region, | | | in the region |
| | | | | | | | |
| EUR | OPE | | 0 0 | GRANTMAKING | | | 1,214,004. |
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| EAS | T ASIA AND THE | | | | | | |
| PAC | IFIC | | 0 0 | GRANTMAKING | | | 378,000. |
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| | | | | | | | |
| NOR | TH AMERICA | | 0 0 | GRANTMAKING | | | 197,696. |
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| | | | | | | | |
| <u> </u> | Cubtotal | | 0 0 | | | | 1,789,700. |
| | Subtotal | | <u> </u> | | | | 1,703,700. |
| a | sheets to Part I | | 0 0 | | | | 0. |
| c | Totals (add lines 3 | | | | | | |
| - | and 3b) | | 0 0 | | | | 1,789,700. |

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

OMB No. 1545-0047

932071 10-12-19

BRIGHTFOCUS FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|--|---------------|-----------------------------------|-----------------------------|--|---|---|--|
| | | | ALZHEIMER'S DISEASE | | | | | |
| | | | RESEARCH BY JINGHUI | | | | | |
| | | | LUO, PHD, ENTITLED: | | | | | |
| | | EUROPE | (A20201759S) | 100 000. | WIRE TRANSFER | ٥. | | |
| | | | AD RESEARCH BY LUCIA | | | | | |
| | | | CHAVEZ-GUTIERREZ, | | | | | |
| | | | PHD, ENTITLED: | | | | | |
| | | EUROPE | (A20201828S) | 299 823. | WIRE TRANSFER | ٥. | | |
| | | | ALZHEIMER'S DISEASE | | | | | |
| | | | RESEARCH BY THOMAS | | | | | |
| | | | KARIKARI, PHD, | | | | | |
| | | EUROPE | ENTITLED: (A2020812F) | 200 000. | WIRE TRANSFER | ٥. | | |
| | | | | | | | | |
| | | | ALZHEIMER'S DISEASE | | | | | |
| | | | RESEARCH CONFERENCE | | | | | |
| | | EUROPE | SUPPORT | 94 181. | WIRE TRANSFER | Ο. | | |
| | | | NATIONAL GLAUCOMA | | | | | |
| | | | RESEARCH BY AMANDA | | | | | |
| | | | MELIN, PHD, ENTITLED: | | | | | |
| | | NORTH AMERICA | (G2020047) | 197,696. | WIRE TRANSFER | ٥. | | |
| | | | NATIONAL GLAUCOMA | , - | | | | |
| | | | RESEARCH BY ALBERTA | | | | | |
| | | | THIADENS, MD, PHD, | | | | | |
| | | EUROPE | ENTITLED: (G2020116) | 150,000. | WIRE TRANSFER | ٥. | | |
| | | | NATIONAL GLAUCOMA | , - | | | | |
| | | | RESEARCH BY KATHRYN | | | | | |
| | | EAST ASIA & | BURDON, PHD, | | | | | |
| | | PACIFIC | , , ENTITLED: (G2020293) | 198,000. | WIRE TRANSFER | ٥. | | |
| | | | MACULAR DEGENERATION | , - | | | | |
| | | | RESEARCH BY WEIYONG | | | | | |
| | | EAST ASIA & | SHEN, PHD, ENTITLED: | | | | | |
| | | PACIFIC | (M2020032) | 180,000. | WIRE TRANSFER | ٥. | | |
| 2 Enter total number of | | | recognized as charities by the | | | | | 1 |
| | | | ction 501(c)(3) equivalency lette | | | | | 10 |
| | other organizations of | | | | | ····· | | |

See Schedule O for continuation of Grant Purpose, item (d)

| Schedule F (| | | TFOCUS FOUND | | | 23-73 | | | Page 2 |
|------------------------|-----------------|---|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|---|
| Part II | Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | <u>90), Part II, line 1</u> |) | - |
| 1 (a) Name o | of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | MACULAR DEGENERATION | | | | | |
| | | | | RESEARCH BY SABRINA | | | | | |
| | | | | CARRELLA, PHD, | | | | | |
| | | | EUROPE | ENTITLED: (M2020184) | 185,000. | WIRE TRANSFER | ٥. | | |
| | | | | MD RESEARCH BY | | | | | |
| | | | | CHRISTOPHER HAMMOND, | | | | | |
| | | | | MD, ENTITLED: | | | | | |
| | | | EUROPE | (M2020277) | 185,000. | WIRE TRANSFER | ٥. | | |
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See Schedule O for continuation of Grant Purpose, item (d)

Schedule F (Form 990) 2019

BRIGHTFOCUS FOUNDATION

23-7337229

| Part III can be duplicated if ad | Iditional space is neede | | | | (n | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|---------------------------------------|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV appraisal, oth |
| | | | | | | | |
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Schedule F (Form 990) 2019

Page 3

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2019



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

BRIGHTFOCUS INTERACTS WITH ALL GRANTEES AT LEAST QUARTERLY BY E-MAIL OR AT SCIENTIFIC MEETINGS. IN ADDITION TO THESE INTERACTIONS, EACH GRANT RECIPIENT IS REQUIRED TO SUBMIT SEPARATE DETAILED ANNUAL SCIENTIFIC PROGRESS AND FINANCIAL REPORTS TO BRIGHTFOCUS. THESE ARE RECEIVED BY THE BRIGHTFOCUS SCIENTIFIC AFFAIRS DEPARTMENT, AND REVIEWED BY SCIENTIFIC STAFF WITH BROAD EXPERTISE, INCLUDING MOLECULAR BIOLOGY, CELL BIOLOGY, BIOCHEMISTRY, AND GENETICS. SENIOR STAFF REVIEWS EACH PROGRESS REPORT AND EVALUATES THE PROJECT FOR SUFFICIENT PROGRESS TOWARDS THE SPECIFIC AIMS PROPOSED IN THE ORIGINAL APPLICATION OR ANY BUDGETARY CONCERNS. THIS EFFORT IS SUPPORTED BY ADDITIONAL SCIENTIFIC COUNSEL FROM MEMBERS OF THE BRIGHTFOCUS SCIENTIFIC REVIEW COMMITTEES, WHEN REQUIRED. IN ADDITION TO STATEMENTS OF EXPERIMENTAL PROGRESS, ALL GRANTEES ARE ASKED TO REPORT ANY TECHNICAL PUBLICATIONS, MEDIA REPORTS, OR PATENT APPLICATIONS IN WHICH BRIGHTFOCUS-SPONSORED RESEARCH IS DESCRIBED. IF SIGNIFICANT CONCERNS RELATED TO PROGRESS ON THE AWARDS ARE DISCOVERED, AND NOT RESOLVED AFTER INTERACTION WITH THE AWARD GRANTEE, THE BRIGHTFOCUS STAFF RECOMMENDS APPROPRIATE ACTIONS TO THE CHAIR OF THE BOARD OF DIRECTORS SCIENTIFIC AFFAIRS COMMITTEE. IN ACCORDANCE WITH THE GRANT AGREEMENT TERMS AND CONDITIONS, BRIGHTFOCUS MAY WITHHOLD FUNDING, OR DISCONTINUE AN AWARD, FOR ANY GRANTEE THAT FAILS TO ACHIEVE SUFFICIENT PROGRESS OR SUBMIT **REQUIRED REPORTS.**

AT THE CONCLUSION OF THE GRANT AWARD PERIOD, EACH GRANTEE MUST COMPLETE AND SUBMIT A FINAL REPORT THAT IS ALSO REVIEWED BY THE BRIGHTFOCUS SENIOR SCIENTIFIC STAFF. EVALUATION OF THE WORK OF EACH GRANTEE IS QUALITATIVELY AND QUANTITATIVELY ASSESSED THROUGH VARIOUS METRICS RELATED TO THE IMPACT 932075 10-12-19 Schedule F (Form 990) 2019 39 21490729 150872 BRIGHTFOCUS AND SUBMIT A FINAL REPORT THAT IS ALSO REVIEWED BY THE BRIGHTFOCUS FOUNDATION AND SUBMIT A FINAL REPORT THAT IS ALSO REVIEWED BY THE BRIGHTFOCUS SENIOR SCIENTIFIC STAFF. EVALUATION OF THE WORK OF EACH GRANTEE IS QUALITATIVELY AND QUANTITATIVELY ASSESSED THROUGH VARIOUS METRICS RELATED TO THE IMPACT Schedule F (Form 990) 2019 39 2019.04010 BRIGHTFOCUS FOUNDATION

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. OF THE GRANT ON ITS TARGETED DISEASE FIELD. SUCH IMPACT METRICS HAVE REVEALED THAT 95% OF BRIGHTFOCUS-SUPPORTED RESEARCH RESULTS IN RESEARCH PUBLICATIONS THAT ADVANCE THE FIELDS SERVED BY BRIGHTFOCUS. THIS IMPACT IS FURTHER SUPPORTED BY ANNUAL CATEGORY NORMALIZED CITATION IMPACT ANALYSIS THAT COMPARES BRIGHTFOCUS-SUPPORTED WORKS TO AN UNBIASED COMPARISON OF IMPACT PERFORMANCE VERSUS THE WORLD AVERAGE. BRIGHTFOCUS-SUPPORTED PUBLICATIONS WERE RECENTLY CITED AT 2 TIMES THE FREQUENCY OF THE WORLD AVERAGE. A FINAL EXAMPLE OF IMPACT ASSESSMENT REVEALED THAT THE SUCCESSES OF BRIGHTFOCUS GRANTEES CONTINUE LONG AFTER THE GRANT EXPIRES. ON AVERAGE, EACH GRANTEE RECEIVES ADDITIONAL GRANTS FOR FOLLOW-ON PROJECTS SPAWNED BY THE BRIGHTFOCUS GRANT, WITH VALUES UP TO 10 TIMES THE LEVEL OF THE INITIAL BRIGHTFOCUS INVESTMENT.

BRIGHTFOCUS SOLICITS FEEDBACK FROM ITS GRANTEES, AND PROVIDES AN ANONYMOUS FORUM FOR COLLECTING SUCH INFORMATION. THROUGH THE BRIGHTFOCUS FOUNDATION WEBSITE AND WITHIN THE SCIENTIFIC PROGRESS REPORTS, THERE ARE DESIGNATED SECTIONS WHERE AWARDEES ARE ASKED TO PROVIDE FEEDBACK TO THE FOUNDATION. THROUGH THIS MECHANISM, THEY ARE GIVEN THE ABILITY TO ANONYMOUSLY PROVIDE FEEDBACK OR COMMUNICATE THEIR CONCERNS TO PROGRAM STAFF OR THE BRIGHTFOCUS' COMPLIANCE OFFICE. ANY SUGGESTIONS, CONCERNS, COMPLAINTS, OR POSITIVE EXPERIENCES CAN BE OUTLINED AND BROUGHT TO THE ATTENTION OF BRIGHTFOCUS IN THIS MANNER, SO THAT BRIGHTFOCUS CAN ADDRESS ANY AREAS NEEDING IMPROVEMENT, REAFFIRM PRAISE-WORTHY POLICIES, OR OTHERWISE ASSESS NEEDS FOR PROGRAMMATIC CHANGE. THE SENIOR LEADERSHIP PRESENTS AND SUMMARIZES THE STATUS AND PROGRESS ON GRANTS TO THE BRIGHTFOCUS BOARD OF DIRECTORS AT EACH OF THEIR QUARTERLY BOARD MEETINGS.

932075 10-12-19

Page 5

Schedule F (Form 990) 2019 BRIGHTFOCUS FOUNDATION Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

BRIGHTFOCUS REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED

IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

PART II, LINE 1

BRIGHTFOCUS REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD

USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

21490729 150872 BRIGHTFOCUS

| SCHEDULE G | Suppleme | ental Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ties | OMB No. 1545-0047 |
|---|---|---|--|--|---|--------|---|---|
| (Form 990 or 990-EZ) | | e organization answered "Yes" on organization entered more than \$1 | | | | r 19, | or if the | 2019 |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public Inspection |
| Internal Revenue Service Name of the organizatior | | o to www.irs.gov/Form990 for instr | uction | s and | the latest informati | on. | Employer id | entification number |
| Name of the organization | | OCUS FOUNDATION | | | | | 23-7337 | |
| Part I Fundrais | | Complete if the organization answer | ered "Y | es" or | Form 990 Part IV I | ine 17 | | |
| | complete this par | | | 00 01 | r onn 000, r ar nv, r | | . 1 0111 000 E | |
| a X Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 | ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv | f Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover iising o ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | X Ye | |
| compensated at le | ast \$5,000 by the | organization. | | | | | | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have c or cor contribu | ustody itrol of | (iv) Gross receipts from activity | tò (c | Amount paid r retained by) fundraiser red in col. (i) | (vi) Amount paid to (or retained by) organization |
| RKD GROUP - 35 PARE | WOOD | FUNDRAISING AND | Yes | No | | | | |
| DRIVE, STE. 160, HO | | COMMUNICATIONS CONSULTANT | | x | 24,518,985. | | 480,205. | 24,038,780. |
| BEACONFIRE REDENGIN CLARENDON BLVD., ST | | FUNDRAISING AND COMMUNICATIONS CONSULTANT | | x | 1,500,034. | | 263,377. | 1,236,657. |
| | | | | | | | | |
| | | | | | | | | |
| <u>Total</u> | | | | | 26,019,019. | | 743,582. | |
| or licensing. | - | DC, FL, GA, HI, IL, KS, D | | | | | | |

NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

S

| Sch | edu | le G (Form 990 or 990-EZ) 2019 BRIGHT | FOCI | JS FOUNDATI | LON | 23- | -7337229 Page 2 |
|-----------------|------|--|---------|-------------------------|---------------------------|----------------------------|------------------------------|
| Pa | | II Fundraising Events. Complete if t | he org | anization answered | "Yes" on Form 990, Par | t IV, line 18, or reported | more than \$15,000 |
| | | of fundraising event contributions and g | ross ir | | | | ots greater than \$5,000. |
| | | | 7 11 | (a) Event #1 EVENING | (b) Event #2 | (c) Other events NONE | (d) Total events |
| | | | OF | BRIGHTFOC | | NONE | (add col. (a) through |
| 0 | | | | (event type) | (event type) | (total number) | – col. (c)) |
| Jevenue | 1 | Gross receipts | | 256,860. | | | 256,860. |
| _ | 2 | Less: Contributions | | 220,360. | | | 220,360. |
| | 3 | Gross income (line 1 minus line 2) | | 36,500. | | | 36,500. |
| | 4 | Cash prizes | | | | | |
| | 5 | Noncash prizes | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | 21,863. | | | 21,863. |
| rect E) | 7 | Food and beverages | | 97,085. | | | 97,085. |
| Ö | 8 | Entertainment | | 62,485. | | | 62,485. |
| | 9 | Other direct expenses | | 130,757. | | | 130,757. |
| | 10 | Direct expense summary. Add lines 4 throug | gh 9 in | column (d) | | ► | 312,190. |
| _ | 11 | | | | | | -275,690. |
| Pa | rt I | | answ | ered "Yes" on Form | 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | 1 | 1 |
| | | | | | (h) Pull tabs/instant | 1 | (d) Total gaming (add |

| anue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
|-----------------|-------|---|-------------------------|-------------------------|------------------|---------------------------|
| Revenue | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| zpens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | Yes % | Yes % | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| 9 | | ter the state(s) in which the organization conduction he organization licensed to conduct gaming ac | | | | Yes No |
| | | No," explain: | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | | Yes No |
| 9320 | 32 09 | 1-11-19 | | | Schedule G (For | m 990 or 990-EZ) 2019 |

Schedule G (Form 990 or 990-EZ) 2019

| Sch | edule G (Form 990 or 990-EZ) 2019 BRIGHTFOCUS FOUNDATION | 23-7337 | 229 | Page 3 |
|------------|--|-------------------|----------|-----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| â | The organization's facility | 13a | | % |
| | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and record | S: | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| t | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$ | unt | | |
| C | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address 🕨 | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation 🕨 💲 | | | |
| | Description of services provided 🕨 | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 47 | | | | |
| | Mandatory distributions: | | | |
| č | I Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | 🗌 No |
| ł | retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent i | | 100 | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); | and Part III, lin | nes 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
| gr | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI | CEDC. | | |
| <u></u> | MEDOLE G, TAKI I, HINE 2D, HIST OF TEN MIGHEST TAID FONDAT | <u>BERD</u> . | | |
| | _ | | | |
| <u>(</u>] |) NAME OF FUNDRAISER: RKD GROUP | | | |
| (I |) ADDRESS OF FUNDRAISER: | | | |
| <u>35</u> | PARKWOOD DRIVE, STE. 160, HOPKINTON, MA 01748 | | | |
| | | | | |
| <u>(I</u> |) NAME OF FUNDRAISER: BEACONFIRE REDENGINE | | | |
| (I |) ADDRESS OF FUNDRAISER: | | | |
| 23 | 00 CLARENDON BLVD., STE. 925, ARLINGTON, VA 22201 | | | |
| 9320 | 83 09-11-19 Schedule | G (Form 990 o | - | -EZ) 2019 |

44 2019.04010 BRIGHTFOCUS FOUNDATION COPY BRIGHTF1 PART I, LINE 2B, COLUMN (V):

IN THE CONTRACT WITH RKD GROUP, THE MANAGEMENT FEES ARE FIXED AMOUNTS PER

MONTH FOR IN-SCOPE SERVICES THAT TOTALS \$1,053,600 PER YEAR OF WHICH

\$573,395 HAS BEEN ALLOCATED UNDER PART XI, LINE 11(G) TO PROGRAM AND

MANAGEMENT AND ARE NOT CONSIDERED TO BE THE PROFESSIONAL FUNDRAISING

CONSULTANT FEE.

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

| SCHEDULE I | | G | arants and Oth | er Assistan | ce to Organ | izations. | | OMB No. 1545-0047 |
|---|----------------------|---------------------|--|-----------------------------|---|---|---------------------------------------|---|
| (Form 990) | | Go | vernments, an ete if the organization | d Individual | s in the Ŭni [.] | ted States | | 2019 |
| Department of the Treasury | | | - | Attach to For | | | | Open to Public |
| Internal Revenue Service | | | Go to www.ir | s.gov/Form990 fo | r the latest inform | ation. | | Inspection |
| Name of the organization | BRIGHTFOC | US FOUNDA' | TION | | | | | Employer identification number 23-7337229 |
| Part I General Inform | ation on Grants ar | nd Assistance | | | | | | |
| Does the organization criteria used to award Describe in Part IV the | the grants or assis | tance? | - | | | | | on X Yes No |
| | | | | | | nization answered "Y | es" on Form 990, Parl | IV line 21 for any |
| | | | be duplicated if addition | | | | | |
| 1 (a) Name and address or governm | s of organization | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF CALIFOR | NIA, SAN | | | | | | | ALZHEIMER'S DISEASE |
| FRANCISCO - 3333 CALI | FORNIA | | | | | | | RESEARCH BY HYUNJUN YANG, |
| STREET, SUITE 315 - S | AN FRANCISCO, | | | | | | | PHD, ENTITLED: |
| CA 94143 | | 94-6036493 | 501(C)(3) | 200,000. | 0. | | | (A2020039F) |
| | | | | | | | | ALZHEIMER'S DISEASE |
| EMORY UNIVERSITY | | | | | | | | RESEARCH BY CHADWICK |
| 201 DOWMAN DRIVE | | | | | | | | HALES, MD, PHD, ENTITLED: |
| ATLANTA, GA 30322 | | 58-0566256 | 501(C)(3) | 300,000. | 0. | | | (A20201057S) |
| | | | | | | | | ALZHEIMER'S DISEASE |
| THE NATIONAL INSTITUT | ES OF HEALTH | | | | | | | RESEARCH BY SARAH HILL, |
| 9000 ROCKVILLE PIKE | | | | | | | | PHD, ENTITLED: |
| BETHESDA, MD 20892 | | 52-0858115 | 501(C)(3) | 200,000. | 0. | | | (A20201086F) |
| | | | | | | | | ALZHEIMER'S DISEASE |
| WASHINGTON UNIVERSITY | | | | | | | | RESEARCH BY GANESH |
| 660 SOUTH EUCLID AVEN | UE | | | | | | | BABULAL, PHD, ENTITLED: |
| ST. LOUIS, MO 63110 | | 43-0653611 | 501(C)(3) | 267,071. | 0. | | | (A20201142S) |
| | | | | | | | | ALZHEIMER'S DISEASE |
| THE UNIVERSITY OF TEX | AS AT DALLAS | | | | | | | RESEARCH BY HENG DU, MD |
| 800 WEST CAMPBELL ROA | D | | | | | | | PHD, ENTITLED: |
| RICHARDSON, TX 75080 | | 75-1305566 | 501(C)(3) | 300,000. | 0. | | | (A20201159S) |
| | | | | | | | | ALZHEIMER'S DISEASE |
| INDIANA UNIVERSITY | | | | | | | | RESEARCH BY JUAN |
| 509 E. THIRD STREET | | | | | | | | CODOCEDO, PHD, ENTITLED: |
| BLOOMINGTON, IN 47401 | | 35-6001673 | | 200,000. | 0. | | | (A20201166F) |
| 2 Enter total number of | section 501(c)(3) ar | nd government org | ganizations listed in the | e line 1 table | | | | ▶ <u>49.</u> |
| 3 Enter total number of | | | | | | | | |
| LHA For Paperwork Red | uction Act Notice, | see the Instruction | ons for Form 990. | | | | | Schedule I (Form 990) (2019) |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932241 04-01-19

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| | | | | | | | ALZHEIMER'S DISEASE |
| MICHIGAN STATE UNIVERSITY | | | | | | | RESEARCH BY SCOTT COUNTS |
| 426 AUDITORIUM ROAD | | | | | | | PHD, ENTITLED: |
| EAST LANSING, MI 48824 | 38-6005984 | 501(C)(3) | 285,000. | ٥. | | | (A20201187S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| BRIGHAM YOUNG UNIVERSITY | | | | | | | RESEARCH BY JUSTIN |
| P.O. BOX 21128 | | | | | | | MILLER, PHD, ENTITLED: |
| PROVO, UT 84602 | 87-0217280 | 501(C)(3) | 200,000. | Ο. | | | (A2020118F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| BETH ISRAEL DEACONESS MEDICAL | | | | | | | RESEARCH BY PETER FRIED, |
| CENTER - 330 BROOKLINE AVENUE - | | | | | | | PHD, ENTITLED: |
| BOSTON, MA 02215 | 04-2103881 | 501(C)(3) | 285,000. | Ο. | | | (A20201288S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| BRIGHAM AND WOMEN'S HOSPITAL | | | | | | | RESEARCH BY MICHAEL |
| 75 FRANCIS STREET | | | | | | | MILLER, MD, PHD, |
| BOSTON, MA 02115 | 04-2312909 | 501(C)(3) | 200,000. | 0. | | | ENTITLED: (A20201292F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF PENNSYLVANIA | | | | | | | RESEARCH BY SADAF AMIN, |
| 3451 WALNUT STREET, SUITE 305M | | | | | | | PHD, ENTITLED: |
| PHILIADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 200,000. | Ο. | | | (A20201312F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF SOUTHERN CALIFORNIA | | | | | | | RESEARCH BY LIRONG YAN, |
| 1501 SAN PABLO STREET | | | | | | | PHD, ENTITLED: |
| LOS ANGELES, CA 90033 | 95-1642394 | 501(C)(3) | 300,000. | 0. | | | (A20201411S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF KENTUCKY | | | | | | | RESEARCH BY SIMONE |
| 109 KINKEAD HALL | | | | | | | CRIVELLI, PHD, ENTITLED: |
| LEXINGTON, KY 40506 | 61-6033693 | 501(C)(3) | 200,000. | 0. | | | (A20201464F) |
| UNIVERSITY OF CALIFORNIA, SAN | | | , , | | | | ALZHEIMER'S DISEASE |
| , FRANCISCO - 3333 CALIFORNIA | | | | | | | RESEARCH BY CLAIRE |
| STREET, SUITE 315 - SAN FRANCISCO, | | | | | | | CLELLAND, PHD, MD, MPHIL, |
| CA 94143 | 94-6036493 | 501(C)(3) | 200,000. | 0. | | | ENTITLED: (A20201490F) |
| UNIVERSITY OF CALIFORNIA, SAN | | | , , , | | | | ALZHEIMER'S DISEASE |
| FRANCISCO - 3333 CALIFORNIA | | | | | | | RESEARCH BY SAUL VILLEDA |
| STREET, SUITE 315 - SAN FRANCISCO, | | | | | | | PHD, ENTITLED: |
| CA 94143 | 94-6036493 | 501(C)(3) | 285,000. | 0. | | | (A20201492S) |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|---|---|--|--|
| | | | | | | | ALZHEIMER'S DISEASE |
| MAYO CLINIC JACKSONVILLE | | | | | | | RESEARCH BY CHIA-CHEN |
| 4500 SAN PABLO ROAD | | | | | | | LIU, MD, ENTITLED: |
| JACKSONVILLE, FL 32224 | 59-3337028 | 501(C)(3) | 300,000. | 0. | | | (A20201542S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| EMORY UNIVERSITY SCHOOL OF | | | | | | | RESEARCH BY LENORA |
| MEDICINE - 201 DOWMAN DRIVE - | | | | | | | HIGGINBOTHAM, MD, |
| ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 194,460. | 0. | | | ENTITLED: (A20201577F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| MAYO CLINIC JACKSONVILLE | | | | | | | RESEARCH BY MARK EBBERT, |
| 4500 SAN PABLO ROAD | | | | | | | PHD, ENTITLED: |
| JACKSONVILLE, FL 32224 | 59-3337028 | 501(C)(3) | 300,000. | 0. | | | (A2020161S) |
| , | | | , | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF NOTRE DAME | | | | | | | RESEARCH BY JOHN KOREN, |
| 724 GRACE HALL CONTROLLERS OFFICE | | | | | | | PHD, ENTITLED: |
| NOTRE DAME, IN 46556 | 35-0868188 | 501(C)(3) | 285,000. | 0. | | | (A20201621S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF CALIFORNIA, IRVINE | | | | | | | RESEARCH BY CHRISTEL |
| 100 THEORY STREET, SUITE 250 | | | | | | | CLAES, PHD, ENTITLED: |
| IRVINE, CA 92617 | 95-2226406 | 501(C)(3) | 200,000. | 0. | | | (A20201625F) |
| | | | , | | | | ALZHEIMER'S DISEASE |
| THE SALK INSTITUTE FOR BIOLOGICAL | | | | | | | RESEARCH BY ISABEL SALAS |
| STUDIES - 10010 N. TORREY PINES RD | | | | | | | PHD, ENTITLED: |
| - LA JOLLA, CA 92037 | 95-2160097 | 501(C)(3) | 200,000. | 0. | | | (A20201645F) |
| , | | | , | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF CONNECTICUT HEALTH | | | | | | | RESEARCH BY BRATI DAS, |
| CENTER - 263 FARMINGTON AVENUE - | | | | | | | , PHD, ENTITLED: |
| FARMINGTON, CT 06030 | 52-1725543 | 501(C)(3) | 200,000. | 0. | | | (A20201729F) |
| | | | | - • | | | |
| UNIVERSITY OF PENNSYLVANIA | | | | | | | ALZHEIMER'S DISEASE |
| 211 COLLEGE HALL | | | | | | | RESEARCH BY HONG XU, PHD |
| PHILADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 200,000. | 0. | | | ENTITLED: (A20201731F) |
| | 20 1002000 | | 200,000. | 0. | | | ALZHEIMER'S DISEASE |
| WAKE FOREST UNIVERSITY | | | | | | | RESEARCH BY SHANNON |
| 1 MEDICAL CENTER BOULEVARD | | | | | | | |
| I MIDICAL CENTER DOULEVARD | | | | | | | MACAULEY, PHD, ENTITLED: |

Schedule I (Form 990)

BRIGHTFOCUS FOUNDATION Schedule I (Form 990)

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|------------------------------------|----------------|-----------------|---------------|------------------------|---|---------------------|---------------------------|
| organization or government | (D) EIN | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| | | | | | | | ALZHEIMER'S DISEASE |
| THE UNIVERSITY OF NORTH CAROLINA | | | | | | | RESEARCH BY IVANA |
| AT CHAPEL HILL - 4324 TRENTON ROAD | | | | | | | QUIROGA, PHD, ENTITLED: |
| - CHAPEL HILL, NC 27517 | 56-6001393 | 501(C)(3) | 199,041. | 0. | | | (A2020203F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| WASHINGTON UNIVERSITY | | | | | | | RESEARCH BY MAUD GRATUZE |
| 660 SOUTH EUCLID AVENUE | | | | | | | PHD, ENTITLED: |
| SAINT LOUIS, MO 63110 | 43-0653611 | 501(C)(3) | 200,000. | 0. | | | (A2020257F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| MAYO CLINIC, JACKSONVILLE | | | | | | | RESEARCH BY SARAH |
| 4500 SAN PABLO ROAD | | | | | | | PICKLES, PHD, ENTITLED: |
| JACKSONVILLE, FL 32224 | 59-3337028 | 501(C)(3) | 200,000. | 0. | | | (A2020279F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF MASSACHUSETTS SCHOOL | | | | | | | RESEARCH BY CHRISTELLE |
| OF MEDICINE - 55 LAKE AVENUE NORTH | | | | | | | ANACLET, MD, PHD, |
| - WORCESTER, MA 01655 | 04-3167352 | 501(C)(3) | 285,000. | 0. | | | ENTITLED: (A2020321S) |
| JOAN AND SANFORD I. WEILL MEDICAL | | | | | | | ALZHEIMER'S DISEASE |
| COLLEGE OF CORNELL UNIVERSITY - | | | | | | | RESEARCH BY MAKOTO ISHII, |
| 1300 YORK AVENUE - NEW YORK, NY | | | | | | | PHD, ENTITLED: |
| 10065 | 13-1623978 | 501(C)(3) | 285,000. | 0. | | | (A2020363S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| WASHINGTON UNIVERSITY | | | | | | | RESEARCH BY CARL FRIEDEN, |
| 660 SOUTH EUCLID AVENUE | | | | | | | PHD, ENTITLED: |
| ST. LOUIS, MO 63110 | 43-0653611 | 501(C)(3) | 100,000. | ٥. | | | (A2020382S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY CALIFORNIA SAN | | | | | | | RESEARCH BY ELISE MARSAN, |
| FRANCISCO - 513 PARNASSUS AVENUE - | | | | | | | MD, PHD, ENTITLED: |
| SAN FRANCISCO, CA 94143 | 94-6036493 | 501(C)(3) | 200,000. | 0. | | | (A2020443F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| HARVARD MEDICAL SCHOOL | | | | | | | RESEARCH BY MICHELE |
| 25 SHATTUCK STREET | | | | | | | CAVALLARI, PHD , |
| BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 300,000. | 0. | | | ENTITLED: (A2020653S) |
| | | | , , | | | | ALZHEIMER'S DISEASE |
| THE JACKSON LABORATORY | | | | | | | RESEARCH BY ALAINA |
| 600 MAIN STREET | | | | | | | REAGAN, PHD, ENTITLED: |
| BAR HARBOR, ME 04609 | 01-0211513 | 501(C)(3) | 200,000. | 0. | | | (A2020677F) |

Schedule I (Form 990)

| 43-1331449 Page 1 | 23- | 7337229 | Page 1 |
|--------------------------|-----|---------|--------|
|--------------------------|-----|---------|--------|

| organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------|------------|----------------------------------|-----------------------------|---|---|--|--|
| | | | | | | | ALZHEIMER'S DISEASE |
| BOSTON UNIVERSITY | | | | | | | RESEARCH BY MANVEEN |
| 81 COMMONWEALTH AVENUE, 4TH FLOOR | | | | | | | SETHI, PHD, ENTITLED: |
| BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 200,000. | ٥. | | | (A2020687F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| ASSACHUSETTS GENERAL HOSPITAL | | | | | | | RESEARCH BY KSENIA |
| 25 NASHUA STREET, SUITE 540 | | | | | | | KASTANENKA, PHD, |
| SOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 300,000. | ٥. | | | ENTITLED: (A2020833S) |
| | | | | | | | ALZHEIMER'S DISEASE |
| BAYLOR COLLEGE OF MEDICINE | | | | | | | RESEARCH BY SHUO WANG, |
| NE BAYLOR PLAZA | | | | | | | PHD, ENTITLED: |
| OUSTON, TX 77030 | 74-1613878 | 501(C)(3) | 200,000. | ٥. | | | (A2020845F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| ASSACHUSETTS GENERAL HOSPITAL | | | | | | | RESEARCH BY EUNHEE KIM, |
| 25 NASHUA STREET, SUITE 540 | | | | | | | PHD, ENTITLED: |
| SOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 200,000. | 0. | | | (A2020870F) |
| RIGHAM AND WOMEN'S HOSPITAL | | | | | | | ALZHEIMER'S DISEASE |
| 5 FRANCIS STREET | | | | | | | RESEARCH BY PENG LI, PH |
| SOSTON, MA 02215 | 04-2312909 | 501(C)(3) | 285,000. | 0. | | | ENTITLED: (A2020886S) |
| 50510N, MA 02215 | 04-2312909 | 501(0/(5/ | 205,000. | 0. | | | ALZHEIMER'S DISEASE |
| NIVEDSTRY OF CALTEODNIA CAN | | | | | | | RESEARCH BY LYDIA LE |
| NIVERSITY OF CALIFORNIA, SAN | | | | | | | |
| RANCISCO - 675 NELSON RISING LANE | 04 6026402 | F01 (q) (2) | 100.053 | 0 | | | PAGE, PHD, ENTITLED: |
| SAN FRANCISCO, CA 94107 | 94-6036493 | 501(C)(3) | 199,953. | 0. | | | (A2020928F) |
| | | | | | | | ALZHEIMER'S DISEASE |
| AYO CLINIC, JACKSONVILLE | | | | | | | RESEARCH (CA2017563) |
| 500 SAN PABLO ROAD, ROOM 110 | F0 0007060 | 501(2)(2) | | | | | MOLECULAR DEGENERATION |
| ACKSONVILLE, FL 32224 | 59-3337028 | 5U1(C)(3) | 251,432. | 0. | | | JOURNAL |
| NIVERSITY OF PENNSYLVANIA | | | | | | | |
| 620 HAMILTON WALK | | | | | | | TRAVEL GRANTS FOR |
| PHILIADELPHIA, PA 19104 | 23-1352685 | 501(C)(3) | 14,000. | 0. | | | CONFERENCE ATTENDANCE. |
| ATIONAL INSTITUTES OF HEALTH/ | 23 1332003 | 501(0)(5) | 14,000. | 0. | | | ALZHEIMER'S DISEASE |
| ATIONAL INSTITUTE OF NEUROLOGICAL | | | | | | | RESEARCH BY AMIR KASHAN |
| DISORDERS AND - 9000 ROCKVILLE | | | | | | | |
| TROCKARS WIND - 2000 KOCKAITTE | | | | | | | MD, PHD, ENTITLED: |

Schedule I (Form 990)

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|---------------------------------------|------------|-----------------|---------------|------------------------|---|---------------------|---------------------------|
| organization or government | | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| | | | | | | | ALZHEIMER'S DISEASE |
| BOSTON UNIVERSITY SCHOOL OF | | | | | | | RESEARCH BY BENJAMIN |
| MEDICINE - 72 EAST CONCORD STREET | | | | | | | WOLOZIN, MD, PHD |
| - BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 303,514. | 0. | | | ENTITLED: (CA2020002) |
| | | | | | | | ALZHEIMER'S DISEASE |
| UNIVERSITY OF DENVER | | | | | | | RESEARCH BY ANN CHARLOTTE |
| 2155 E. WESLEY AVENUE | | | | | | | GRANHOLM-BENTLEY, PHD, |
| DENVER, CO 80208 | 84-0404231 | 501(C)(3) | 75,710. | 0. | | | ENTITLED: (CA2018010) |
| THE MILKEN INSTITUTE | | | | | | | |
| 1250 4TH STREET | | | | | | | PROJECT SUPPORT FOR STUDY |
| SANTA MONICA, CA 90401 | 95-4240775 | 501(C)(3) | 10,000. | 0. | | | ON DEMENTIA |
| Shain housen, en 50401 | 55 1210775 | 501(0)(5) | 10,000. | | | | |
| THE MILKEN INSTITUTE | | | | | | | PROJECT SUPPORT FOR STUDY |
| 1250 4TH STREET | | | | | | | ON NEUROTECHNOLOGY |
| SANTA MONICA, CA 90401 | 95-4240775 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| , | | | , | | | | NATIONAL GLAUCOMA |
| UNIVERSITY OF ROCHESTER MEDICAL | | | | | | | RESEARCH BY RICHARD |
| CENTER - 601 ELMWOOD AVENUE - | | | | | | | LIBBY, PHD, ENTITLED: |
| ROCHESTER, NY 14626 | 16-0743209 | 501(C)(3) | 180,000. | 0. | | | (G2020095) |
| · · · · · · · · · · · · · · · · · · · | | | | | | | NATIONAL GLAUCOMA |
| UNIVERSITY OF IOWA | | | | | | | RESEARCH BY JOHN FINGERT, |
| 200 HAWKINS DRIVE | | | | | | | MD, PHD, ENTITLED: |
| IOWA CITY, IA 52242 | 06-2761671 | 501(C)(3) | 180,000. | 0. | | | (G2020119) |
| | | | | | | | |
| OREGON HEALTH AND SCIENCE | | | | | | | NATIONAL GLAUCOMA |
| UNIVERSITY - 3181 SW SAM JACKSON | 02 1156600 | 501 (2) (2) | 102.01- | _ | | | RESEARCH BY YALI JIA, |
| PARK ROAD - PORTLAND, OR 97239 | 93-1176109 | 501(C)(3) | 183,947. | 0. | | | PHD, ENTITLED: (G2020168) |
| | | | | | | | NATIONAL GLAUCOMA |
| THE SCHEPENS EYE RESEARCH | | | | | | | RESEARCH BY PETR BARANOV, |
| INSTITUTE - 20 STANIFORD STREET - | | 501 (2) (2) | 100.000 | - | | | MD, PHD, ENTITLED: |
| BOSTON, MA 02114 | 04-2129889 | PUT(C)(3) | 180,000. | 0. | | | (G2020231) |
| | | | | | | | NATIONAL GLAUCOMA |
| THE JACKSON LABORATORY | | | | | | | RESEARCH BY GARETH |
| 600 MAIN STREET | | | | - | | | HOWELL, PHD, ENTITLED: |
| BAR HARBOR, ME 04609 | 01-0211513 | 501(C)(3) | 180,000. | Ο. | | 1 | (G2020254) |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash | (f) Method of valuation | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|----------------------------------|-----------------------------|---------------------------|----------------------------------|--|---|
| | | | - | assistance | (book, FMV, appraisal, other) | | |
| | | | | | | | NATIONAL GLAUCOMA |
| WASHINGTON UNIVERSITY | | | | | | | RESEARCH BY PHILIP |
| 660 SOUTH EUCLID AVENUE | | | | | | | WILLIAMS, PHD, ENTITLED: |
| ST. LOUIS, MO 63110 | 43-0653611 | 501(C)(3) | 180,000. | 0. | | | (G2020255) |
| | | | | | | | NATIONAL GLAUCOMA |
| JNIVERSITY OF PITTSBURGH | | | | | | | RESEARCH BY JEFFREY |
| 116 ATWOOD STREET, SUITE 201 | | | | | | | GROSS, PHD, ENTITLED: |
| PITTSBURGH, PA 15213 | 25-0965591 | 501(C)(3) | 180,000. | 0. | | | (G2020277) |
| | | | | | | | NATIONAL GLAUCOMA |
| EMORY UNIVERSITY | | | | | | | RESEARCH BY JEFFREY |
| 201 DOWMAN DRIVE | | | | | | | BOATRIGHT, PHD, ENTITLED: |
| ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 180,000. | 0. | | | (G2020286) |
| TOINIG HODETNIG INITHED GIMY | | | | | | | |
| JOHNS HOPKINS UNIVERSITY | | | | | | | NATIONAL GLAUCOMA |
| 400 N. BROADWAY BALTIMORE, MD 21211 | 52-0595110 | F(1)(0)(2) | 180,000. | 0. | | | RESEARCH BY JEFF MUMM, PHD, ENTITLED: (G2020315) |
| BALIIMORE, MD 21211 | 52-0595110 | 501(0)(5) | 180,000. | 0. | | | FND, ENTITLED: (G2020313) |
| UNIVERSITY OF UTAH | | | | | | | NATIONAL GLAUCOMA |
| 201 PRESIDENTS CIRCLE, SUITE 411 | | | | | | | RESEARCH BY KAREN CURTIN, |
| SALT LAKE CITY, UT 84112 | 87-6000525 | 501(C)(3) | 179,930. | 0. | | | PHD, ENTITLED: (G2020317) |
| , | | | , , | | | | NATIONAL GLAUCOMA |
| UNIVERSITY OF SOUTHERN CALIFORNIA | | | | | | | RESEARCH BY KIMBERLY |
| 3720 S. FLOWER STREET | | | | | | | GOKOFFSKI, MD, PHD, |
| LOS ANGELES, CA 90033 | 95-1642394 | 501(C)(3) | 190,000. | 0. | | | ENTITLED: (G2020331) |
| THE SCHEPENS EYE RESEARCH | | | | | | | NATIONAL GLAUCOMA |
| INSTITUTE - 20 STANIFORD STREET - | | | | | | | RESEARCH BY KIN-SANG CHO, |
| BOSTON, MA 02114 | 04-2129889 | 501(C)(3) | 180,000. | 0. | | | PHD, ENTITLED: (G2020333) |
| BOSTON, MA 02114 | 04 2129009 | 501(0/(5/ | 100,000. | •• | | | FIID, ENTITIED. (G2020555) |
| INDIANA UNIVERSITY | | | | | | | NATIONAL GLAUCOMA |
| 980 INDIANA AVENUE | | | | | | | RESEARCH BY JASON MEYER, |
| INDIANAPOLIS, IN 46202 | 35-6001673 | 501(C)(3) | 180,000. | 0. | | | PHD, ENTITLED: (G2020369) |
| , | | | , , , | | | | NATIONAL GLAUCOMA |
| UNIVERSITY OF TENNESSEE HEALTH | | | | | | | RESEARCH BY SIAMAK |
| SCIENCE CENTER - 910 MADISON | | | | | | | YOUSEFI, PHD, ENTITLED: |
| AVENUE - MEMPHIS, TN 38163 | 62-6001636 | 501(C)(3) | 180,000. | 0. | | | (G2020374) |

Schedule I (Form 990)

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|---------------------------------------|-----------------|-----------------|---------------|------------------------|---|---------------------|---------------------------|
| organization or government | (b) EIN | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| | | | | | | | MACULAR DEGENERATION |
| UNIVERSITY OF MASSACHUSETTS SCHOOL | | | | | | | RESEARCH BY CLAUDIO |
| OF MEDICINE - 55 LAKE AVENUE NORTH | | | | | | | PUNZO, PHD, ENTITLED: |
| - WORCESTER, MA 01655 | 04-3167352 | 501(C)(3) | 185,000. | 0. | | | (M2020016) |
| | | | | | | | MACULAR DEGENERATION |
| UNIVERSITY OF VIRGINIA | | | | | | | RESEARCH BY BRADLEY |
| 1001 N. EMMET STREET | | | | | | | GELFAND, PHD, ENTITLED: |
| CHARLOTTESVILLE, VA 22904 | 54-6001796 | 501(C)(3) | 180,000. | 0. | | | (M2020114) |
| | | | | | | | MACULAR DEGENERATION |
| WASHINGTON UNIVERSITY | | | | | | | RESEARCH BY PHILIP |
| 660 SOUTH EUCLID AVENUE | | | | | | | RUZYCKI, PHD, ENTITLED: |
| ST. LOUIS, MO 63110 | 43-0653611 | 501(C)(3) | 185,000. | 0. | | | (M2020115) |
| | | | | | | | |
| WEST VIRGINIA UNIVERSITY RESEARCH | | | | | | | MACULAR DEGENERATION |
| CORP 886 CHESTNUT RIDGE ROAD, | | F01 (g) (2) | 105 000 | 0 | | | RESEARCH BY JIANHAI DU, |
| SUITE 408 - MORGANTOWN, WV 26506 | 55-0665758 | 501(C)(3) | 185,000. | 0. | | | PHD, ENTITLED: (M2020141) |
| THE CITY COLLEGE OF CUNY | | | | | | | MACULAR DEGENERATION |
| 230 W. 41ST STREET | | | | | | | RESEARCH BY MARK EMERSON, |
| NEW YORK, NY 10036 | 13-1988190 | 501(C)(3) | 180,000. | 0. | | | PHD, ENTITLED: (M2020157) |
| | 10 1900190 | 501(0)(5) | 100,000. | | | | MACULAR DEGENERATION |
| TULANE UNIVERSITY | | | | | | | RESEARCH BY SHUSHENG |
| 6823 SAINT CHARLES AVENUE | | | | | | | WANG, PHD, ENTITLED: |
| NEW ORLEANS, LA 70118 | 72-0423889 | 501(C)(3) | 185,000. | 0. | | | (M2020166) |
| | | | | | | | MACULAR DEGENERATION |
| DUKE UNIVERSITY | | | | | | | RESEARCH BY PRIYATHAM |
| 2200 W MAIN STREET, SUITE 300 | | | | | | | METTU, MD, ENTITLED: |
| JURHAM, NC 27708 | 56-0532129 | 501(C)(3) | 185,000. | 0. | | | (M2020168) |
| WILMER EYE INSTITUTE, JOHNS | | - | , , | | | | MACULAR DEGENERATION |
| HOPKINS UNIVERSITY - 733 N. | | | | | | | RESEARCH BY MALIA |
| BROADWAY, SUITE 117 - BALTIMORE, | | | | | | | EDWARDS, PHD, ENTITLED: |
| , , , , , , , , , , , , , , , , , , , | 52-0595110 | 501(C)(3) | 180,000. | 0. | | | (M2020174) |
| | | | , | | | | MACULAR DEGENERATION |
| OKLAHOMA MEDICAL RESEARCH | | | | | | | RESEARCH BY WILLARD |
| FOUNDATION - 1200 CHILDRENS AVENUE | | | | | | | FREEMAN, PHD, ENTITLED: |
| - OKLAHOMA CITY, OK 73104 | 73-1563627 | 501(C)(3) | 185,000. | 0. | | | (M2020207) |

Schedule I (Form 990)

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|------------------------------------|----------------|-----------------|---------------|------------------------|---|---------------------|---------------------------|
| organization or government | | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| THE UNIVERSITY OF TEXAS HEALTH | | | | | | | MACULAR DEGENERATION |
| SCIENCE CENTER AT HOUSTON - 7000 | | | | | | | RESEARCH BY AMIR |
| FANNIN STREET | | | | | | | MOHSENIN, MD, PHD, |
| - HOUSTON, TX 77030 | 74-1761309 | 501(C)(3) | 185,000. | 0. | | | ENTITLED: (M2020216) |
| | | | | | | | MACULAR DEGENERATION |
| UNIVERSITY OF WASHINGTON | | | | | | | RESEARCH BY JENNIFER |
| 4333 BROOKLYN AVENUE, NE | | | | | | | CHAO, MD, PHD, ENTITLED: |
| SEATTLE, WA 98195 | 91-6001537 | 501(C)(3) | 185,000. | 0. | | | (M2020217) |
| THE RESEARCH FOUNDATION FOR SUNY | | | | | | | |
| ON BEHALF OF UNIVERSITY AT BUFFALO | | | | | | | MACULAR DEGENERATION |
| - 402 CROFTS HALL - BUFFALO, NY | | | | | | | RESEARCH BY AMY MILLEN, |
| 12207 | 14-1368361 | 501(C)(3) | 195,818. | 0. | | | PHD, ENTITLED: (M2020227) |
| | | | | | | | MACULAR DEGENERATION |
| UNIVERSITY OF CALIFORNIA DAVIS | | | | | | | RESEARCH BY GLENN YIU, |
| SCHOOL OF MEDICINE - ONE SHIELDS | | | | | | | MD, PHD, ENTITLED: |
| AVENUE - DAVIS, CA 95616 | 94-6036494 | 501(C)(3) | 185,000. | 0. | | | (M2020247) |
| | | | | | | | |
| THE NATIONAL INSTITUTES OF | | | | | | | MACULAR DEGENERATION |
| HEALTH/NATIONAL EYE INSTITUTE - 10 | | | | | | | RESEARCH BY KAPIL BHARTI, |
| CENTER DRIVE - BETHESDA, MD 20892 | 52-0858115 | 501(C)(3) | 180,000. | 0. | | | PHD, ENTITLED: (M2020258) |
| | | | | | | | MACULAR DEGENERATION |
| UNIVERSITY OF CALIFORNIA, IRVINE | | | | | | | RESEARCH BY DOROTA |
| 120 THEORY STREET, SUITE 200 | 05 0000400 | | 105 000 | | | | SKOWRONSKA-KRAWCZYK, PHD, |
| IRVINE, CA 92617 | 95-2226406 | 501(C)(3) | 185,000. | 0. | | | ENTITLED: (M2020271) |
| | | | | | | | MACULAR DEGENERATION |
| THE JACKSON LABORATORY | | | | | | | RESEARCH BY JURGEN |
| 600 MAIN STREET | 01 0011510 | 501 (2) (2) | 105 005 | _ | | | NAGGERT, MS, PHD, |
| BAR HARBOR, ME 04609 | 01-0211513 | 501(C)(3) | 185,000. | 0. | | | ENTITLED: (M2020284) |
| DD NEEMING ING | | | | | | | CONFEDENCE GUDDODE FOD |
| RD MEETING, INC. | | | | | | | CONFERENCE SUPPORT FOR |
| 5200 43 STREET, SUITE 102-279 | 94 1000001 | F01(0)(2) | 40.000 | • | | | INTERNATIONAL SYMPOSIA ON |
| GAINESVILLE, FL 32606 | 84-1992631 | DUT(C)(3) | 40,000. | 0. | | | RETINAL DEGENERATION |
| ARVO FOUNDATION FOR EYE RESEARCH | | | | | | | |
| 1801 ROCKVILLE PIKE, SUITE 400 | | | | | | | 2020 EYEFIND RESEARCH |
| ROCKVILLE, MD 20852 | 52-2322462 | 501(C)(3) | 10,000. | 0. | | | GRANT SPONSORSHIP |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|--------------------------|--|---|--|--|
| RVO FOUNDATION FOR EYE RESEARCH 801 ROCKVILLE PIKE, SUITE 400 OCKVILLE, MD 20852 | 52-2322462 | 501(C)(3) | 10,000. | 0. | | | 2020 TRAVEL GRANTS FOR CONFERENCE ATTENDEES |
| | | | | | | | |
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Schedule I (Form 990)

Schedule I (Form 990) (2019)

BRIGHTFOCUS FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information Provide the information re | uired in Part Llir | e 2: Part III. column | (b): and any other ac | ditional information | L |

PART I, LINE 2:

BRIGHTFOCUS INTERACTS WITH ALL GRANTEES AT LEAST QUARTERLY BY E-MAIL OR AT

SCIENTIFIC MEETINGS. IN ADDITION TO THESE INTERACTIONS, EACH GRANT

RECIPIENT IS REQUIRED TO SUBMIT SEPARATE DETAILED ANNUAL SCIENTIFIC

PROGRESS AND FINANCIAL REPORTS TO BRIGHTFOCUS. THESE ARE RECEIVED BY THE

BRIGHTFOCUS SCIENTIFIC AFFAIRS DEPARTMENT, AND REVIEWED BY SCIENTIFIC STAFF

WITH BROAD EXPERTISE, INCLUDING MOLECULAR BIOLOGY, CELL BIOLOGY,

BIOCHEMISTRY, AND GENETICS. SENIOR STAFF REVIEWS EACH PROGRESS REPORT AND

EVALUATES THE PROJECT FOR SUFFICIENT PROGRESS TOWARDS THE SPECIFIC AIMS

| Schedule I (Form 990) BRIGHTFOCUS FOUNDATION | 23-7337229 Page 2 |
|---|-------------------|
| Part IV Supplemental Information | |
| PROPOSED IN THE ORIGINAL APPLICATION OR ANY BUDGETARY CONCE | RNS. THIS EFFORT |
| IS SUPPORTED BY ADDITIONAL SCIENTIFIC COUNSEL FROM MEMBERS | OF THE |
| BRIGHTFOCUS SCIENTIFIC REVIEW COMMITTEES, WHEN REQUIRED. IN | ADDITION TO |
| STATEMENTS OF EXPERIMENTAL PROGRESS, ALL GRANTEES ARE ASKED | TO REPORT ANY |
| TECHNICAL PUBLICATIONS, MEDIA REPORTS, OR PATENT APPLICATIO | NS IN WHICH |
| BRIGHTFOCUS-SPONSORED RESEARCH IS DESCRIBED. IF SIGNIFICANT | CONCERNS |
| RELATED TO PROGRESS ON THE AWARDS ARE DISCOVERED, AND NOT R | ESOLVED AFTER |
| INTERACTION WITH THE AWARD GRANTEE, THE BRIGHTFOCUS STAFF R | ECOMMENDS |
| APPROPRIATE ACTIONS TO THE CHAIR OF THE BOARD OF DIRECTORS | SCIENTIFIC |
| AFFAIRS COMMITTEE. IN ACCORDANCE WITH THE GRANT AGREEMENT T | ERMS AND |
| CONDITIONS, BRIGHTFOCUS MAY WITHHOLD FUNDING, OR DISCONTINU | E AN AWARD, FOR |
| ANY GRANTEE THAT FAILS TO ACHIEVE SUFFICIENT PROGRESS OR SU | BMIT REQUIRED |
| REPORTS. | |
| | |

AT THE CONCLUSION OF THE GRANT AWARD PERIOD, EACH GRANTEE MUST COMPLETE AND SUBMIT A FINAL REPORT THAT IS ALSO REVIEWED BY THE BRIGHTFOCUS SENIOR SCIENTIFIC STAFF. EVALUATION OF THE WORK OF EACH GRANTEE IS QUALITATIVELY AND QUANTITATIVELY ASSESSED THROUGH VARIOUS METRICS RELATED TO THE IMPACT OF THE GRANT ON ITS TARGETED DISEASE FIELD. SUCH IMPACT METRICS HAVE REVEALED THAT 95% OF BRIGHTFOCUS-SUPPORTED RESEARCH RESULTS IN RESEARCH PUBLICATIONS THAT ADVANCE THE FIELDS SERVED BY BRIGHTFOCUS. THIS IMPACT IS FURTHER SUPPORTED BY ANNUAL CATEGORY NORMALIZED CITATION IMPACT ANALYSIS THAT COMPARES BRIGHTFOCUS-SUPPORTED WORKS TO AN UNBIASED COMPARISON OF IMPACT PERFORMANCE VERSUS THE WORLD AVERAGE. BRIGHTFOCUS-SUPPORTED PUBLICATIONS WERE RECENTLY CITED AT 2 TIMES THE FREQUENCY OF THE WORLD AVERAGE. A FINAL EXAMPLE OF IMPACT ASSESSMENT REVEALED THAT THE SUCCESSES OF BRIGHTFOCUS GRANTEES CONTINUE LONG AFTER THE GRANT EXPIRES. ON AVERAGE, EACH GRANTEE RECEIVES ADDITIONAL GRANTS FOR FOLLOW-ON PROJECTS SPAWNED BY Schedule I (Form 990) 932291 04-01-19

THE BRIGHTFOCUS GRANT, WITH VALUES UP TO 10 TIMES THE LEVEL OF THE INITIAL BRIGHTFOCUS INVESTMENT.

BRIGHTFOCUS SOLICITS FEEDBACK FROM ITS GRANTEES, AND PROVIDES AN ANONYMOUS FORUM FOR COLLECTING SUCH INFORMATION. THROUGH THE BRIGHTFOCUS FOUNDATION WEBSITE AND WITHIN THE SCIENTIFIC PROGRESS REPORTS, THERE ARE DESIGNATED SECTIONS WHERE AWARDEES ARE ASKED TO PROVIDE FEEDBACK TO THE FOUNDATION. THROUGH THIS MECHANISM, THEY ARE GIVEN THE ABILITY TO ANONYMOUSLY PROVIDE FEEDBACK OR COMMUNICATE THEIR CONCERNS TO PROGRAM STAFF OR THE BRIGHTFOCUS' COMPLIANCE OFFICE. ANY SUGGESTIONS, CONCERNS, COMPLAINTS, OR POSITIVE EXPERIENCES CAN BE OUTLINED AND BROUGHT TO THE ATTENTION OF BRIGHTFOCUS IN THIS MANNER, SO THAT BRIGHTFOCUS CAN ADDRESS ANY AREAS NEEDING IMPROVEMENT, REAFFIRM PRAISE-WORTHY POLICIES, OR OTHERWISE ASSESS NEEDS FOR PROGRAMMATIC CHANGE. THE SENIOR LEADERSHIP PRESENTS AND SUMMARIZES THE STATUS AND PROGRESS ON GRANTS TO THE BRIGHTFOCUS BOARD OF DIRECTORS AT EACH OF THEIR QUARTERLY BOARD MEETINGS.

Schedule I (Form 990)

932291 04-01-19

| SC | CHEDULE J Compensation Information | | | | | | | | | |
|------|--|--|------------|--------------|--------|--------|--|--|--|--|
| (Fo | rm 990) | - For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 10 | | | | | |
| | | Compensated Employees | | 20 | IJ | J | | | | |
| Dene | terent of the Treesury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic | | | | |
| | tment of the Treasury al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | | | | | |
| Nam | e of the organization | 1 | Employer i | | | mber | | | | |
| | | BRIGHTFOCUS FOUNDATION | 23-7 | 733722 | 9 | | | | | |
| Pa | rt I Question | s Regarding Compensation | | | | | | | | |
| | | | | | Yes | No | | | | |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | | |
| | First-class or c | harter travel Housing allowance or residence for perso | nal use | | | | | | | |
| | Travel for com | panions Payments for business use of personal res | sidence | | | | | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee | S | | | | | | | |
| | Discretionary s | spending account Personal services (such as maid, chauffer | ır, chef) | | | | | | | |
| | | | | | | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | | | |
| _ | | rovision of all of the expenses described above? If "No," complete Part III to explain | | <u>1b</u> | | | | | | |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | | | |
| ~ | | | | | | | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization's | | | | | | | | |
| | | ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Foundation Directory had any later to the set of the organization of the organiz | on to | | | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | | | | | |
| | X Compensation committee Written employment contract X Independent compensation consultant X | | | | | | | | | |
| | | | | | | | | | | |
| | X Form 990 of o | ther organizations X Approval by the board or compensation c | ommittee | | | | | | | |
| 4 | During the year dia | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | | | |
| 4 | organization or a re | | | | | | | | | |
| а | - | - | | 4a | | x | | | | |
| b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | | | | | | |
| | c Participate in, or receive payment from, an equity-based compensation arrangement? | | | | | | | | | |
| Ŭ | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | |
| | | | | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | |
| 5 | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | | | | |
| | contingent on the r | | | | | | | | | |
| а | - | ganization? | | | | | | | | |
| | | Any related organization? | | | | | | | | |
| | | r 5b, describe in Part III. | | | | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | | | | |
| | contingent on the n | | | | | | | | | |
| а | The organization? | - | | 6a | | X | | | | |
| | | ation? | | | | X | | | | |
| | | r 6b, describe in Part III. | | | | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | 7 | Х | | | | | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | ie | | | | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X | | | | |
| 9 | If "Yes" on line 8, d | d the organization also follow the rebuttable presumption procedure described in | | | | | | | | |
| | | 53.4958-6(c)? | | 9 | | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Scheo | lule J (Forr | n 990) |) 2019 | | | | |

932111 10-21-19



23-7337229

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in column (B) |
|-------------------------------|------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) STACY PAGOS HALLER | (i) | 368,294. | 45,000. | 2,802. | 24,750. | 38,652. | 479,498. | 0. |
| PRESIDENT/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) NANCY LYNN | (i) | 238,037. | 2,100. | 1,032. | 18,133. | 32,600. | 291,902. | 0. |
| SR. VP STRATEGIC PARTNERSHIPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) R. BRIAN ELDERTON | (i) | 230,713. | 0. | 1,584. | 21,327. | 25,255. | 278,879. | 0. |
| SR. VP, DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DAVID F. MARKS, CPA, CMA | (i) | 158,558. | 3,000. | 1,584. | 15,614. | 43,871. | 222,627. | 0. |
| VP, FINANCE & ADMINISTRATION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DIANE BOVENKAMP, PHD | (i) | 165,654. | 2,400. | 360. | 15,125. | 4,066. | 187,605. | 0. |
| VP, SCIENTIFIC AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MICHAEL BUCKLEY | (i) | 156,830. | 2,250. | 552. | 14,317. | 3,549. | 177,498. | 0. |
| VP, PUBLIC AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

AS THE PRESIDENT/CEO'S BONUS WAS NOT A FIXED PAYMENT SPECIFIED IN HER

EMPLOYMENT CONTRACT, THIS ITEM HAS BEEN ANSWERED 'YES' IN ACCORDANCE WITH

THE INTERNAL REVENUE SERVICE INSTRUCTIONS. HOWEVER, IT SHOULD BE NOTED THAT

HER BONUS WAS A NON-FIXED PAYMENT BASED ON BRIGHTFOCUS' INTERNAL

PROCEDURES.

THE BOARD OF DIRECTORS CONSIDERS THE AWARD OF A DISCRETIONARY BONUS EACH

YEAR. THE DETERMINATION OF THE BONUS COMPENSATION IS CAPPED AS SPECIFIED IN

HER EMPLOYMENT CONTRACT, AND IF NOT WARRANTED WILL NOT BE AWARDED AT ALL.

THE DETERMINATION IS MADE BY THE FULL BOARD UPON RECOMMENDATION OF ITS

EXECUTIVE COMMITTEE THAT IS RESPONSIBLE FOR THE REVIEW OF PRESIDENT/CEO

COMPENSATION. THE COMMITTEE CONSIDERS A SET OF GOALS FOR THE

PRESIDENT/CEO'S PERFORMANCE DEVELOPED AT THE BEGINNING OF THE YEAR IN

CONSULTATION WITH THE PRESIDENT/CEO. EACH GOAL IS EVALUATED AT THE END OF

THE FISCAL YEAR TO DETERMINE WHETHER THE GOAL HAS BEEN MET OR EXCEEDED.

THE BONUS IS AWARDED BASED ON A DETAILED REVIEW BY THE BOARD OF DIRECTORS

OF WHETHER EACH GOAL HAS BEEN MET OR EXCEEDED.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

| 2019 |
|----------------|
| Open to Public |

| BRIGHTFOCUS | FOIINDATION |
|-------------|-------------|

| Employer | identification nu | mber |
|----------|-------------------|------|
| | | |

| | BRIGHTFOCUS | FOUNDA' | TION | | 23-7 | 337 | 229 | |
|-----|--|--------------------------------------|---|--|---|---------|-----|-----|
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermin | | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 23 | 114,952. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other \ldots | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other ► () | | | | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other 🕨 () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation during | g the tax year for co | ontributions | | | | |
| | for which the organization completed Form 828 | 83, Part IV, [| Donee Acknowledg | gement 29 | | | Yes | No |
| 30a | During the year, did the organization receive by | , contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | 103 | 140 |
| | must hold for at least three years from the date | | ••••• | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | quires the review o | of any nonstandard contribut | ions? | 31 | х | |
| | Does the organization hire or use third parties of | | | • | | | | |
| | contributions? | | - | | | 32a | | х |
| | | | | | | | | _ |

b If "Yes," describe in Part II.

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|-----|--|
| | Tor Taper work neurous an Act Notice, see the instructions for Form 550. |

Schedule M (Form 990) 2019

932141 09-27-19



| Part II | Supple | mental | Information Drov | vide the information rec |
|----------|-------------|--------|------------------|--------------------------|
| Schedule | M (Form 990 |) 2019 | BRIGHTFOCUS | 5 FOUNDATION |

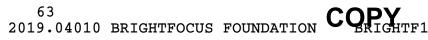
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

BRIGHTFOCUS REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

Schedule M (Form 990) 2019

932142 09-27-19



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

19 Open to Public Inspection Employer identification number 23-7337229

OMB No. 1545-0047

BRIGHTFOCUS FOUNDATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BRIGHTFOCUS FUNDS EXCEPTIONAL SCIENTIFIC RESEARCH WORLDWIDE TO DEFEAT

ALZHEIMER'S DISEASE, MACULAR DEGENERATION, AND GLAUCOMA AND PROVIDES

EXPERT INFORMATION ON THESE HEARTBREAKING DISEASES. OUR VISION IS: A

WORLD FREE FROM DISEASES OF MIND AND SIGHT. COLLECTIVELY, 1 IN 16

PEOPLE OVER THE AGE OF 40 IN THE U.S. HAS ONE OF THESE DISEASES.

BRIGHTFOCUS HAS A PROVEN TRACK RECORD OF SUPPORTING THE MOST

INNOVATIVE, EARLY-STAGE RESEARCH SEEKING BETTER UNDERSTANDING

TREATMENTS, OR, ULTIMATELY, A CURE FOR THESE DISEASES. SINCE 1973,

BRIGHTFOCUS HAS AWARDED MORE THAN \$224 MILLION IN RESEARCH GRANTS TO

THOUSANDS OF SCIENTISTS AROUND THE WORLD. OUR RESEARCH FUNDING HAS LED

TO MAJOR CONTRIBUTIONS TO THE UNDERSTANDING OF THESE DISEASES AND

SUPPORT FOR SCIENTISTS WHO HAVE RECEIVED PRESTIGIOUS AWARDS, INCLUDING

AN INDICATOR OF OUR ABILITY TO PUSH NEW BOUNDARIES TWO NOBEL PRIZES.

OF KNOWLEDGE IS THAT BRIGHTFOCUS-SUPPORTED RESEARCH WAS RECENTLY FOUND

TO HAVE HAD TWICE THE IMPACT ON DRIVING FUTURE SCIENCE THAN WORK

SUPPORTED BY MANY OTHER ORGANIZATIONS.

THE WORLD-CLASS RESEARCH IDENTIFIED AND SUPPORTED BY BRIGHTFOCUS IS ON THE CUTTING-EDGE OF THE FIGHT TO SAVE MIND AND SIGHT. OUR FUNDING ACTS AS A CATALYST IN EARLY-STAGE RESEARCH. THE BRIGHTFOCUS RESEARCH PROGRAMS ARE DESIGNED TO PROVIDE INITIAL FUNDING FOR HIGHLY INNOVATIVE EXPERIMENTAL IDEAS. DUE TO THE STRUCTURED GRANT REVIEW AND APPROVAL THE RESEARCH IMPACT OF BRIGHTFOCUS IS VERY HIGH. MOST PROCESS, RECIPIENTS OF BRIGHTFOCUS FUNDING GO ON TO RECEIVE FUTURE GRANTS FROM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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| BRIGHTFOCUS FOUNDATION | 23-7337229 |
| | |
| OTHER SOURCES THAT ARE 10 TIMES LARGER THAN THE ORIGINAL B | RIGHTFOCUS |
| | |
| AWARD. THIS HIGH RETURN ON BRIGHTFOCUS INVESTMENT SPEAKS T | O OUR ABILITY |
| | |
| TO IDENTIFY PROMISING RESEARCH IN ITS EARLIEST STAGES AND | SPAWN FUTURE |
| | |
| SCIENTIFIC DISCOVERIES, IT IS OUR FIRM BELIEF THAT HAVING | THE COURAGE |
| | |
| TO INVEST IN INNOVATIVE IDEAS WILL LEAD TO REVOLUTIONARY A | DDROACHES AND |
| TO INVEST IN INNOVATIVE IDEAD WITH HEAD TO REVOLUTIONARY A | I ROACHED AND |
| | |
| LIFE-SAVING BREAKTHROUGHS. | |

ALONG WITH FUNDING CUTTING-EDGE RESEARCH TO FIND CURES TO SOME OF SOCIETY'S COSTLIEST DISEASES, BRIGHTFOCUS ALSO PROVIDES FREE EDUCATIONAL MATERIALS AND SUPPORT TO HUNDREDS OF THOUSANDS OF PATIENTS AND FAMILIES AFFECTED BY THESE DISEASES NATIONWIDE. WE ROOT THESE EDUCATIONAL MATERIALS IN THE LATEST RESEARCH FINDINGS. BRIGHTFOCUS INCREASES PUBLIC AWARENESS OF ALZHEIMER'S, MACULAR DEGENERATION, AND GLAUCOMA, AND COMMUNICATES WITH THOUGHT LEADERS AND ELECTED OFFICIALS ABOUT THE IMPORTANCE OF SCIENTIFIC RESEARCH IN THESE AREAS.

BRIGHTFOCUS' AWARD-WINNING PUBLIC SERVICE ANNOUNCEMENTS (PSA) HAVE APPEARED ON TELEVISION, RADIO, AND IN PRINT THROUGHOUT THE NATION. THE IMPACT OF ALZHEIMER'S. MAKE A PLAN TODAY: GET YOUR EYES CHECKED AND NOW IS THE MOMENT TO STOP ALZHEIMER'S DISEASE POWERFULLY SEEK TO RAISE AWARENESS AND EARLY DETECTION, AND SIMILAR MESSAGES HAVE BEEN DELIVERED THROUGH DONATED PRINT PSA SPACE IN AIRPORTS AND TRAIN STATIONS, AS WELL AS AT PHARMACIES, AND SUPERMARKETS AND ON LINE. IN FISCAL YEAR 2020, THESE PSA MESSAGES GENERATED \$16,266,962 IN DONATED MEDIA SERVICES AND GARNERED OVER 960 MILLION IMPRESSIONS.

SINCE 2014, THE BRIGHTFOCUS CHATS HAVE BROUGHT TOGETHER PATIENTS AND CAREGIVERS FOR FREE, INTERACTIVE MONTHLY TELEPHONE FORUMS TO LEARN 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 65 21490729 150872 BRIGHTFOCUS SOUNDATION

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| FROM, AND ASK QUESTIONS OF, LEADING RESEARCHERS AND SPECIAL | LISTS ON |
| VISION DISEASES. THE CHATS ARE ARCHIVED ON OUR WEB SITE, WI | ITH AUDIO AND |

WE CONTINUE TO INCREASE OUR PRINT PUBLICATIONS, MANY IN SPANISH, THAT PROVIDE HELPFUL INFORMATION TO PATIENTS AND CAREGIVERS, AND REGULARLY UNVEIL NEW VIDEO AND AUDIO RESOURCES IN CONJUNCTION WITH ALLIES IN THE MEDICAL AND SCIENTIFIC COMMUNITIES.

PRINT TRANSCRIPTS AVAILABLE IN A NUMBER OF ACCESSIBLE FORMATS.

PARTNERING WITH SEVERAL HIGH-PROFILE PUBLIC AND PRIVATE ORGANIZATIONS, BRIGHTFOCUS IS HELPING BETTER EDUCATE THE PUBLIC ON THE IMPORTANCE OF PARTICIPATION IN CLINICAL RESEARCH AS A WAY TO ACCELERATE THE PATH TO CURES FOR NEURODEGENERATIVE DISEASES.

SPECIFICALLY, BRIGHTFOCUS IS A PRESENTATION PARTNER FOR TURNING POINT, A DOCUMENTARY ON THE SCIENTISTS AND CLINICAL TRIAL VOLUNTEERS WORKING TO DEVELOP A NEW ALZHEIMER'S MEDICATION. BRIGHTFOCUS IS HELPING THE FILM BE SHOWN IN COMMUNITY SETTINGS ACROSS THE COUNTRY TO INCREASE THE AWARENESS OF, AND PARTICIPATION IN, ALZHEIMER'S CLINICAL RESEARCH.

WE HAVE EXPANDED OUR WRITTEN CONTENT OF KEY RESEARCH FINDINGS,

PROMOTING AND SHARING THIS INFORMATION THROUGH OUR WEB SITE AND SOCIAL

MEDIA PLATFORMS. CAPITALIZING ON EMERGING USE OF DATA VISUALIZATION,

OUR BRIGHTFOCUS INFOGRAPHICS EASILY AND VISUALLY COMMUNICATE

INFORMATION ON ALZHEIMER'S, MACULAR DEGENERATION, AND GLAUCOMA. IN THE

SPRING OF 2020, WE LAUNCHED A FULL SECTION OF OUR WEBSITE DEDICATED TO

SHARING EXCLUSIVE CONTENT ON COVID-19 FOR FAMILIES IMPACTED BY DISEASES

OF MIND AND SIGHT.

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MORE SPECIFICALLY, EACH OF THESE PROGRAM AREAS MAIL AWARENESS-RAISING

MATERIALS TO HUNDREDS OF THOUSANDS OF HOUSEHOLDS, WITH MESSAGES

FOCUSING ON:

- RISK FACTORS AND SYMPTOM RECOGNITION THROUGH PUBLIC AWARENESS AND

STEPS THE PUBLIC SHOULD TAKE THAT MAY HELP REDUCE THEIR RISK.

- LIFESTYLE CHOICES THAT PROMOTE GOOD HEALTH, ENCOURAGING READERS TO

TAKE ACTION TO REDUCE THE LIKELIHOOD OF THE ONSET OF THE DISEASE.

- RESEARCH RESULTS AND TREATMENTS AVAILABLE TO ADDRESS THE DISEASE.

BRIGHTFOCUS REGULARLY INTERACTS WITH ADVOCACY ORGANIZATIONS,

GOVERNMENTS AT ALL LEVELS, AND MEMBERS OF THE MEDIA TO CALL GREATER

ATTENTION TO DISEASES OF MIND AND SIGHT AND SHARE THE LATEST RESEARCH

AND BEST PRACTICES WITH THE PUBLIC FIGURES AND KEY STAKEHOLDERS.

THROUGH OUR OWN OUTREACH EFFORTS, AS WELL AS ACTIVE ROLES IN ADVOCACY

COALITIONS, WE HELP ADVANCE THE CAUSE OF PIONEERING SCIENCE AND BETTER

POSITION BRIGHTFOCUS AS A RESOURCE FOR THOSE STRUGGLING WITH, AND

SEARCHING FOR CURES FOR, THESE TERRIBLE DISEASES.

BRIGHTFOCUS IS THE PRESENTING SPONSOR OF THE HELEN KELLER PRIZE FOR VISION RESEARCH, ONE OF THE MOST PRESTIGIOUS RECOGNITIONS IN THE FIELD. SELECTED BY A PANEL OF THE WORLD'S FOREMOST VISION SCIENTISTS, EACH YEAR'S LAUREATE IS HONORED FOR A GROUNDBREAKING CONTRIBUTION OR DISCOVERY TO SAVE SIGHT. BRIGHTFOCUS BEGAN ITS SPONSORSHIP IN 2015 TO CALL GREATER ATTENTION TO VISION RESEARCH ACROSS THE PRIVATE AND PUBLIC SECTORS.

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|--|---|
| FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERV | ICE: |
| NOTABLE PROJECTS INCLUDE: USING THE EYE TO DETECT DEMENT | IA; LIFESTYLE |
| EFFECTS ON RISK OF ALZHEIMER'S; DRUG DISCOVERY; MOLECULA | R AND DIGITAL |
| BIOMARKERS; THE ROLE OF INFLAMMATION IN DISEASE RISK; SC | IENTIFIC |
| EXCHANGES; AND BETTER USE OF MODERN TECHNOLOGIES, INCLUD | ING MOBILE |
| TECHNOLOGIES AND BIG DATA, TO INCREASE THE SPEED OF CLIN | ICAL TRIALS AND |
| RESEARCH PROGRESS. ADDITIONAL INFORMATION ABOUT SPECIFIC | PROJECTS IS |
| INCLUDED IN SCHEDULES F & I. | |
| | |

BRIGHTFOCUS IS HONORED TO HAVE SUPPORTED THE EARLY RESEARCH OF TWO NOBEL PRIZE WINNERS: DR. STANLEY PRUSINER AND DR. PAUL GREENGARD, WHOSE WORK HAS BEEN INSTRUMENTAL TO OUR CURRENT UNDERSTANDING OF ALZHEIMER'S DISEASE.

BRIGHTFOCUS CONTINUES ITS PARTNERSHIP WITH THE ACADEMIC JOURNAL "MOLECULAR NEURODEGENERATION" AS THE OFFICIAL JOURNAL OF THE BRIGHTFOCUS FOUNDATION. THE JOURNAL PUBLISHES TECHNICAL PAPERS RELATED TO NEURODEGENERATION IN THE THREE DISEASE AREAS. TO ACCELERATE SCIENTIFIC PROGRESS, IT IS AN "OPEN ACCESS" JOURNAL, AND ALL CONTENT IS FREE OF CHARGE. THIS OPEN ACCESS ENSURES MAXIMAL REACH OF JOURNAL CONTENTS TO SCIENTISTS AND CARE PROVIDERS WORLDWIDE. MOLECULAR NEURODEGENERATION IS CURRENTLY THE HIGHEST IMPACT OPEN ACCESS JOURNAL IN THE NEUROSCIENCES.

IN ADDITION TO SUPPORTING CUTTING-EDGE RESEARCH, ALZHEIMER'S DISEASE RESEARCH PROVIDES EXCELLENT RESOURCES ON DETECTING, TREATING, AND LIVING WITH THE DISEASE. THESE ARE AVAILABLE IN BOTH PRINT AS WELL AS ON OUR WEBSITE, WWW.BRIGHTFOCUS.ORG. ALZHEIMER'S DISEASE IS THE ONLY Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 68 2019.04010 BRIGHTFOCUS FOUNDATION COPY

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| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
|--|---|
| CAUSE OF DEATH AMONG THE TOP 10 IN AMERICA WITHOUT A WAY | TO PREVENT, |
| CURE, OR EVEN SLOW ITS PROGRESSION. IT IS AN IRREVERSIBLE | DEGENERATION |
| OF THE BRAIN THAT CAUSES DISRUPTIONS IN MEMORY, COGNITION | , PERSONALITY, |
| AND OTHER FUNCTIONS AND INEVITABLY LEADS TO DEATH. AN EST | IMATED 5.5 |
| MILLION AMERICANS HAVE ALZHEIMER'S DISEASE, ABOUT TWO-THI | RDS ARE WOMEN. |
| | |
| FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVIC | CE: |
| DURING THE FISCAL YEAR ENDING MARCH 31, 2020, MDR AWARDED | \$3,500,818 IN |
| | |

PEER-REVIEWED GRANT AWARDS TO 19 NEW RESEARCH PROJECTS, WITH 3

ADDITIONAL SCIENTIFIC PROJECTS THAT TAKE THE TOTAL FUNDING TO

\$3,560,818. DETAILS ABOUT SPECIFIC PROJECTS ARE INCLUDED IN SCHEDULES F & I.

IN ADDITION TO SUPPORTING CUTTING-EDGE RESEARCH, MACULAR DEGENERATION RESEARCH PROVIDES EXCELLENT RESOURCES ON DETECTING, TREATING, AND LIVING WITH THIS DISEASE. THESE ARE AVAILABLE IN BOTH PRINT AS WELL AS ON OUR WEBSITE, WWW.BRIGHTFOCUS.ORG. AGE-RELATED MACULAR DEGENERATION IS A LEADING CAUSE OF VISION LOSS IN THE UNITED STATES. IT DESTROYS THE MACULA, THE PART OF THE EYE THAT PROVIDES SHARP, CENTRAL VISION NEEDED FOR SEEING OBJECTS CLEARLY. THE MOST COMMON EYE CONDITION IN PEOPLE AGE 60 AND OLDER, IT CAN LEAD TO VISION LOSS IN ONE OR BOTH EYES, MAKING IT DIFFICULT TO RECOGNIZE FACES, DRIVE A CAR, OR READ.

 FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

 DURING THE FISCAL YEAR ENDING MARCH 31, 2020, NGR AWARDED \$3,079,573 IN

 PEER-REVIEWED GRANT AWARDS FOR 17 NEW PROJECTS AND ONE OTHER SCIENTIFIC

 AWARD TO MAKE A TOTAL OF \$3,082,073 IN FUNDING. DETAILS ABOUT SPECIFIC

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PROJECTS ARE INCLUDED IN SCHEDULES F & I.

IN ADDITION TO SUPPORTING CUTTING-EDGE RESEARCH, NATIONAL GLAUCOMA RESEARCH PROVIDES EXCELLENT RESOURCES ON DETECTING, TREATING, AND LIVING WITH THE DISEASE. THESE ARE AVAILABLE IN BOTH PRINT AS WELL AS ON OUR WEBSITE, WWW.BRIGHTFOCUS.ORG. GLAUCOMA IS A GROUP OF DISEASES THAT DAMAGE THE EYE'S OPTIC NERVE AND CAN RESULT IN VISION LOSS AND PERMANENT BLINDNESS. MORE THAN 3 MILLION AMERICANS AGE 40 AND OLDER HAVE GLAUCOMA. MORE THAN 60 MILLION PEOPLE IN THE WORLD HAVE THE DISEASE. WITH EARLY DETECTION AND TREATMENT, GLAUCOMA OFTEN CAN BE MANAGED TO PROTECT EYES FROM MORE SERIOUS VISION LOSS, BUT IT IS ESTIMATED THAT ONLY HALF OF THE PEOPLE LIVING WITH GLAUCOMA ARE AWARE THAT THEY HAVE THE DISEASE.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FEDERAL FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO BEING SUBMITTED TO THE INTERNAL REVENUE SERVICE. THE DRAFT FEDERAL FORM 990 IS DISTRIBUTED EARLY ENOUGH TO PROVIDE EACH COMMITTEE MEMBER WITH A REASONABLE AMOUNT OF TIME FOR REVIEW AND SUBMISSION OF QUESTIONS OR COMMENTS PRIOR TO THE FILING DEADLINE. THE FINAL FEDERAL FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE. THE DRAFT OR FINAL FEDERAL FORM 990 MAY BE DISTRIBUTED IN PERSON, BY REGULAR MAIL, E-MAIL, OR FAX.

FORM 990, PART VI, SECTION B, LINE 12C: BRIGHTFOCUS HAS ALL EMPLOYEES, OFFICERS, AND DIRECTORS AGREE TO THE CODE OF CONDUCT THAT INCLUDES ADHERENCE TO THE CONFLICT OF INTEREST AND IMPLEMENTATION POLICY. EACH BOARD DIRECTOR, OFFICER, AND EMPLOYEE IS 932212 09-06-19 TO CODY

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| | | | |
| REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STAY | TEMENT ANNAUALLY. | | |

EMPLOYEES MEET ANNUALLY WITH THE BRIGHTFOCUS' CHIEF COMPLIANCE OFFICER TO REVIEW THEIR CONFLICT OF INTEREST STATEMENTS, AND GIVE AN ANNUAL CONFLICT OF INTEREST COMPLIANCE REPORT TO THE BOARD CHAIR AND VICE CHAIR. IF A CONFLICT IS REPORTED, IT IS THEN REFERRED TO THE PRESIDENT/CEO AND/OR BRIGHTFOCUS' LEGAL COUNSEL AND, IF APPROPRIATE AND NECESSARY, THEN TO THE BOARD OF DIRECTORS OR ITS APPOINTED COMMITTEE FOR FURTHER ACTION.

THE DIRECTOR'S AND OFFICER'S STATEMENTS ARE REVIEWED BY THE BRIGHTFOCUS LEGAL COUNSEL. IF A CONFLICT IS REPORTED, IT IS THEN REFERRED TO THE BOARD OF DIRECTORS OR ITS APPOINTED COMMITTEE FOR FURTHER ACTION.

AT THE TIME OF THE BRIGHTFOCUS DISCUSSION AND DECISION CONCERNING A CONFLICT OF INTEREST, THE CONFLICTED PARTY IS NOT PRESENT IN THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

BRIGHTFOCUS' BOARD OF DIRECTORS HAS OVERALL AUTHORITY AND RESPONSIBILITY FOR APPROVING THE ANNUAL BUDGET WHICH INCLUDES SALARY AND BENEFITS FOR ALL EMPLOYEES AT EVERY LEVEL INCLUDING NON-DIRECTOR OFFICERS AND KEY EMPLOYEES. ALL PAY ADJUSTMENTS ARE MADE ON A YEARLY BASIS EFFECTIVE APRIL 1ST, THE BEGINNING OF THE BRIGHTFOCUS FISCAL YEAR.

BEFORE APPROVING THE COMPENSATION OF THE PRESIDENT/CEO, THE BOARD DETERMINES THE TOTAL COMPENSATION TO BE PROVIDED BY BRIGHTFOCUS TO THE PRESIDENT/CEO IS REASONABLE IN LIGHT OF THE POSITION, RESPONSIBILITY AND QUALIFICATION OF THE POSITION HELD INCLUDING THE RESULT OF AN EVALUATION OF PRIOR PERFORMANCE FOR BRIGHTFOCUS, IF APPLICABLE. THE PRESIDENT/CEO IS Schedule O (Form 990 or 990-EZ) (2019) 71 21490729 150872 BRIGHTFOCUS

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| | |
| EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS THROUGH THE U | ISE OF AN IN-DEPTH |
| GOAL ATTAINMENT STRUCTURE, (DEVELOPED WITH ADVICE FROM BOA | RD SOURCE) THAT |
| INCLUDES A SELF ASSESSMENT AND A BOARD OF DIRECTORS ASSESS | MENT AND |
| EVALUATION AGAINST SET GOALS, OUTCOMES AND DELIVERABLES. I | N ADDITION, THE |
| BOARD OF DIRECTORS PERIODICALLY ENGAGES AN OUTSIDE CONSULT | ANT TO OBTAIN AND |
| CONSIDER APPROPRIATE DATA, INCLUDING A SALARY SURVEY, WHIC | H INCLUDES |
| INFORMATION COMPILED FROM THE FEDERAL FORM 990 OF OTHER OR | GANIZATIONS, |
| CONCERNING COMPENSATION PAID TO CEOS IN LIKE CIRCUMSTANCES | . IN MAKING THE |
| DETERMINATION, THE BOARD OF DIRECTORS SHALL CONSIDER TOTAL | COMPENSATION TO |
| INCLUDE THE SALARY AND VALUE OF ALL BENEFITS PROVIDED BY E | RIGHTFOCUS TO THE |
| INDIVIDUAL IN PAYMENT FOR SERVICES. AT THE TIME OF THE BRI | GHTFOCUS BOARD |
| DISCUSSION AND DECISION CONCERNING THE PRESIDENT/CEO'S COM | IPENSATION, THE |
| PRESIDENT/CEO IS NOT PRESENT IN THE MEETING. | |

THE BOARD SHALL SET FORTH THE BASIS FOR ITS DECISIONS WITH RESPECT TO COMPENSATION IN THE MINUTES OF THE MEETING AT WHICH THE DECISIONS ARE MADE, INCLUDING THE CONCLUSIONS OF THE EVALUATION AND THE BASIS FOR DETERMINING THAT THE INDIVIDUAL'S COMPENSATION WAS REASONABLE IN LIGHT OF THE EVALUATION AND COMPARABILITY DATA.

THE PRESIDENT/CEO IS CHARGED WITH THE SETTING OF SALARIES OF ALL OTHER EMPLOYEES IN ACCORDANCE WITH A COMPENSATION STRUCTURE AND BUDGET APPROVED BY THE BOARD OF DIRECTORS. THE PRESIDENT/CEO AND HUMAN RESOURCES REVIEW EMPLOYEE COMPENSATION AND BENEFITS THAT INCLUDE KEY EMPLOYEES, BY PERIODICALLY ENGAGING AN OUTSIDE CONSULTANT TO CONDUCT COMPENSATION AND BENEFIT BENCHMARKING STUDIES THAT INCLUDE VARIOUS REGIONAL AND NATIONAL NON-PROFIT COMPENSATION REPORTS AND SURVEYS. COMPENSATION DELIBERATIONS AND DECISIONS INCLUDE THE REVIEW OF SELF AND SUPERVISORY EVALUATIONS OF Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 72 2019.04010 BRIGHTFOCUS FOUNDATION COPY

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| | |

EMPLOYEE PERFORMANCE COMPARED TO SET INDIVIDUAL AND ORGANIZATIONAL GOALS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

BRIGHTFOCUS MAKES ITS GOVERNING DOCUMENTS INCLUDING ITS ARTICLES OF INCORPORATION AND BYLAWS, THE FEDERAL FORM 1023, THE 501(C)(3) LETTER OF DETERMINATION FROM THE INTERNAL REVENUE SERVICE, CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE PUBLIC ALSO HAS ACCESS TO THE ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, THE 501(C)(3) LETTER OF DETERMINATION FROM THE INTERNAL REVENUE SERVICE, AND FEDERAL FORM 990 ON OUR WEBSITE.

| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
|---|-----------|
| RECOVERIES OF PRIOR YEAR GRANTS | 233,154. |
| CHANGE IN PRESENT VALUE OF GRANTS | -290,798. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -57,644. |

SCHEDULE F, PART II, LINE 1, COLUMN D:

| REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY |
|--|
| JINGHUI LUO, PHD, ENTITLED: (A20201759S) STRUCTURE DETERMINATION OF |
| ALZHEIMER AND PARKINSON ASSOCIATED OLIGOMERS IN LIPIDIC CUBIC PHASE. |
| INVESTIGATORS SUMMARY: IN DISEASES SUCH AS ALZHEIMER'S AND PARKINSON'S, |
| TOXIC PROTEIN LUMPS FORM HOLES IN THEM NERVE CELLS. I WANT TO DISCOVER |
| HOW THOSE LUMPS ASSEMBLE AT ATOMIC RESOLUTION. GRANT AWARDED: \$100,000, |
| PAUL SCHERRER INSTITUTE, VILLIGEN, SWITZERLAND. FOR MORE INFORMATION, |
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VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201759S.

REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY LUCIA CHAVEZ-GUTIERREZ, PHD, ENTITLED: (A20201828S) NANOBODIES STABILIZING GAMMA SECRETASE-APP INTERACTIONS AS NOVEL THERAPEUTICS FOR ALZHEIMER'S. INVESTIGATORS SUMMARY: THE MOLECULAR MACHINERY THAT PRODUCES HARMFUL MATERIAL (AMYLOID BETA) IN THE BRAIN OF PEOPLE AFFECTED WITH ALZHEIMER'S DISEASE (AD) IS WELL KNOWN. WE HAVE RECENTLY SHOWN THAT THIS MOLECULAR MACHINERY (CALLED GAMMA-SECRETASE) IS FRAGILE AND PRONE TO MALFUNCTIONING, BUT FORTUNATELY THE USE OF 'STABILIZING' MOLECULAR BRICKS CAN STOP ITS MALFUNCTION AND PREVENT THE PRODUCTION OF TOXIC, AD-CAUSING MATERIAL. IN THIS PROJECT WE WILL GENERATE NOVEL STABILIZING NANOBRICKS (CALLED NANOBODIES) TO STABILIZE GAMMA-SECRETASE AND THUS PREVENT THE PRODUCTION OF TOXIC AMYLOID BETA. THE NOVEL NANOBODY STABILIZERS COULD PAVE THE WAY FOR AD THERAPY. GRANT AWARDED: \$299,823, VIB-KU LEUVEN CENTER FOR BRAIN & DISEASE RESEARCH, LEUVEN, BELGIUM. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201828S.

 REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY

 THOMAS KARIKARI, PHD, ENTITLED: (A2020812F) PHOSPHO-TAU181: A NEW BLOOD

 TEST TO PREDICT ALZHEIMER'S DISEASE. INVESTIGATORS SUMMARY: PRESENTLY,

 THERE IS NO SIMPLE WAY TO DIAGNOSE ALZHEIMER'S DISEASE (AD) OR TO

 IDENTIFY INDIVIDUALS LIKELY TO DEVELOP THE DISEASE IN THE FUTURE:

 CURRENT TESTS REQUIRE EXPENSIVE BRAIN IMAGING OR INCONVENIENT PUNCTURE

 OF THE SPINE. TO ADDRESS THESE CHALLENGES, WE HAVE DEVELOPED A

 HIGH-PERFORMANCE BLOOD TEST THAT MEASURES A SPECIFIC DISEASE-RELATED

 CHANGE (CALLED PHOSPHORYLATION) ON A KEY AD-ASSOCIATED PROTEIN CALLED

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| TAU. INITIAL CLINICAL APPLICATIONS HAVE SHOWN THAT THE NEW | TEST |
| ACCURATELY IDENTIFIES AD PATIENTS AND AT-RISK INDIVIDUALS | FROM HEALTHY |
| PATIENTS, AND PROVIDES IMPORTANT INSIGHTS INTO MEMORY DECL | INE AND BRAIN |
| SHRINKAGE (BOTH KEY PROCESSES ASSOCIATED WITH THE DISEASE) | ONE YEAR |
| AHEAD. IN THIS STUDY, WE PROPOSE TO INVESTIGATE, IN THREE | UNIQUELY |
| LARGE PATIENT COHORTS RECRUITED ACROSS THREE CONTINENTS AN | D CLOSELY |
| MONITORED FOR UP TO A DECADE, IF OUR NEW BLOOD TEST CAN PR | EDICT WITH |
| HIGH ACCURACY WHO IS LIKELY TO DEVELOP AD SEVERAL YEARS AN | EAD, TO |
| SUPPORT EARLY TREATMENT, CLINICAL MANAGEMENT AND RECRUITME | NT FOR |
| THERAPY TRIALS. GRANT AWARDED: \$200,000, UNIVERSITY OF GOT | HENBURG, |
| GOTHENBURG, SWEEDEN. FOR MORE INFORMATION, VISIT THE BRIGH | TFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020812F. | |

REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH CONFERENCE SUPPORT. GRANT AWARDED: \$94,181, THE 15TH INTERNATIONAL CONFERENCE ON ALZHEIMER'S & PARKINSON'S DISEASES, BARCELONA, SPAIN.

REGION: NORTH AMERICA (D) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY AMANDA MELIN, PHD, ENTITLED: (G2020047) OMICS IN A NATURALLY OCCURRING ANIMAL GLAUCOMA MODEL. INVESTIGATORS SUMMARY: BY LEVERAGING ACCESS TO A LARGE, EXISTING SAMPLE OF FRESH EYE TISSUES, WE EXAMINE GENES EXPRESSED, THEIR SEQUENCES, AND THE METABOLITES THAT ARE PRESENT IN INDIVIDUALS WITH AND WITHOUT NATURALLY-OCCURRING GLAUCOMA IN A CLOSELY RELATED ANIMAL MODEL. THESE DATA ARE ESSENTIALLY IMPOSSIBLE TO OBTAIN FOR HUMANS AND PROVIDE A DIRECT WAY TO PROBE THE BIOLOGICAL FUNCTIONS THAT ARE IMPACTED BY GLAUCOMA, ALONG WITH GENETIC RISK FACTORS. THESE DATA HAVE LARGE PROMISE TO GUIDE GENETIC SCREENING PANELS USED IN DIAGNOSIS AND PROGNOSIS OF GLAUCOMA IN HUMANS, AND TO ⁹³²²¹² 09-06-19 75

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| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
|---|---|
| IDENTIFY MOLECULES IN OUR BLOOD THAT CAN BE USED F | FOR EARLY DETECTION |
| AND TREATMENT. GRANT AWARDED: \$197,696, UNIVERSITY | OF CALGARY, CALGARY, |
| ALBERTA, CANADA. FOR MORE INFORMATION, VISIT THE E | BRIGHTFOCUS WEBSITE: |

REGION: EUROPE (D) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY ALBERTA THIADENS, MD, PHD, ENTITLED: (G2020116) GENETICS, MORPHOLOGY AND ENVIRONMENTAL RISK FACTORS OF GLAUCOMA IN PERSONS OF AFRICAN DESCENT. INVESTIGATORS SUMMARY: GLAUCOMA IS A LEADING CAUSE OF BLINDNESS IN THE WORLD, AND IS PARTICULARLY FREQUENT AMONG PERSONS OF AFRICAN DESCENT. GENETIC STUDIES ARE CURRENTLY INVESTIGATING THE CAUSES FOR THIS DISEASE IN AFRICANS, BUT THE GENETIC DIVERSITY IN THE AFRICAN POPULATION IS A MAJOR CHALLENGE IN GENE FINDING THIS CALLS FOR VERY LARGE STUDY POPULATION. WITH THIS PROPOSAL, WE AIM TO FIND THE GENETIC CAUSES FOR GLAUCOMA IN AFRICAN POPULATIONS. IN ADDITION WE WILL FOCUS ON ANCESTRY RELATED ANATOMICAL VARIATION OF THE EYE THAT MIGHT EXPLAIN THE HIGHER VULNERABILITY OF THE OPTIC NERVE. THIS WILL HELP US UNDERSTAND WHY GLAUCOMA IS SO FREQUENT AND SEVERE IN PERSONS FROM AFRICAN ANCESTRY, PROVIDE US WITH KNOWLEDGE ON THE CAUSES OF GLAUCOMA, AND HELP CREATE MEANS TO CURE AND PREVENT THIS DISEASE. GRANT AWARDED: \$150,000, ERASMUS MEDICAL CENTER, ROTTERDAM, THE NETHERLANDS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/G2020116.

SCHEDULE F, PART II, LINE 1, COLUMN D:

REGION: EAST ASIA & PACIFIC (D) PURPOSE OF GRANT: NATIONAL GLAUCOMA

RESEARCH BY KATHRYN BURDON, PHD, ENTITLED: (G2020293) GENETIC STUDIES

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OF EXFOLIATION SYNDROME AND GLAUCOMA IN ETHIOPIA. INVESTIGATORS

Schedule O (Form 990 or 990-EZ) (2019)

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| SUMMARY: GENETICS CAN PLAY A ROLE IN PREDICTING WHO REQUIR | ES EARLY |
| TREATMENT FOR BLINDING FORMS OF GLAUCOMA, HOWEVER, WE DO NO | OT FULLY |
| UNDERSTAND ALL THE GENETIC CONTRIBUTIONS TO THIS DISEASE. | THERE IS A |
| STARK LACK OF DATA FROM NON-EUROPEAN POPULATIONS, PARTICUL | ARLY THOSE |
| FROM AFRICA, WHICH IS A REGION WITH ONE OF THE HIGHEST BUR | DENS OF |
| GLAUCOMA. WHAT WE KNOW ABOUT GLAUCOMA GENETICS IN EUROPEAN | S DOES NOT |
| ALWAYS APPLY TO OTHER POPULATIONS. THIS STUDY WILL INVESTIG | GATE GENETICS |
| OF GLAUCOMA IN ETHIOPIA, EXPANDING OUR UNDERSTANDING OF GL | AUCOMA AND |
| AIMING TO MAKE GENETIC INFORMATION USEFUL IN THE DIAGNOSIS | AND |
| MANAGEMENT OF GLAUCOMA FOR PATIENTS ALL AROUND THE WORLD. | GRANT |
| AWARDED: \$198,000, UNIVERSITY OF TASMANIA, HOBART, TASMANI | A, AUSTRALIA. |
| FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020293. | |
| | |
| REGION: EAST ASIA & PACIFIC (D) PURPOSE OF GRANT: MACULAR | DEGENERATION |
| RESEARCH BY WEIYONG SHEN, PHD, ENTITLED: (M2020032) PREVEN | TING |

SUBRETINAL FIBROSIS IN WET AMD. INVESTIGATORS SUMMARY: NEOVASCULAR

"WET" AGE-RELATED MACULAR DEGENERATION (AMD) IS A MAJOR CAUSE OF

BLINDNESS IN AMD. PATIENTS WITH WET AMD ARE CURRENTLY TREATED WITH

DRUGS TO STOP ABNORMAL BLOOD VESSEL LEAKING AND BLEEDING BUT THEY MAY

STILL LOSE VISION DUE TO THE DEVELOPMENT OF SCAR TISSUE UNDER THE

RETINA WHICH IS IRREVERSIBLE ONCE IT HAS BECOME ESTABLISHED. THIS

PROJECT WILL DEVELOP A THERAPY FOR PREVENTING SUBRETINAL SCARRING IN

EYES WITH NAMD. GRANT AWARDED: \$180,000, SAVE SIGHT INSTITUTE,

UNIVERSITY OF SYDNEY, SYDNEY, AUSTRALIA. FOR MORE INFORMATION, VISIT

THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020032.

REGION: EUROPE (D) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY

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| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization BRIGHTFOCUS FOUNDATION | Page 2 Employer identification number 23 – 7337229 |
|--|--|
| SABRINA CARRELLA, PHD, ENTITLED: (M2020184) MIR-181A/B MOD | |
| POTENTIAL THERAPEUTIC APPROACH FOR AMD TREATMENT. INVESTIG | ATORS |
| SUMMARY: AGED MACULAR DEGENERATION (AMD) IS A COMMON CAUSE | OF BLINDNESS |
| WORLDWIDE AND THE LOSS OF VISION IS DUE TO PROGRESSIVE LOS | S OF SPECIFIC |
| CELL TYPE OF THE EYE IMPORTANT IN THE VISUAL PROCESS. MULT | IPLE FACTORS, |
| GENETIC AND ENVIRONMENTAL FACTORS, ARE INVOLVED IN THE ONS | ET AND |
| PROGRESSION OF THIS DISEASE. WE HAVE IDENTIFIED TWO SMALL | MOLECULES |
| (CALLED MICRORNAS) THAT ARE ABLE TO CONTROL MANY FUNDAMENT | AL CELLULAR |
| PROCESSES AND WHOSE INHIBITION CAN PROTECT OCULAR CELLS FR | OM DAMAGE AND |
| RESCUE ALTERATIONS OF VISION. WE PROPOSE TO TEST THE BENEF | ICIAL EFFECTS |
| OF THE INHIBITION OF THESE TWO MICRORNAS IN MACULAR DEGENE | RATION ANIMAL |
| MODELS AND PAVE THE WAY FOR THE SETUP OF A NOVEL THERAPEUT | IC STRATEGY |
| FOR THIS COMPLEX DISEASE. GRANT AWARDED: \$185,000, FONDAZI | ONE TELETHON, |
| ROME, ITALY. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS W | EBSITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/M2020184. | |
| | |
| REGION: EUROPE (D) PURPOSE OF GRANT: MACULAR DEGENERATION | RESEARCH BY |
| CHRISTOPHER HAMMOND, MD, ENTITLED: (M2020277) EXPLORING TH | E ROLE OF THE |
| GUT MICROBIOME IN AGE-RELATED MACULAR DEGENERATION. INVEST | IGATORS |
| SUMMARY: AGE-RELATED MACULAR DEGENERATION (AMD) IS A COMMO | N |
| SIGHT-THREATENING CONDITION THAT AFFECTS THE MACULA, THE P | ART OF THE |
| RETINA THAT ALLOWS US TO READ, SEE FINE DETAIL AND RECOGNI | ZE FACES AND |
| IT IS THE LEADING CAUSE OF SIGHT LOSS IN PEOPLE OVER THE A | GE OF 50 |
| YEARS IN THE DEVELOPED WORLD. SOME DIETS HIGH IN VITAMINS, | SUCH AS |
| VITAMINS C AND E ARE THOUGHT TO REDUCE THE CHANCES OF DEVE | LOPING |
| SEVERE SIGHT-THREATENING AMD ALTHOUGH THE EXACT BOLE DIET | PLAYS IS NOT |

SEVERE, SIGHT-THREATENING AMD ALTHOUGH THE EXACT ROLE DIET PLAYS IS NOT

FULLY UNDERSTOOD. AMD IS AN INFLAMMATORY CONDITION AND MANY RESEARCH

STUDIES HAVE FOUND LINKS BETWEEN THE NATURALLY-OCCURRING BACTERIA, Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| VIRUSES AND FUNGI IN OUR GUT (THE GUT MICROBIOME) AND OTHE | R COMMON |
| INFLAMMATORY CONDITIONS ASSOCIATED WITH AGING, SUCH AS CAN | CER, HEART |
| DISEASE AND ALZHEIMER'S. THE GUT MICROBIOME CAN INFLUENCE | AND MODIFY |
| THE BODY'S IMMUNE RESPONSES AND MAY BE OF RELEVANCE IN AMD | . THEREFORE, |
| THE AIM OF THIS PROJECT IS TO EXPLORE THE ROLE OF THE GUT | MICROBIOME IN |
| AMD WHICH MAY HELP US BETTER UNDERSTAND THE DISEASE TO DEV | ELOP NEW |
| THERAPIES FOR TREATING THIS COMMON, BLINDING CONDITION. GR | ANT AWARDED: |
| \$185,000, KING'S COLLEGE, LONDON, UNITED KINGDOM. FOR MORE | INFORMATION, |
| VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M | 2020277. |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORN | IA, SAN |
| FRANCISCO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEA | RCH BY |
| HYUNJUN YANG, PHD, ENTITLED: (A2020039F) FINGERPRINTING IN | VIVO AND IN |
| VITRO PRION STRAINS. INVESTIGATOR'S SUMMARY: ALZHEIMER'S D | ISEASE (AD) |
| IS ASSOCIATED WITH THE MISFOLDING OF TAU AND AMYLOID-BETA | PROTEINS. AD |
| SHARES IMPORTANT MOLECULAR CHARACTERISTICS WITH CLASSICAL | PRP PRION |
| DISEASES, INCLUDING THE INDUCED MISFOLDING OF SOLUBLE PROT | EINS IN AN |
| AUTOCATALYTIC MANNER AND THE ACCUMULATION OF INSOLUBLE AMY | LOIDS. |

DIFFERENT "CONFORMATIONAL STRAINS" OF PRP GIVE RISE TO DIFFERENT

NEURODEGENERATIVE DISEASES. CONFORMATION SENSITIVE DYES ARE USED TO

RAPIDLY SCREEN AND FINGERPRINT THESE "CONFORMATIONAL STRAINS" OF PRION

PROTEINS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/A2020039F.

NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY. (H) PURPOSE OF

GRANT: ALZHEIMER'S DISEASE RESEARCH BY CHADWICK HALES, MD, PHD,

ENTITLED: (A20201057S) SYSTEMIC SIGNALS FROM SKIN IN AGING AND Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 2019.04010 BRIGHTFOCUS FOUNDATION COPY

| Schedule O (Form 990 or 990-EZ) (2019) | | Page 2 |
|--|---|--------|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification n 23-7337229 | umber |
| BRIGHTFOCOD FOUNDATION | 23 1331223 | |
| ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: AGE IS THE ST | RONGEST RISK | |
| FACTOR FOR ALZHEIMER'S DISEASE (AD) AND THE WRINKLING OF O | UR SKIN. THIS | |
| STUDY WILL INVESTIGATE A LINK BETWEEN AGING AND AD-RELATED | CHANGES IN | |
| THE SKIN AND THE BRAIN. THE ULTIMATE GOAL OF THE PROJECT I | S TO IDENTIFY | |
| NEW TREATMENT APPROACHES AND NEW MARKERS OF AGING AND AD I | N THE SKIN, | |
| BLOOD AND/OR SPINAL FLUID. FOR MORE INFORMATION, VISIT THE | BRIGHTFOCUS | |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201057S. | | |
| | | |

NAME OF ORGANIZATION OR GOVERNMENT: THE NATIONAL INSTITUTES OF HEALTH. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SARAH HILL, PHD, ENTITLED: (A20201086F) INVESTIGATING COORDINATED LOCAL TRANSLATION AND DEGRADATION IN AXONS AND THE ROLE OF FTD-RELATED GENES. INVESTIGATOR'S SUMMARY: SIMILAR TO HOW GROCERY STORES MAINTAIN A FULL SHELF OF MILK CARTONS BY CONTINUALLY SELLING MILK AND OBTAINING NEW CARTONS, CELLS MUST BALANCE THE REMOVAL OF OLD AND SYNTHESIS OF NEW MATERIALS. IN NEURONS, INSUFFICIENT REMOVAL OF MATERIALS OR DEFECTS IN SYNTHESIS, LEAD TO LOSS OF NEURONAL FUNCTION, ACCUMULATION OF TOXIC AGGREGATES, AND ULTIMATELY NEURON DEATH, CONTRIBUTING TO THE PATHOGENESIS OF NEURODEGENERATIVE DISEASES SUCH AS FRONTOTEMPORAL DEMENTIA (FTD). IN THIS PROPOSAL I WILL EXAMINE HOW THE DISTINCT PROCESSES OF REMOVAL AND SYNTHESIS ARE INTERRELATED. I WILL USE IMAGING TO DETERMINE THEIR PHYSICAL AND TEMPORAL RELATIONSHIP, DRUGS TO BLOCK REMOVAL AND DETERMINE THE EFFECTS ON SYNTHESIS, AND I WILL USE NEURONS CREATED FROM HUMAN CELLS TO BEST DETERMINE THE EXTENT TO WHICH THESE PROCESSES OCCUR DURING FTD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201086F.

| | NAME | OF | ORGAI | NIZATION | OR | GOVERNMENT : | WASHINGTON | UNIVERSITY | . (H) | PURPOS | E |
|-----|--------------|------|-------|----------|-----|---------------------|------------|-------------|-------|--------|------------------|
| | 932212 09-06 | 6-19 | | | | | | | | | 990-EZ) (2019) |
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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
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| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY GANESH BABULAL, | PHD, |
| ENTITLED: (A20201142S) USING NATURALISTIC DRIVING BEHAVIOR | AS A |
| DIGITAL, NEUROBEHAVIORAL MARKER TO PREDICT THOSE AT RISK F | OR |
| PRECLINICAL AND SYMPTOMATIC ALZHEIMER DISEASE. INVESTIGATO | DR'S SUMMARY: |
| CRASHES ARE A LEADING CAUSE OF INJURY AND DEATHS AMONG OLD | DER ADULTS, |
| WITH AS MANY AS 19 OLDER ADULTS KILLED EACH DAY, AND CRASH | IES ARE HIGHER |
| AMONG PERSONS WITH ALZHEIMER DISEASE (AD). SINCE 2015, WE | TESTED A NEW |
| WAY TO CONTINUOUSLY COLLECT DRIVING BEHAVIORS (DISTANCES, | SPEEDING, |
| HARD BREAKING, TIMES OF DAY DRIVING, ETC.) BY PLUGGING A D | DEVICE INTO |
| PEOPLE'S CARS AND RECORDING HOW THEY DRIVE. THIS WAS TERME | D, DRIVING |
| REAL-WORLD IN-VEHICLE EVALUATION SYSTEM (DRIVES). WE WILL | USE THE |
| DRIVES TO SEE IF WE CAN SORT OUT THOSE WHO HAVE EARLY AD F | ROM THOSE WHO |
| DO NOT. WE WILL ALSO LOOK AT WHETHER OR NOT OTHER TESTS OF | 'BRAIN |
| ABILITIES, NAVIGATION (FINDING ONE'S WAY AROUND), PHYSICAL | FUNCTIONING, |
| AND SENSORY FUNCTIONING (VISION, HEARING, SMELL) CAN HELP | TELL THESE |
| INDIVIDUALS APART MORE ACCURATELY. FOR MORE INFORMATION, V | ISIT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201142S. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF TEXA | S AT DALLAS. |
| (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY HENG | ; DU, MD PHD, |
| ENTITLED: (A20201159S) SYNAPTIC MITOCHONDRIAL CALCIUM UNIF | ORTER |
| DEREGULATION AND SYNAPTIC INJURY IN ALZHEIMER'S DISEASE. I | NVESTIGATOR'S |
| SUMMARY: ALZHEIMER'S DISEASE (AD) IS A CHRONIC NEURODEGENE | RATIVE |
| DISORDER CHARACTERIZED BY GRADUAL COGNITIVE DECLINE CURREN | TLY WITHOUT |
| EFFECTIVE THERAPY. ALTHOUGH THE DETAILED MOLECULAR MECHANI | SMS STILL |
| REMAIN ELUSIVE, DEFECTED MITOCHONDRIAL CALCIUM MODULATION | HAS BEEN |
| REPEATEDLY LINKED WITH SYNAPTIC DYSFUNCTION AND NEURONAL D | EATH IN AD |
| MILIEUS. IN THE PROPOSED STUDY, WE WILL PERFORM AN EXAMINA | |
| 932212 09-06-19 Sche | dule O (Form 990 or 990-EZ) (2019) |

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Schedule O (Form 990 or 990-EZ) (2019)
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| lame of the organization | Employer identification number |
|---|--------------------------------|
| BRIGHTFOCUS FOUNDATION | 23-7337229 |
| OLE OF MITOCHONDRIAL CALCIUM UNIPORTER (MCU) DEREGULATIO | I IN THE |
| DEVELOPMENT OF MITOCHONDRIAL AND SYNAPTIC PATHOLOGY IN AD | POSITIVE |
| INDINGS WILL FOSTER OUR UNDERSTANDING OF AD AND SHED LIG | IT ON THE |
| EVELOPMENT OF NOVEL AD THERAPEUTIC AVENUE TARGETING MCU. | FOR MORE |
| NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |

SCHEDULE I, PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUAN CODOCEDO, PHD, ENTITLED: (A20201166F) ROLE OF HK2 IN TREM2-MEDIATED MICROGLIAL RESPONSE IN AD. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE IS A NEURODEGENERATIVE DISORDER THAT INDUCES THE ACTIVATION OF THE BRAIN IMMUNE CELLS, THE MICROGLIA. MUTATIONS IN A GENE EXPRESSED ONLY IN MICROGLIA, TREM2, INCREASE THE RISK OF LATE-ONSET ALZHEIMER'S. HOWEVER, THE MOLECULAR MECHANISM INVOLVED IN TREM2 FUNCTION ARE NOT FULLY UNDERSTOOD. IN THIS STUDY, WE WANT TO EVALUATE IF TREM2 CAN INDUCE METABOLIC CHANGES IN THE MICROGLIA THROUGH THE REGULATION OF HEXOKINASE 2 AN IMPORTANT ENZYME OF THE METABOLISM OF GLUCOSE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201166F.

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN STATE UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SCOTT COUNTS, PHD, ENTITLED: (A20201187S) NORADRENERGIC REGULATION OF AMYLOID CLEARANCE IN AD. INVESTIGATOR'S SUMMARY: THE CONTRIBUTION OF CEREBRAL AMYLOID (ABETA) ANGIOPATHY (CAA) AND CEREBROVASCULAR PATHOLOGY TO THE PROGRESSION OF ALZHEIMER'S DISEASE (AD) HAS RECEIVED RENEWED INTEREST IN THE FIELD. THIS PROPOSAL EXPOUNDS UPON COMPELLING PRELIMINARY DATA 932212 09-06-19 82

| O TEST THAT DEGENERATION OF THE LOCUS COERULEUS (LC) AND CHO ASAL FOREBRAIN (CBF) PROJECTION SYSTEMS CONTRIBUTES TO COGNI MPAIRMENT THROUGH THEIR DAMAGING EFFECTS ON INTRAMURAL PERI- RAINAGE (IPAD) OF ABETA CONTRIBUTING TO AD/CAA. IF SUCCESSFU ROPOSAL WILL ADVANCE THE CLINICAL RATIONALE FOR TARGETING C/CBF-MEDIATED IPAD AS A DISEASE MODIFYING STRATEGY. FOR MOR NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WW.BRIGHTFOCUS.ORG/GRANT/A20201187S. AME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY. URPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTIN MILL NTITLED: (A2020118F) LEVERAGING HETEROGENEITY IN ALZHEIMER'S O ASSESS DIFFERENCES IN LONGITUDINAL HEALTH OUTCOMES. INVEST UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND EATH FOR EACH PROPOSED SUBTYPE USING A LONGITUDINAL DATASET | TIVE |
|--|------------------------------|
| MPAIRMENT THROUGH THEIR DAMAGING EFFECTS ON INTRAMURAL PERI- RAINAGE (IPAD) OF ABETA CONTRIBUTING TO AD/CAA. IF SUCCESSFU ROPOSAL WILL ADVANCE THE CLINICAL RATIONALE FOR TARGETING C/CBF-MEDIATED IPAD AS A DISEASE MODIFYING STRATEGY. FOR MOR NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WW.BRIGHTFOCUS.ORG/GRANT/A20201187S. AME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY. URPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTIN MILL NTITLED: (A2020118F) LEVERAGING HETEROGENEITY IN ALZHEIMER'S O ASSESS DIFFERENCES IN LONGITUDINAL HEALTH OUTCOMES. INVEST UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | ARTERIAL |
| RAINAGE (IPAD) OF ABETA CONTRIBUTING TO AD/CAA. IF SUCCESSFU ROPOSAL WILL ADVANCE THE CLINICAL RATIONALE FOR TARGETING C/CBF-MEDIATED IPAD AS A DISEASE MODIFYING STRATEGY. FOR MOR NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WW.BRIGHTFOCUS.ORG/GRANT/A20201187S. AME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY. URPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTIN MILL NTITLED: (A2020118F) LEVERAGING HETEROGENEITY IN ALZHEIMER'S O ASSESS DIFFERENCES IN LONGITUDINAL HEALTH OUTCOMES. INVEST UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | , THIS |
| ROPOSAL WILL ADVANCE THE CLINICAL RATIONALE FOR TARGETING C/CBF-MEDIATED IPAD AS A DISEASE MODIFYING STRATEGY. FOR MOR NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WW.BRIGHTFOCUS.ORG/GRANT/A20201187S. AME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY. URPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTIN MILL NTITLED: (A2020118F) LEVERAGING HETEROGENEITY IN ALZHEIMER'S O ASSESS DIFFERENCES IN LONGITUDINAL HEALTH OUTCOMES. INVEST UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | |
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| WW.BRIGHTFOCUS.ORG/GRANT/A20201187S. AME OF ORGANIZATION OR GOVERNMENT: BRIGHAM YOUNG UNIVERSITY. URPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTIN MILL NTITLED: (A2020118F) LEVERAGING HETEROGENEITY IN ALZHEIMER'S O ASSESS DIFFERENCES IN LONGITUDINAL HEALTH OUTCOMES. INVEST UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | |
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| UMMARY: MILLIONS OF AMERICANS WATCH THEMSELVES OR THEIR LOVE OSE THEIR ABILITY TO RETAIN MEMORIES AS THEY ADVANCE THROUGH EVASTATING STAGES OF ALZHEIMER'S DISEASE (AD) WITH LITTLE G OW QUICKLY THE DISEASE WILL PROGRESS. WE CAREFULLY DESIGNED PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | DISEASE |
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| PPROACH TO USE MACHINE LEARNING TO GROUP INDIVIDUALS WITH SI EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | JIDANCE ON |
| EALTH TRAJECTORIES BASED ON THEIR GENETICS, CLINICAL TESTS, EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | N |
| EUROIMAGES, AND WE WILL USE THESE SUBTYPES TO ASSESS DIFFERE HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | IILAR |
| HE RATE OF COGNITIVE DECLINE, THE AGE OF DISEASE ONSET, AND | ND |
| | ICES IN |
| EATH FOR EACH PROPOSED SUBTYPE USING A LONGITUDINAL DATASET | THE AGE OF |
| | PANNING |
| 0 YEARS. WE ANTICIPATE THAT IDENTIFYING AD SUBTYPES WILL ALL | |
| TUDIES TO IMPROVE DIAGNOSES FOR PATIENTS, IDENTIFY SUBTYPE-S | |
| RUG TARGETS, CALCULATE DISEASE TRAJECTORIES FOR EACH SUBTYPE | W FUTURE |
| LINICAL TRIALS ON SPECIFIC SUBTYPES, AND EVENTUALLY DEVELOP | W FUTURE PECIFIC |
| UBTYPE-SPECIFIC TREATMENT PLANS. BY BETTER UNDERSTANDING DIF | W FUTURE PECIFIC |
| N AD, WE WILL PROVIDE PATIENTS AND CAREGIVERS WITH MORE INFO 2212 09-06-19 Schedule O | W FUTURE PECIFIC FOCUS |

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|---|--|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| ABOUT THE UNDERLYING CAUSES OF THE DISEASE AND THE PROJECT | ED HEALTH |
| OUTCOMES ASSOCIATED WITH COGNITIVE DECLINE. IN A DISEASE W | ITH SO MANY |
| UNKNOWNS, HAVING CLEARER HEALTH TRAJECTORIES AND DIAGNOSES | GIVES ALL OF |
| US WITH HOPE THAT WE MIGHT FIND A CURE FOR AT LEAST SOME P. | ATIENTS, AND |
| IMMEDIATELY PROVIDES PATIENTS AND CAREGIVERS CURRENTLY DEA | LING WITH THE |
| EFFECTS OF AD WITH MORE INFORMATION TO MAKE INFORMED END-O | F-LIFE |
| DECISIONS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEB | SITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/A2020118F. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: BETH ISRAEL DEACONESS | MEDICAL |
| CENTER. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH | BY PETER |
| FRIED, PHD, ENTITLED: (A20201288S) EVALUATING CORTICAL EXC | ITABILITY AND |
| PLASTICITY AS MARKERS OF PRECLINICAL AD. INVESTIGATOR'S SU | MMARY: THE |
| GOAL OF THIS STUDY IS TO DEVELOP TESTS THAT CAN DETECT CHAR | NGES IN THE |
| ACTIVITY OF THE BRAIN AT THE EARLIEST STAGE OF ALZHEIMER'S | DISEASE (AD) |
| BEFORE PATIENTS START SHOWING SYMPTOMS, WHICH IS KNOWN AS | PRECLINICAL |
| AD." WE WILL RECRUIT HEALTHY OLDER ADULTS WITH NORMAL COGN | ITION AND USE |
| A NEW BLOOD TEST THAT CAN DETECT THE PROTEINSCALLED AMYLOI | DTHAT ARE |
| LINKED TO AD. | |
| WE WILL COLLECT A RANGE OF MEASURES OF THE ACTIVITY OF THE | BRAIN AND |
| RELATE THE MEASURES TO THE AMOUNT OF AMYLOID. | |
| KNOWING MORE ABOUT WHAT CHANGES ARE OCCURRING IN THE BRAIN | IN |
| PRECLINICAL AD AND HOW TO MEASURE THEM WILL HELP RESEARCHE | RS DEVELOP |
| NEW THERAPIES TO CHANGE THE COURSE OF THE DISEASE TO DELAY | OR PREVENT |

DEMENTIA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/A20201288S.

| NAME (| ΟF | ORGANIZATION | OR | GOVERNMENT: | BRIGHAM | AND | WOMEN'S | HOSPITAL. | (H) |
|--------|----|--------------|----|-------------|---------|-----|---------|-----------|-----|
|--------|----|--------------|----|-------------|---------|-----|---------|-----------|-----|

21490729 150872 BRIGHTFOCUS

Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization | Page 2 Employer identification number |
|--|--|
| BRIGHTFOCUS FOUNDATION | 23-7337229 |
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MICHAEL | |
| PHD, ENTITLED: (A20201292F) GENOME-WIDE SOMATIC MUTATIONS | |
| ALZHEIMER'S DISEASE DURING PATHOLOGIC PROGRESSION. INVEST | |
| SUMMARY: ALZHEIMER'S DISEASE (AD) AND OTHER NEURODEGENERAT | |
| INVOLVE A LOSS OF BRAIN FUNCTION AND BRAIN CELLS OVER TIME | |
| EVENTUALLY CAUSE DEATH, AFFECTING ONE THIRD OF PEOPLE OVER | R THE AGE OF |
| 85. RECENT RESEARCH HAS FOUND THAT BRAIN CELLS BUILD UP NE | EW MUTATIONS |
| IN THE DNA (KNOWN AS SOMATIC MUTATIONS) AS WE GET OLDER, W | WHICH APPEARS |
| TO HARM THE BRAIN CELLS. THIS PROPOSAL WILL TEST THE HYPOT | THESIS THAT |
| SOMATIC MUTATIONS CONTRIBUTE IN IMPORTANT WAYS TO THE PATH | HOLOGIC |
| PROGRESSION OF AD, AND ARE RELATED TO OTHER KINDS OF DISER | ASE DAMAGE IN |
| BRAIN CELLS, INCLUDING OXIDATIVE STRESS. FOR MORE INFORMAT | TION, VISIT |
| THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A202012 | 292F. |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLV | /ANIA. (H) |
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SADAF AN | AIN, PHD, |
| ENTITLED: (A20201312F) THE ROLE OF CGAS-STING SIGNALING IN | 1 |
| NEUROINFLAMMATION AND ALZHEIMER'S DISEASE. INVESTIGATOR'S | SUMMARY: |
| THERE IS A HIGH LEVEL OF NEURO-INFLAMMATION IN THE BRAINS | OF |
| ALZHEIMER'S PATIENTS. THESE INFLAMMATORY FACTORS ARE SECRE | TED BY |
| STRESSED CELLS AND LEAD TO DETERIORATION OF OTHER CELL TYPE | PES (E.G. |
| NEURONS) PRESENT IN THE BRAIN. MY PROPOSAL INTENDS TO STUI | DY THE |
| MOLECULAR PATHWAYS THAT GOVERN THIS INFLAMMATORY RESPONSE | INSIDE THE |
| BRAIN AND TARGET THEM TO LIMIT THE NEURONAL DAMAGE THAT LE | EADS TO |
| COGNITIVE DEFICITS AND MEMORY LOSS IN ALZHEIMER'S DISEASE. | FOR MORE |
| INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/A20201312F. | |
| | edule O (Form 990 or 990-EZ) (2019) |

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NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY LIRONG YAN, PHD, ENTITLED: (A20201411S) CHARACTERIZING DYSFUNCTION OF CEREBRAL PERFORATING ARTERIES IN VCID AND AD USING ULTRA-HIGH-FIELD 7 TESLA HIGH RESOLUTION MRI. INVESTIGATOR'S SUMMARY: BY SHARING WITH THE COMMON VASCULAR RISK FACTORS, THERE IS AN INCREASING PREVALENCE OF ALZHEIMER'S DISEASE AND VASCULAR COGNITIVE IMPAIRMENT/DEMENTIA (VCID) WITH AGE. SMALL VESSEL DISEASE (SVD) INDUCED BY THE DYSFUNCTION OF CEREBRAL PERFORATING ARTERIES IS ONE OF THE FREQUENT VASCULAR PATHOLOGIES IN THE AGING BRAIN AND VCID. THE STATE-OF-THE-ART 7T MRI WITH INCREASED INTRINSIC SIGNAL TO NOISE RATIO (SNR) ALLOWS US TO IMAGE THE CEREBRAL PERFORATING ARTERIES DIRECTLY. IN THIS STUDY, WE WILL OPTIMIZE TWO HIGH-RESOLUTION MRI TECHNIQUES AT 7T TO QUANTITATIVELY CHARACTERIZE THE STRUCTURE AND FLOW FUNCTION OF CEREBRAL PERFORATING ARTERIES, AND STUDY THE ROLE OF DYSFUNCTION OF CEREBRAL PERFORATING ARTERIES IN THE PATHOGENESIS OF VCID/AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201411S.

 NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF KENTUCKY. (H) PURPOSE

 OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SIMONE CRIVELLI, PHD,

 ENTITLED: (A20201464F) PHARMACOLOGICAL INHIBITION OF CERAMIDE

 PRODUCTION IN MITOCHONDRIA AS A TREATMENT FOR ALZHEIMER'S DISEASE.

 INVESTIGATOR'S SUMMARY: THERE IS STILL NO CURE FOR ALZHEIMER'S DISEASE

 (AD), THEREFORE, A MAJOR CHALLENGE FOR RESEARCHERS IN THE FIELD IS TO

 DEVELOP NEW THERAPIES THAT PREVENT OR DELAY ONSET OF THIS DISEASE.

 DURING THE AD PROCESS BRAIN CELLS INCLUDING NEURONS ARE UNDER ATTACK BY

 HIGH LEVELS OF THE LIPID CERAMIDE. THE CONSEQUENCE OF THIS ELEVATION IS

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
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| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| THAT NEURONS ARE NOT ABLE TO PRODUCE ENOUGH ENERGY AND ARE | MORE EASILY |
| PROGRAMMED TO DIE. HENCE, IN THIS RESEARCH PROPOSAL, WE PR | OPOSE TO |
| REDUCE CERAMIDE LEVELS IN THE BRAIN TO PROTECT NEURONS FROM | M DYING AS A |
| NEW THERAPY FOR AD. FOR MORE INFORMATION, VISIT THE BRIGHT | FOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201464F. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORN | IA, SAN |
| FRANCISCO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEA | RCH BY CLAIRE |
| CLELLAND, PHD, MD, MPHIL, ENTITLED: (A20201490F) THERAPEUT | IC GENE |
| EDITING IN C90RF72 FRONTOTEMPORAL DEMENTIA (FTD) AND AMYOT | ROPHIC |
| LATERAL SCLEROSIS (ALS) PATIENT CELLS. INVESTIGATOR'S SUMM | ARY: |
| FRONTOTEMPORAL DEMENTIA (FTD) AND AMYOTROPHIC LATERAL SCLE | ROSIS (ALS) |
| ARE TWO FATAL AND INCURABLE NEURODEGENERATIVE DISEASES LIN | KED BY A |
| SHARED GENETIC CAUSE A HETEROZYGOUS HEXANUCLEOTIDE (GGGGC | C) REPEAT |
| EXPANSION IN A SINGLE ALLELE OF THE C9ORF72 GENE. THE GOAL | OF THIS WORK |
| IS TO DEVELOP NOVEL CRISPR BASED THERAPEUTIC GENE EDITING | TECHNOLOGIES |
| AND TEST WHETHER GENE EDITING CAN REVERSE THE CELLULAR PAT | HOLOGY CAUSED |

BY THIS REPEAT EXPANSION IN PATIENT DERIVED CELLS. THE RESULTS OF THESE

STUDIES WILL ADVANCE OUR USE OF CRISPR TECHNOLOGIES FOR THERAPEUTIC

EDITING IN FTD/ALS, INFORM OUR UNDERSTANDING OF THE REGULATION OF

C9ORF72 GENE, AND WILL BE APPLICABLE TO MANY OTHER REPEAT EXPANSION AND

SINGLE GENE DISORDERS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS

WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201490F.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SAUL VILLEDA, PHD, ENTITLED: (A20201492S) ROLE OF PLATELET-DERIVED FACTORS IN AMELIORATING ALZHEIMER'S DISEASE PATHOLOGY. INVESTIGATOR'S SUMMARY: Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 2019.04010 BRIGHTFOCUS FOUNDATION COPY 87

| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
|--|---|
| AGING ALTERS THE ADULT BRAIN IN WAYS THAT LEAD TO IMPAIRED | LEARNING AND |
| MEMORY, AND AN INCREASED RISK FOR ALZHEIMER'S DISEASE (AD) | . A GROWING |
| BODY OF WORK INDICATE THAT FACTORS IN YOUNG BLOOD HAVE THE | POTENTIAL TO |
| REVERSE AGE-RELATED IMPAIRMENTS IN THE BRAIN IN ANIMAL MOD | ELS OF AGING |
| AND AD. THE PROPOSED STUDY WILL DETERMINE THE THERAPEUTIC | POTENTIAL OF |
| YOUNG PLATELETS, AND PLATELET-DERIVED CIRCULATING FACTORS, | TO REVERSE |
| NEURODEGENERATIVE PHENOTYPES IN A MOUSE MODEL OF AD, AND E | LUCIDATE |
| THEIR DOWNSTREAM MECHANISMS OF ACTION. THE RESULTS WILL HA | VE |
| SIGNIFICANT TRANSLATIONAL POTENTIAL, IDENTIFYING A BLOOD-E | BASED |
| THERAPEUTIC INTERVENTION TO RESTORE FUNCTIONS UNDERLYING A | D-RELATED |
| COGNITIVE IMPAIRMENTS AND BROADLY COUNTER DEMENTIA-RELATED |) |
| NEURODEGENERATIVE DISEASES. FOR MORE INFORMATION, VISIT 1 | HE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201492S. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVII | LE. (H) |
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY CHIA-CHE | EN LIU, MD, |
| ENTITLED: (A20201542S) MODULATION OF PERIPHERAL APOE FOR A | LZHEIMER |
| DISEASE THERAPY. INVESTIGATOR'S SUMMARY: HAVING APOLIPOPRO | DTEIN E4 |
| (APOE4) GENE INCREASES A PERSON'S RISK, WHEREAS HAVING APO | DE2 IS |
| PROTECTIVE FOR ALZHEIMER'S DISEASES (AD). OUR PREVIOUS STU | IDY FOUND THAT |
| APOE4 PRODUCED IN THE LIVER COMPROMISES THE VASCULAR HEATH | I AND IMPAIRS |
| BRAIN FUNCTION (THOUGH APOE4 CIRCULATING IN THE BLOODSTREA | M DOES NOT |
| GET INTO BRAIN). USING OUR UNIQUE MOUSE MODEL IN WHICH APO | DE2 IS |
| PRODUCED IN THE LIVER OF APOE4 MICE, OUR STUDIES WILL FOR | THE FIRST |
| TIME TEST WHETHER CONVERTING HARMFUL APOE4 TO PROTECTIVE A | POE2 IN THE |
| LIVER CAN RESTORE BRAIN FUNCTIONS. IN ADDITION, WE WILL EX | XAMINE WHETHER |
| TREATING APOE4 MICE WITH APOE2 YOUNG BLOOD PROMOTES AGING- | RELATED |
| Sche Sche 932212 09-06-19 88 90729 150872 BRIGHTFOCUS 2019.04010 BRIGHTFOCUS | dule 0 (Form 990 or 990-EZ) (2019 |

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| MEMORY DEFICITS AND REDUCES AD DISEASE PROGRESSION. OUR FI | NDINGS WILL |
| PROVIDE PRECLINICAL EVIDENCE FOR DESIGNING FUTURE HUMAN CL | INICAL |
| TRIALS, WHICH MAY OFFER INDIVIDUALIZED TREATMENT STRATEGIE | S BASED ON |
| APOE GENOTYPE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS | WEBSITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/A20201542S. | |
| NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY SCHOO | L OF |
| MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEAR | CH BY LENORA |
| HIGGINBOTHAM, MD, ENTITLED: (A20201577F) UNRAVELING THE BI | OLOGICAL |
| OVERLAP OF ALZHEIMER'S DISEASE AND DEMENTIA WITH LEWY BODI | ES USING |
| INTEGRATIVE BRAIN-CSF PROTEOMIC ANALYSIS. INVESTIGATOR'S S | UMMARY: |
| DEMENTIA WITH LEWY BODIES (DLB) IS A DISABLING DISEASE THA | T IS |
| DIFFICULT TO DIAGNOSE BECAUSE IT OFTEN LOOKS SIMILAR TO AL | ZHEIMER'S |

LEVELS IN THE BRAIN AND ITS SURROUNDING FLUID. UNRAVELING THE

DISEASE (AD). OUR RESEARCH AIMS TO UNCOVER KEY DIFFERENCES BETWEEN

BIOLOGICAL OVERLAP BETWEEN THESE TWO DEMENTIAS COULD HELP MAKE DLB

EASIER TO RECOGNIZE AND EFFECTIVELY TREAT. FOR MORE INFORMATION, VISIT

THESE TWO DISORDERS BY USING CUTTING EDGE TECHNIQUES TO ANALYZE PROTEIN

THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201577F.

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE. (H)

PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MARK EBBERT, PHD,

ENTITLED: (A2020161S) THERAPEUTIC TARGETS AND DIAGNOSTICS IN

ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: MANY GENES ARE KNOWN TO BE

INVOLVED IN ALZHEIMER'S DISEASE (AD), BUT EXACTLY HOW THEY ARE INVOLVED

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IS UNCLEAR. WE HOPE TO IDENTIFY DNA AND RNA CHANGES THAT DRIVE AD

DEVELOPMENT AND PROGRESSION. FOR MORE INFORMATION, VISIT THE

BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020161S.

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NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NOTRE DAME. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JOHN KOREN, PHD, ENTITLED: (A20201621S) TWISTING TAU AGGREGATES BY PROLINE ISOMERIZATION. INVESTIGATOR'S SUMMARY: TAU AGGREGATION IS A MAJOR PATHOGENIC FACTOR IN ALZHEIMER'S DISEASE. OUR STUDIES HAVE IDENTIFIED A FAMILY OF PROTEINS THAT ALTER TAU AGGREGATION, INCLUDING ONE MEMBER OF THIS FAMILY CAN DISAGGREGATE TAU AGGREGATES INTO SMALLER NON-TOXIC ENTITIES. THE GOAL OF THIS PROPOSAL IS TO ELUCIDATE THE MECHANISMS OF THIS DISAGGREGATION TOWARDS THE ULTIMATE GOAL OF DESIGNING THERAPEUTIC STRATEGIES THAT MIMIC THIS ACTIVITY. THESE STUDIES WILL IDENTIFY THE PROPERTIES AND NUMBER OF MEMBERS OF THIS PROTEIN FAMILY THAT PRESENT THIS ACTIVITY WHILE SIMULTANEOUSLY EXAMINING THE PROPERTIES OF TAU THAT FACILITATE TOXIC AGGREGATION AND ACCUMULATION. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201621S.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY CHRISTEL CLAES, PHD, ENTITLED: (A20201625F) TRANSCRIPTOMIC AND LIPIDOMIC ANALYSIS OF HETEROZYGOUS AND HOMOZYGOUS TREM2 R47H HUMAN IPSC-DERIVED MICROGLIA IN CHIMERIC AD MICE. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS THE MOST COMMON TYPE OF DEMENTIA THAT CAUSES PROBLEMS WITH MEMORY, THINKING AND BEHAVIOR, AND SO FAR WE DON'T UNDERSTAND THIS DISEASE WELL ENOUGH TO FIND A CURE TO HELP THESE PATIENTS. IN OUR PROPOSAL, WE WANT TO INCREASE OUR UNDERSTANDING OF THIS DISEASE BY STUDYING MICROGLIA, THE RESIDENT IMMUNE CELLS OF THE BRAIN, AND A GENE CALLED TREM2 WHICH WHEN MUTATED CAN SIGNIFICANTLY INCREASE THE RISK OF DEVELOPING AD. OUR RECENT STUDIES SHOW THAT WHEN WE TRANSPLANT HEALTHY HUMAN STEM 902212 09-06-19 900

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| CELL-DERIVED MICROGLIA CARRYING A NORMAL VERSION OF TREM2 | INTO THE |
| BRAIN OF AD MICE THAT DEVELOP AMYLOID PLAQUES (A MAIN CHAR | ACTERISTIC OF |
| THIS DISEASE), HUMAN MICROGLIA NEAR THE PLAQUES SHOW SIMIL | ARITIES TO |
| PERIPHERAL 'FOAM CELLS', WHICH ARE IMMUNE CELLS FILLED WIT | H LIPIDS AND |
| LINKED WITH ANOTHER DISEASE CALLED "ATHEROSCLEROSIS". AS T | REM2 IS A |
| LIPID-SENSOR EXPRESSED BY MICROGLIA, WE NOW WANT TO STUDY | THE LIPID |
| CONTENT AND THE REACTION OF HUMAN MICROGLIA THAT CARRY THE | TREM2 R47H |
| MUTATION TO AMYLOID PLAQUES IN THIS SPECIALIZED MOUSE MODE | L, TO GREATLY |
| IMPROVE OUR UNDERSTANDING OF HOW THIS MUTATION CAN INCREAS | E AD RISK, |
| WHICH WILL IN TURN ALLOW SCIENTISTS TO FIND TREATMENTS THA | T INCREASE |
| THE FUNCTIONALITY OF MICROGLIA TO PROTECT OUR BRAIN FROM T | HE DAMAGE |
| CAUSED BY THESE AMYLOID PLAQUES. FOR MORE INFORMATION, VIS | IT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201625F. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |

NAME OF ORGANIZATION OR GOVERNMENT: THE SALK INSTITUTE FOR BIOLOGICAL STUDIES. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ISABEL SALAS, PHD, ENTITLED: (A20201645F) TARGETING ASTROCYTE FACTORS TO PREVENT SYNAPTIC ALTERATIONS IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: THE BRAIN IS THE CENTER OF COMMAND OF OUR BODIES, CONTROLLING OUR MOTION, OUR BEHAVIOR AND OUR FEELINGS. ITS MAIN COMPONENTS, THE NEURONS, PROCESS INFORMATION BY MAKING SPECIALIZED CONNECTIONS (SYNAPSES) BETWEEN THEM ASSISTED BY OTHER IMPORTANT TYPES OF CELLS: THE ASTROCYTES. ALZHEIMER'S DISEASE (AD) IS ASSOCIATED WITH ALTERATIONS IN THESE CONNECTIONS. IN THIS PROJECT I AIM TO RESTORE THE CORRECT FUNCTION OF ASTROCYTES, TO RESCUE SYNAPTIC DEFECTS, IN MOUSE MODELS AFFECTED BY AD AND MAKE A STEP FURTHER TO THE CURE OF THIS DEVASTATING DISORDER. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 91

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NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CONNECTICUT HEALTH CENTER. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY BRATI DAS, PHD, ENTITLED: (A20201729F) A COMBO OF BACE1 INHIBITORS AND MGLUR PAMS FOR ALZHEIMER'S THERAPY. INVESTIGATOR'S SUMMARY: AMYLOID-BETA (A-BETA) IS THE MAIN COMPONENT OF AMYLOID PLAQUES FOUND IN THE BRAINS OF ALZHEIMER'S PATIENTS. PRODUCTION OF A-BETA IS NEARLY STOPPED BY INHIBITING BACE1 ENZYME. THEREFORE, BACE1 INHIBITORS ARE USED TO REDUCE A-BETA PRODUCTION AND AMYLOID DEPOSITION. BUT THEIR USE CAN LEAD TO MANY SIDE EFFECTS THAT IMPACT LEARNING AND STORAGE OF MEMORY. THEREFORE, IT IS CRITICAL TO DEVELOP NEW THERAPEUTIC STRATEGIES. WE PROPOSE TO USE BACE1 INHIBITOR DRUGS IN COMBINATION WITH MGLUR ACTIVATOR DRUGS. THIS COMBINATION THERAPY WILL STOP THE DISEASE PROGRESSION AND HELP IN MEMORY RETENTION AT THE SAME TIME. WE WILL TEST OUR STRATEGY IN MICE IN THE CURRENT STUDY. POSITIVE RESULTS FROM THIS STUDY WILL PROVIDE ALZHEIMER'S PATIENTS A BETTER QUALITY OF LIFE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A20201729F.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLVANIA. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY HONG XU, PHD, ENTITLED: (A20201731F) IN VITRO AMPLIFICATION OF HUMAN-DERIVED PATHOGENIC TAU CONFORMERS USING RECOMBINANT TAU. INVESTIGATOR'S SUMMARY: TAU AGGREGATES (TAUOPATHY SEEDS) ENRICHED FROM THE POSTMORTEM BRAINS ALZHEIMER'S DISEASE (AD) PATIENTS EXHIBIT SPECIFIC BIOLOGICAL ACTIVITY OF INDUCING NORMAL TAU INTO MISFOLDED PATHOLOGICAL TAU. BUT THE QUANTITY AND QUALITY OF THE TAUOPATHY SEEDS ARE VERY MUCH LIMITED. 932212 09-06-19 922

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| IN THE STUDY, WE WILL EXPLORE THE SEEDING MECHANISM OF THE | HUMAN TAU |
| SEEDS USING IN VITRO REACTIONS FOR A BETTER UNDERSTANDING | OF THE |
| PATHOGENESIS OF AD AND OTHER TAUOPATHIES. MOREOVER, WE WAN | T TO AMPLIFY |
| TAUOPATHY SEEDS IN VITRO BY MAKING USE OF THE SELF-PROPAGA | TING FEATURES |
| OF THEM AND PROMOTE FUTURE STUDIES OF TAU PATHOLOGY TRANSM | ISSION. FOR |
| MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/A20201731F. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: WAKE FOREST UNIVERSITY | . (H) PURPOSE |

OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SHANNON MACAULEY, PHD,

ENTITLED: (A20201775S) KATP CHANNEL INHIBITION AS A MODIFIER OF TAU

PATHOLOGY IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: OVERACTIVE

NEURONS ARE THOUGHT TO BE A DRIVER OF ALZHEIMER'S DISEASE (AD)

PATHOLOGY. THEREFORE, IDENTIFYING NEW WAYS TO REDUCE BRAIN EXCITABILITY

IS AN IMPORTANT STRATEGY FOR TREATING AD. THIS PROPOSAL WILL EXPLORE

HOW TARGETING THE BRAIN'S VASCULATURE BY REPURPOSING AN FDA APPROVED

DRUG CAN DAMPEN OVERACTIVE NEURONS AND DECREASE AD PATHOLOGY. FOR MORE

INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/A20201775S.

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY IVANA QUIROGA, PHD, ENTITLED: (A2020203F) IDENTIFYING ALZHEIMER'S DISEASE RISK GENES USING 3D CHROMATIN STRUCTURE AND GENOME EDITING IN IPSC-DERIVED MICROGLIA. INVESTIGATOR'S SUMMARY: TREATMENT OPTIONS FOR ALZHEIMER'S DISEASE (AD) HAVE BEEN ELUSIVE, IN LARGE PART BECAUSE THE GENETIC CAUSES OF THIS DISEASE ARE STILL LARGELY UNKNOWN. THE AIM OF THIS PROJECT IS TO INTEGRATE EXISTING DATA WITH A NOVEL EXPERIMENTAL 93212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 93

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| APPROACH TO IDENTIFY GENES THAT ARE LINKED TO THE DEVELOPM | ENT OF AD. |
| FOR THAT WE WILL USE MODERN GENOMIC AND GENE EDITING TECHN | IQUES IN A |
| NOVEL IMMUNE BRAIN CELL MODEL GENERATED FROM STEM CELLS. O | UR WORK WILL |
| BREAK DOWN EXISTING BARRIERS BY USING INNOVATIVE TECHNIQUE | S TO SPEED |
| THE IDENTIFICATION AND CHARACTERIZATION OF UNKNOWN GENES R | ESPONSIBLE |
| FOR THIS DISEASE. THIS WILL ESTABLISH BASIC KNOWLEDGE THAT | THE |
| SCIENTIFIC COMMUNITY REQUIRES TO DEVELOP NEW DIAGNOSTIC AND | D THERAPEUTIC |
| APPROACHES TO DETECT AND TREAT AD. FOR MORE INFORMATION, V | ISIT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020203F. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY. | (H) PURPOSE |
| OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MAUD GRATUZE, PH | D, ENTITLED: |
| (A2020257F) IMPACT OF MICROGLIA AND TREM2 IN TAU PATHOLOGY | PROPAGATION. |
| INVESTIGATOR'S SUMMARY: AGGREGATION OF THE TAU PROTEIN IN | THE BRAIN IS |
| A HALLMARK OF ALZHEIMER'S DISEASE (AD), AND THE PROPAGATION | N OF |
| AGGREGATED TAU PROTEIN IS STRONGLY ASSOCIATED WITH THE DEG | ENERATION AND |
| DEMENTIA. IN ADDITION, BRAIN IMMUNE CELLS, KNOWN AS MICROG | LIA, PLAY A |
| CRUCIAL ROLE IN AD AND THE PROPAGATION OF TAU PATHOLOGY IN | THE BRAIN. |
| INDEED, MUTATIONS IN TREM2, A PROTEIN FOUND ON MICROGLIA, | ARE ONE OF |
| THE STRONGEST GENETIC RISK FACTORS FOR AD. THEREFORE, WE W | ILL |
| INVESTIGATE IF DECREASING MICROGLIA OR TREM2 LEVELS IN THE | BRAIN CAN |
| MODULATE TAU PROPAGATION. FOR MORE INFORMATION, VISIT THE | BRIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020257F. | |
| | |

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC, JACKSONVILLE (H)

PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SARAH PICKLES, PHD,

 ENTITLED:
 (A2020279F)
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| PATHOLOGY IN FRONTOTEMPORAL DEMENTIA AND ALZHEIMER'S DISEA | SE. |
| INVESTIGATOR'S SUMMARY: CURRENTLY THE MEDICAL FIELD LACKS | RELIABLE |
| BIOMARKERS TO IDENTIFY A SUBSET OF FRONTOTEMPORAL DEMENTIA | AND |
| ALZHEIMER'S DISEASE (AD) PATIENTS WITH A PARTICULAR TYPE O | F PATHOLOGY |
| IN THE BRAIN, ACCUMULATION OF AGGREGATED TAR DNA BINDING P | ROTEIN |
| (TDP-43). THE PRODUCTION OF A NEW MOLECULE, TRUNCATED STAT | HMIN 2, |
| ARISING FROM TDP-43 AGGREGATION, MAY BE A WAY TO INDIRECTL | Y ASSESS |
| TDP-43 PATHOLOGY. WE PROPOSE TO DEVELOP TOOLS TO DETERMINE | IF THERE IS |
| AN INCREASED AMOUNT OF TRUNCATED STATHMIN 2 IN SPINAL FLUI | D FROM AD AND |
| FTD PATIENTS COMPARED TO CONTROLS. THESE FINDINGS HAVE THE | POTENTIAL TO |
| HELP SEPARATE PATIENTS WHO WOULD BENEFIT FROM PARTICULAR T | HERAPIES IN |
| UPCOMING CLINICAL TRIALS. FOR MORE INFORMATION, VISIT THE | BRIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020279F. | |

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY CHRISTELLE ANACLET, MD, PHD, ENTITLED: (A2020321S) ROLE OF SLOW WAVE SLEEP IN ALZHEIMER'S DISEASE BEHAVIORAL, CELLULAR AND MOLECULAR MANIFESTATIONS. INVESTIGATOR'S SUMMARY: COGNITIVE DEFICITS AND SLEEP DISRUPTION ARE THE TWO MAJOR SYMPTOMS OF ALZHEIMER'S DISEASE (AD). GIVEN THAT SLEEP IS NECESSARY FOR COGNITION WE WILL TEST SLEEP ENHANCEMENT AS AN INTERVENTIONAL STRATEGY FOR REDUCING THE BURDEN OF THE COGNITIVE DEFICIT IN AD, USING OUR NEW AND UNIQUE MOUSE MODEL OF SLEEP ENHANCEMENT. WE WILL INVESTIGATE, FOR THE FIRST TIME, THE MECHANISM BY WHICH SLEEP BENEFITS MEMORY, PROVIDING NEW TARGETS FOR DEVELOPING PHARMACOLOGICAL AND INTERVENTIONAL STRATEGIES TO TREAT SLEEP AND COGNITIVE SYMPTOMS IN AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020321.

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NAME OF ORGANIZATION OR GOVERNMENT: JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MAKOTO ISHII, PHD, ENTITLED: (A2020363S) CIRCULATING IMMUNOMETABOLIC FACTORS IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: IRREVERSIBLE LOSS OF BRAIN CELLS AND BRAIN FUNCTION MAY ALREADY EXIST BY THE TIME PATIENTS START DEVELOPING MEMORY LOSS DUE TO ALZHEIMER'S DISEASE (AD). THEREFORE, IT IS IMPERATIVE TO IDENTIFY THE EARLIEST CHANGES OCCURRING IN AD, AS THEY MAY YIELD NEW WAYS TO INTERVENE BEFORE IRREVERSIBLE BRAIN DAMAGE HAS OCCURRED. DURING THE VERY EARLY STAGES OF AD WHEN THE MEMORY REMAINS RELATIVELY INTACT, THERE ARE SIGNIFICANT CHANGES IN IMMUNE AND METABOLIC FUNCTION THAT CONTRIBUTE TO AD; HOWEVER, THE UNDERLYING CAUSE OF THESE CHANGES REMAIN UNCLEAR. THE GOAL OF THIS PROJECT IS TO IDENTIFY THE CIRCULATING FACTORS THAT AFFECT IMMUNE AND METABOLIC FUNCTION EARLY IN AD BEFORE THE MEMORY LOSS AND DETERMINE HOW THEY ARE INVOLVED IN THE OVERALL DISEASE PROCESS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020363S.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY CARL FRIEDEN, PHD, ENTITLED: (A2020382S) UNDERSTANDING APOE. INVESTIGATOR'S SUMMARY: OVER 5.6 MILLION PEOPLE IN THE UNITED STATES HAVE ALZHEIMER'S DISEASE (AD). AMONG THESE INDIVIDUALS ABOUT 50% HAVE A MUTANT PROTEIN CALLED APOE4 WHICH IS CONSIDERED TO BE THE MAJOR RISK FACTOR FOR DEVELOPING LATE ONSET AD. THE CURRENT PROJECT INVESTIGATES THE PROPERTIES OF THIS PROTEIN. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020382S.

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SCHEDULE I, PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY CALIFORNIA SAN FRANCISCO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ELISE MARSAN, MD, PHD, ENTITLED: (A2020443F) SINGLE CELL TRANSCRIPTOMICS ANALYSIS OF SHARED DISEASE MECHANISMS IN AD AND FTLD. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) AND FRONTOTEMPORAL LOBAR DEGENERATION (FTLD) ARE TWO HIGHLY RELATED NEURODEGENERATIVE DISEASES THAT SHARE SEVERAL KEY CLINICAL, GENETIC AND NEUROPATHOLOGICAL FEATURES. THE GOAL OF MY PROJECT IS TO HARNESS THE CUTTING-EDGE SINGLE CELL TRANSCRIPTOMIC TECHNOLOGY TO UNCOVER COMMON TRANSCRIPTOMIC SIGNATURES THAT CONTRIBUTE TO DISEASE PROGRESSION IN AD AND FTLD. RESULTS FROM THIS STUDY WILL PROVIDE IMPORTANT INSIGHTS TO DISEASE MECHANISMS AND AN ENRICHED RESOURCE FOR THE SCIENTIFIC COMMUNITY. ULTIMATELY, THESE RESULTS WILL HELP DISCOVER NEW TREATMENTS FOR THESE DEVASTATING DISEASES. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/A2020443F.

NAME OF ORGANIZATION OR GOVERNMENT: HARVARD MEDICAL SCHOOL. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MICHELE CAVALLARI, PHD, ENTITLED: (A2020653S) ASSESSING THE PERIVASCULAR CLEARANCE OF BRAIN DEBRIS IN FAMILIAL AND SPORADIC ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS THE MOST COMMON CAUSE OF DEMENTIA IN THE AGING POPULATION, YET THERE IS NO CURE TO STOP THE PROGRESSION OF THE DISEASE. WE PROPOSE TO STUDY A PROTECTIVE MECHANISM THAT DRAINS OUTSIDE THE BRAIN POTENTIALLY HARMFUL TOXINS ASSOCIATED WITH THE DEVELOPMENT OF AD, SUCH AS BETA-AMYLOID AND TAU PROTEINS, AND THAT HAS BEEN RECENTLY CHARACTERIZED IN ANIMAL MODELS. WE WILL USE DATA FROM TWO 102212 09-06-19 97 2019.04010 BRIGHTFOCUS FOUNDATION

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| LARGE INTERNATIONAL STUDIES OF AD TO INVESTIGATE THIS MECH | ANISM IN |
| SUBJECTS AT HIGH RISK FOR DEVELOPING DEMENTIA ASSOCIATED W | ITH THE |
| DISEASE. IN INVESTIGATING THIS MECHANISM FOR THE FIRST TIM | E IN HUMANS, |
| OUR STUDY COULD SET THE GROUND FOR FUTURE DEVELOPMENT AND | TESTING OF |
| THERAPEUTIC APPROACHES TO PREVENT THE DEVELOPMENT OF AD DE | MENTIA. FOR |
| MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/A2020653S. | |

NAME OF ORGANIZATION OR GOVERNMENT: THE JACKSON LABORATORY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ALAINA REAGAN, PHD, ENTITLED: (A2020677F) DETERMINING MECHANISMS BY WHICH VARIATIONS IN THE MTHFR GENE CAUSE CEREBROVASCULAR DAMAGE. INVESTIGATOR'S SUMMARY: HISTORICALLY, BETA-AMYLOID PLAQUES AND TAU TANGLES HAVE BEEN THE FOCUS OF ALZHEIMER'S DISEASE (AD) RESEARCH. HOWEVER, THERE IS INCREASING EVIDENCE THAT BRAIN VASCULAR HEALTH IS A CRITICAL COMPONENT IN THE PROGRESSION OF THE DISEASE. A VARIANT IN THE MTHFR GENE HAS BEEN LINKED TO BOTH VASCULAR DISEASE AND AD IN HUMANS, BUT UNTIL NOW, NO ANIMAL MODEL REPRESENTED THIS RISK FACTOR. HERE, WE HAVE CREATED A NOVEL MOUSE MODEL TO STUDY HOW MTHFR DEFICIENCY AFFECTS BRAIN VASCULAR HEALTH WITH AGE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020677F.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MANVEEN SETHI, PHD, ENTITLED: (A2020687F) INVOLVEMENT OF THE EXTRACELLULAR MATRIX IN THE PATHOPHYSIOLOGY OF ALZHEIMER'S DISEASE: A GLYCOMICS AND PROTEOMICS STUDY. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS A LEADING CAUSE OF DEMENTIA, INVOLVING COGNITIVE DECLINE, LOSS OF INDEPENDENCE 932212 09-06-19 922

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| AND BEHAVIORAL ISSUES. IDENTIFYING THE BIOMOLECULAR DEREGU | LATION |
| ASSOCIATED WITH AD IS CRUCIAL TO DECODE THE UNDERPINNING D | ISEASE |
| MECHANISMS, TO DISCOVER NEW BIOMARKERS, AND TO IMPROVE TREATMENT | |
| STRATEGIES. THIS PROJECT WILL UTILIZE AN ANALYTICAL WORKFLOW, ALLOWING | |
| THE EXPLORATION OF THE STRUCTURE AND BIOLOGY OF PROTEINS AND GLYCANS IN | |
| AD FROM PATIENT TISSUE SPECIMENS. OUTCOMES OF THIS PROJECT | WILL BENEFIT |
| AD PATIENTS BY GENERATING THE FUNDAMENTAL, PREVIOUSLY UNATTAINABLE, | |
| GLYCOBIOLOGICAL KNOWLEDGE REQUIRED TO IMPROVE THE DIAGNOSIS AND | |
| TREATMENT OF AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/A2020687F. | |

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY KSENIA KASTANENKA, PHD, ENTITLED: (A2020833S) ROLE OF ASTROCYTES IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS THE MAJOR CAUSE OF DEMENTIA, PRECIPITATED BY LOSS OF NEURONAL CELLS, AND IS CURRENTLY WITHOUT AN EFFECTIVE CURE. A NUMBER OF CLINICAL TRIAL FAILURES HAS BEEN REPORTED DUE TO A LACK OF CLEAR UNDERSTANDING OF ALZHEIMER'S DISEASE CAUSES AND ITS PROGRESSION. THIS PROPOSAL WILL PUSH THE ENVELOPE OF CURRENT AD UNDERSTANDING BEYOND THAT OF NEURONS AND WILL ADDRESS WHETHER NON-NEURONAL CELLS CAUSE AND/OR CONTRIBUTE TO ALZHEIMER'S PROGRESSION USING STATE-OF-THE ART METHODOLOGY. THE INSIGHT GAINED THROUGH THIS LINE OF RESEARCH WILL OPEN VENUES FOR NOVEL DEVELOPMENT OF THERAPEUTICS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020833S.

SCHEDULE I, PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BAYLOR COLLEGE OF MEDICINE. (H) 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 99 21490729 150872 BRIGHTFOCUS 2019.04010 BRIGHTFOCUS FOUNDATION CORTIGNET

| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
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| | |
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY SHUO WAN | G, PHD, |
| ENTITLED: (A2020845F) THE ROLE OF LYSOSOME-TO-NUCLEUS SIGN | ALING AND |
| REGULATION IN TAU PATHOGENESIS. INVESTIGATOR'S SUMMARY: AC | CUMULATION OF |
| TAU AGGREGATES IN ALZHEIMER'S DISEASE PATIENT BRAINS INFLU | ENCES BRAIN |
| HEALTH AND COGNITION. THESE AGGREGATES ARE DEGRADED BY AN | INTRACELLULAR |
| ORGANELLE CALLED THE LYSOSOME. TFEB PLAYS A CRITICAL ROLE | IN REGULATING |
| LYSOSOMAL FUNCTION AND ITS CLEARANCE ABILITY. OUR PROPOSAL | INVESTIGATES |
| HOW TFEB WORKS WITH THE GOAL TO IDENTIFY WAYS TO HARNESS T | HE LYSOSOMAL |
| FUNCTION TO PROMOTE BRAIN HEALTH AND COMBAT AGE-ASSOCIATED | |
| NEURODEGENERATIVE DISEASES. FOR MORE INFORMATION, VISIT TH | E BRIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020845F. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL | HOSPITAL. (H) |
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY EUNHEE | KIM, PHD, |

ASTROCYTES IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: EXERCISE

REDUCES THE RISK OF DEVELOPING ALZHEIMER'S DISEASE (AD) BY UP TO 50

PERCENT AND PROTECTS AGAINST AD BY MODULATING THE INFLAMMATION WHICH IS

HEAVILY DEPENDENT ON BRAIN IMMUNE CELLS: ASTROCYTES. IRISIN IS A NOVEL

EXERCISE-INDUCED HORMONE THAT HAS BEEN IDENTIFIED TO POSSESS SEVERAL

BENEFICIAL ASPECTS OF EXERCISE. THIS WORK AIMS TO UNDERSTAND THE

FUNCTIONAL ROLE OF THE EXERCISE-HORMONE IRISIN IN AD PATHOGENESIS, AND

THE UNDERLYING MOLECULAR MECHANISM OF THE NEUROPROTECTIVE EFFECTS OF

IRISIN IN AD BY REGULATING ASTROCYTES. THE DATA OBTAINED IN THIS

PROPOSAL WILL BE USED TO ADVANCE OUR KNOWLEDGE OF IRISIN AND ASTROCYTES

IN AD, AND ULTIMATELY, TOWARD NOVEL THERAPEUTIC DESIGNS THAT MIMIC THE

BENEFICIAL EFFECTS OF EXERCISE. FOR MORE INFORMATION, VISIT THE

BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2020870F.

Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O | (Form 990 | or 990-EZ) | (2019) |
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Name of the organization

| NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S HOSPITAL. (H) |
|--|
| PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY PENG LI, PHD, |
| ENTITLED: (A2020886S) CIRCADIAN REGULATION, AUTONOMIC FUNCTION, AND |
| ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: CURE FOR ALZHEIMER'S |
| DISEASE (AD) IS STILL LACKING. IT IS IMPORTANT TO IDENTIFY THE RISK |
| FACTORS FOR THE DISEASE AND ITS MULTIPLE IMPACTS ON BODY FUNCTIONS IN |
| ORDER TO PREVENT OR SLOW DOWN THE PROGRESSION OF THE DISEASE AND TREAT |
| RELATED SYMPTOMS. USING NOVEL NON-INVASIVE ASSESSMENT OF CIRCADIAN |
| REGULATION AND AUTONOMIC FUNCTION BY WEARABLE TECHNOLOGY, THIS PROJECT |
| IS DESIGNED TO DETERMINE WHETHER CHANGES IN THESE TWO IMPORTANT |
| PHYSIOLOGICAL FUNCTIONS CAN PREDICT THE DEVELOPMENT AND PROGRESSION OF |
| AD AND COGNITIVE DECLINE IN THE ELDERLY PEOPLE AT EARLY, PRECLINICAL |
| STAGES. THIS PROJECT MAY POTENTIALLY PROVIDE NEW INTERVENTION TARGETS |
| IN FUTURE CLINICAL STUDIES OF AD, AND CAN LAY THE GROUNDWORK FOR THE |
| DESIGN OF NOVEL UNOBTRUSIVE, COST-EFFICIENT TOOLS FOR LONG-TERM |
| MONITORING OF COGNITIVE IMPAIRMENT OR RISK FOR AD. FOR MORE |
| INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/A2020886S. |

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY LYDIA LE PAGE, PHD, ENTITLED: (A2020928F) IMAGING BRAIN KETONE METABOLISM IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: THE KETOGENIC DIET IS THOUGHT TO PROVIDE AN ALTERNATIVE FUEL FOR THE STRUGGLING BRAIN IN ALZHEIMER'S DISEASE (AD) BUT IS THIS FUEL ACTUALLY BEING USED TO MAKE ENERGY? CURRENTLY WE HAVE NO WAY OF KNOWING. WE WILL DEVELOP A NEW WAY OF IMAGING THE BRAIN TO SEE IF IT IS USING THE KETONES AS FUEL, AND USE 932212 09-06-19 COPPY 101 2019.04010 BRIGHTFOCUS FOUNDATION

| ame of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
|--|---|
| HE METHOD TO DISCOVER NEW INSIGHTS INTO BRAIN KETONE META | BOLISM IN A |
| OUSE MODEL OF AD. FOR MORE INFORMATION, VISIT THE BRIGHTFO | OCUS WEBSITE: |
| WW.BRIGHTFOCUS.ORG/GRANT/A2020928F. | |
| | |

PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ENTITLED: (CA2017563) MOLECULAR NEURODEGENERATION JOURNAL. INVESTIGATOR'S SUMMARY: WE PARTNER WITH BIOMED CENTRAL'S OPEN ACCESS JOURNAL, MOLECULAR NEURODEGENERATION (MN), WHICH IS THE OFFICIAL JOURNAL OF BRIGHTFOCUS. THE OPEN ACCESS PUBLISHING MODEL PROVIDES FREE ARTICLES TO THE GENERAL PUBLIC, AS WELL AS SCIENTISTS, CLINICIANS, AND OTHER HEALTHCARE PRACTITIONERS. MN PUBLISHES PEER-REVIEWED, ORIGINAL SCIENTIFIC RESEARCH ON THE CAUSES OF NEURODEGENERATIVE DISEASES, SUCH AS ALZHEIMER'S OR PARKINSON' AND ON THE PRE-CLINICAL TESTING OF POTENTIAL THERAPIES FOR THESE DEVASTATING DISEASES. MN HAS AN IMPACT SCORE OF 6.43 (WITH A 5-YEAR IMPACT FACTOR OF 7.08, REFLECTING THE SUSTAINED IMPACT OF OUR JOURNAL), AND REMAINS THE HIGHEST RANKED OPEN ACCESS NEUROSCIENCE JOURNAL IN THE JOURNAL CITATION REPORTS (JCR).

SCHEDULE I, PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLVANIA. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ENTITLED: TRAVEL SPONSORSHIP FOR ATTENDEES AT INTERNATIONAL GENOMICS OF ALZHEIMER'S PROJECT MEETING.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INSTITUTES OF HEALTH/ NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY AMIR KASHANI, MD, PHD, ENTITLED: 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| (CA2020004) OPTICAL COHERENCE TOMOGRAPHY ANGIOGRAPHY BASED | ASSESSMENT |
| OF RETINAL CAPILLARY DENSITY AS A BIOMARKER OF VASCULAR CO | GNITIVE |
| IMPAIRMENT AND DEMENTIA. INVESTIGATOR'S SUMMARY: VASCULAR | CONTRIBUTIONS |
| TO COGNITIVE IMPAIRMENT AND DEMENTIA (VCID) ARISE FROM STR | OKE AND OTHER |
| VASCULAR BRAIN INJURIES THAT CAUSE SIGNIFICANT CHANGES TO | MEMORY, |
| THINKING, AND BEHAVIOR. VCID OFTEN OCCURS IN AND CONTRIBUT | ES TO |
| ALZHEIMER'S DISEASE DEMENTIA. THE DAMAGE IN THE SMALL BLOO | D VESSELS IS |
| VERY DIFFICULT TO DETECT WITH CONVENTIONAL TESTING OR BRAI | N IMAGING |
| METHODS LIKE MAGNETIC RESONANCE IMAGING (MRI). THE GOAL OF | DR. |
| KASHANI'S RESEARCH IS TO DEVELOP NEW METHODS USING THE EYE | TO DETECT |
| THE ONSET, PROGRESSION AND SEVERITY OF VCID. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY SCHO | OL OF |
| MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEAR | СН ВҮ |
| BENJAMIN WOLOZIN, MD, PHD ENTITLED: (CA2020002) DEVELOPMEN | T OF |
| SYNTHETIC GENE FEEDBACK CIRCUITS TO PREVENT TAU AGGREGATIO | N |
| INVESTIGATOR'S SUMMARY: THE FAILURE OF CURRENT THERAPEUTIC | APPROACHES |
| TO ALZHEIMER'S DISEASE (AD) HIGHLIGHTS THE NEED FOR NEW, I | NNOVATIVE |
| TECHNOLOGIES TO ADDRESS AD. THIS PROPOSAL USES A RADICALLY | NOVEL |
| APPROACH TERMED "SYNTHETIC BIOLOGY", WHICH UTILIZES CIRCUI | T DESIGNS |
| INSPIRED BY ELECTRICAL ENGINEERING TO CREATE NOVEL REGULAT | ORY CIRCUITS |
| THAT DRIVE GENES WITH THERAPEUTIC PROMISE. IN THIS PROPOSA | L, WE WILL |
| APPLY THESE NOVEL GENETIC ENGINEERING APPROACHES TO CREATE | SYNTHETIC |
| GENE NETWORKS THAT ARE ABLE TO REDUCE OR EVEN REVERSE THE | PROGRESSION |
| OF AD. | |
| | |

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF DENVER. (H) PURPOSE

OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ANN CHARLOTTE
932212 09-06-19 Schedule

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|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| GRANHOLM-BENTLEY, PHD, ENTITLED: (CA2018010) INTERNATIONAL | BRAIN BANK |
| FOR DOWN SYNDROME-RELATED ALZHEIMER'S DISEASE. INVESTIGATO | R'S SUMMARY: |
| THE FOCUS OF THIS SPECIAL PROJECT IS TO DEVELOP A STRONG C | OLLABORATE |
| NETWORK BETWEEN SIX DIFFERENT RESEARCH GROUPS FOCUSED ON P | ROVIDING |
| MUCH-NEEDED INFORMATION ABOUT THE DOWN SYNDROME POPULATION | , OF WHICH AS |
| MANY AS 80 PERCENT HAVE ALZHEIMER'S PATHOLOGY BY THE TIME | THEY ARE IN |
| THEIR 50S AND 60S. ALTHOUGH THERE ARE MANY CENTERS AND RES | EARCHERS THAT |
| FOCUS ON ALZHEIMER'S IN THE GENERAL POPULATION, FEW OF THE | M FOCUS ON |
| PEOPLE WITH DOWN SYNDROME. THE INFORMATION GENERATED BY OU | R PROJECT |
| WILL BE OF GREAT HELP TO THOSE WITH DOWN SYNDROME AND THOS | E WITH |
| ALZHEIMER'S DISEASE. | |

NAME OF ORGANIZATION OR GOVERNMENT: THE MILKEN INSTITUTE. (H) PURPOSE OF GRANT: PROJECT SUPPORT FOR STUDY ON "LOWERING THE PRICE AND RISK OF DEMENTIA: POLICY RECOMMENDATIONS TO IMPROVE BRAIN HEALTH AND REDUCE DISPARITIES."

NAME OF ORGANIZATION OR GOVERNMENT: THE MILKEN INSTITUTE. (H) PURPOSE OF GRANT: PROJECT SUPPORT FOR STUDY ON NEUROTECHNOLOGY THAT INCLUDES IDENTIFYING AREAS FOR FUTURE INVESTMENT IN RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ROCHESTER MEDICAL CENTER. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY RICHARD LIBBY, PHD, ENTITLED: (G2020095) NEUROTOXIC CYTOKINE SIGNALING IN GLAUCOMA. INVESTIGATOR'S SUMMARY: THIS WORK EXPLORES THE IMPORTANCE OF EXTRINSIC SIGNALLING IN GLAUCOMATOUS NEURODEGENERATION. IT BUILDS ON THE WORK OF MANY GROUPS WHO HAVE PROPOSED THAT AFTER AN OCULAR HYPERTENSIVE INJURY, GLIAL CELLS (CELLS THAT SUPPORT RETINAL NEURONS) 932212 09-06-19 104

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| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization BRIGHTFOCUS FOUNDATION | Page 2 Employer identification number 23-7337229 |
| TRANSITION FROM BEING HELPFUL TO RETINAL GANGLION CELLS TO | BEING TOXIC. |
| SPECIFICALLY, WE PROPOSE TO TEST THE IMPORTANCE OF THREE M | OLECULES |
| THOUGHT TO TURN GLIAL CELLS NEUROTOXIC AFTER A GLAUCOMATOU | S INJURY. FOR |
| MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020095. | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF IOWA. (H |) PURPOSE OF |
| GRANT: NATIONAL GLAUCOMA RESEARCH BY JOHN FINGERT, MD, PHD | , ENTITLED: |
| (G2020119) APBB2 GENE REGULATION AND RISK FOR GLAUCOMA. IN | VESTIGATOR'S |
| SUMMARY: OUR RESEARCH HAS IDENTIFIED A NEW GENE (APBB2) TH | AT IS THE |
| FIRST RISK FACTOR FOR GLAUCOMA THAT IS UNIQUE TO AFRICAN A | MERICAN |
| POPULATIONS AND MAY EXPLAIN IN PART WHY THEY ARE AT MUCH H | IGHER RISK |
| FOR GLAUCOMA THAT OTHER GROUPS. OUR PRELIMINARY DATA SUGGE | STS THAT |
| APBB2 PROMOTES RISK FOR GLAUCOMA BY INCREASING PRODUCTION | OF APBB2 |
| PROTEIN IN THE RETINA AND IN TURN INCREASING DEPOSITION OF | TOXIC |
| BETA-AMYLOID THERE TOO. THE CURRENT PROPOSAL SEEKS TO UNDE | RSTAND WHAT |
| DNA SEQUENCES ARE RESPONSIBLE FOR CONTROLLING APBB2 GENE A | CTIVITY AND |
| THUS THE PRODUCTION OF BETA AMYLOID IN THE RETINA AND RISK | FOR |
| GLAUCOMA. WE ARE ESPECIALLY EXCITED ABOUT THE OVERLAP BETW | EEN WHAT WE |
| ARE LEARNING ABOUT GLAUCOMA BIOLOGY WITH OUR RESEARCH AND | WHAT IS KNOWN |
| ABOUT ALZHEIMERS DISEASE AND HOW OUR EXPERIMENTS MAY BENEF | IT BOTH AREAS |
| OF INVESTIGATION. FOR MORE INFORMATION, VISIT THE BRIGHTFO | CUS WEBSITE: |

WWW.BRIGHTFOCUS.ORG/GRANT/G2020119.

NAME OF ORGANIZATION OR GOVERNMENT: OREGON HEALTH AND SCIENCE UNIVERSITY. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY YALI JIA, PHD, ENTITLED: (G2020168) CELLULAR-RESOLUTION VISIBLE-LIGHT OCT Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 105 2019.04010 BRIGHTFOCUS FOUNDATION COPY

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| FOR EARLY IDENTIFICATION OF GLAUCOMATOUS NEURODEGENERATION | • |
| INVESTIGATOR'S SUMMARY: GLAUCOMA IS A LEADING CAUSE OF IRR | EVERSIBLE |
| VISION LOSS AND BLINDNESS. CURRENTLY, DIAGNOSIS AND SCIENT | IFIC |
| UNDERSTANDING OF GLAUCOMA IS LIMITED BY THE INABILITY OF M | EDICAL |
| INSTRUMENTS TO IMAGE THE EYE IN SUFFICIENT DETAIL TO DETEC | T THE |
| EARLIEST CHANGES THAT PRESAGE THE DISEASE. BY IMPROVING CU | RRENT |
| STATE-OF-THE-ART OCULAR IMAGING SYSTEMS USING OPTICAL TOOL | S ORIGINALLY |
| DEVELOPED FOR ASTRONOMY, WE WILL ENHANCE IMAGE QUALITY SO | THAT EVEN |
| INDIVIDUAL EYE CELLS CAN BE CLEARLY SEEN. USING THE INSTRU | MENT WE |
| DEVELOP, WE WILL PERFORM EXPERIMENTS ON RODENT MODELS IN O | RDER TO |
| DISCOVER NEW AND IMPROVED INDICATORS OF GLAUCOMA PROGRESSI | ON AND HELP |
| UNDERSTAND THE NATURE OF THE DISEASE. FOR MORE INFORMATION | , VISIT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020168. | |
| | |

NAME OF ORGANIZATION OR GOVERNMENT: THE SCHEPENS EYE RESEARCH INSTITUTE. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY PETR BARANOV, MD, PHD, ENTITLED: (G2020231) TARGETED MATURATION OF STEM CELL-DERIVED RGCS. INVESTIGATOR'S SUMMARY: RETINAL GANGLION CELLS (RGCS) ARE HIGHLY SPECIALIZED NEURONS, WHICH CONNECT THE PHOTOSENSITIVE PART OF THE EYE WITH THE APPROPRIATE TARGETS IN THE BRAIN. WHILE RGCS EXHIBIT LIMITED PLASTICITY AND CAN FORM NEW CELL-TO-CELL CONNECTIONS THROUGHOUT OUR LIFE, THEIR NUMBER IS FIXED AND NO NEW CELLS ARISE POSTNATALLY. THUS, ANY STRESS FACTORS LEADING TO GANGLION CELL DEATH, SUCH AS HIGH INTRAOCULAR PRESSURE IN GLAUCOMA, TRAUMA OR DRUG TOXICITY, RESULT IN IRREVERSIBLE VISION LOSS. IN OUR PILOT STUDIES WE HAVE DEMONSTRATED THAT MOUSE RETINAL GANGLION CELLS MAY BE PRODUCED FROM RENEWABLE CELL SOURCE - PLURIPOTENT STEM CELLS AND SUCCESSFULLY DELIVERED INTO THE MOUSE EYE. IN THIS PROPOSAL WE AIM TO IMPROVE THE Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 106

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| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization | Page 2 Employer identification number |
|---|--|
| BRIGHTFOCUS FOUNDATION | 23-7337229 |
| DONOR, STEM CELL-DERIVED RGCS MORE MATURE AND DEVELOPMENTA | LLY CLOSER TO |
| THE "REAL" RGCS. THAT SHOULD SIGNIFICANTLY INCREASE THE TR | ANSPLANTATION |
| SUCCESS, LEADING TO POTENTIAL THERAPY DEVELOPMENT. FOR MOR | E |
| INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020231. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE JACKSON LABORATORY | . (H) PURPOSE |
| OF GRANT: NATIONAL GLAUCOMA RESEARCH BY GARETH HOWELL, PHD | , ENTITLED: |
| (G2020254) DECIPHERING THE ROLE OF THE CDKN2B-AS REGION IN | GLAUCOMA. |
| INVESTIGATOR'S SUMMARY: HUMAN GENETIC STUDIES SHOW GLAUCOM | A IS CAUSED |
| BY A COMBINATION OF GENETIC RISK FACTORS. HOWEVER, FEW SPE | CIFIC CHANGES |
| HAVE BEEN DETERMINED. THIS IS SEVERELY HAMPERING OUR ABILI | ТҮ ТО |
| IDENTIFY THOSE AT RISK OF DEVELOPING GLAUCOMA AND DEVELOPI | NG NEW |
| TREATMENTS. IN THIS STUDY WE AIM TO DETERMINE THE SPECIFIC | GENETIC |
| ELEMENT IN A GENOMIC REGION THAT SHOWS ONE OF THE STRONGES | Т |
| ASSOCIATIONS WITH GLAUCOMA. FOR MORE INFORMATION, VISIT TH | E BRIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020254. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY. | (H) PURPOSE |
| OF GRANT: NATIONAL GLAUCOMA RESEARCH BY PHILIP WILLIAMS, P | HD, ENTITLED: |
| (G2020255) METABOLIC DETERMINANTS OF DIFFERENTIAL RETINAL | GANGLION CELL |
| SURVIVAL AND REGENERATION. INVESTIGATOR'S SUMMARY: GLAUCOM | A IS CAUSED |
| BY DAMAGE AND DEATH OF RETINAL GANGLION CELLS THAT CONNECT | THE EYE TO |

THE BRAIN. WHILE MANY RETINAL GANGLION CELLS DIE DURING THE COURSE OF

GLAUCOMA, SOME PERSIST DESPITE THE HARSH DISEASE ENVIRONMENT. WE WILL

DETERMINE HOW THESE RETINAL GANGLION CELLS SURVIVE BY DIRECTLY

OBSERVING THEIR ENERGETIC CHARACTERISTICS OVER THE COURSE OF A DISEASE

MODEL IN MICE. THIS INFORMATION WILL BE USED TO REPROGRAM THE ENERGETIC

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| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization BRIGHTFOCUS FOUNDATION | Page Employer identification number 23-7337229 |
|--|--|
| STATE OF RETINAL GANGLION CELLS TO ATTEMPT THEIR RESCUE IN | |
| OF GLAUCOMA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS W | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020255. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PITTSBUR | GH. (H) |
| PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY JEFFREY GR | OSS, PHD, |
| ENTITLED: (G2020277) IDENTIFICATION OF NOVEL GENES AND PAT | HWAYS THAT |
| PROTECT RGCS FROM INJURY-INDUCED DEATH. INVESTIGATOR'S SUM | MARY: DURING |
| GLAUCOMA, RETINAL GANGLION CELL (RGC) AXONS ARE DAMAGED AN | D THIS CAUSES |
| THE RGCS TO DIE, ULTIMATELY RESULTING IN THE IRREVERSIBLE | LOSS OF |
| VISUAL FUNCTION. CURRENTLY, THERE ARE NO FDA-APPROVED DRUG | S OR |
| THERAPIES TO PROTECT RGCS FROM DEATH IN GLAUCOMA. EXPERIME | NTS IN THIS |
| PROPOSAL UTILIZE THE ZEBRAFISH AS A MODEL SYSTEM, LEVERAGI | NG ITS UNIQUE |
| BIOLOGY WHERE RGCS DO NOT DIE WHEN THEIR AXONS ARE DAMAGED | , EVEN IN |
| EXTREME CASES WHEN THE OPTIC NERVE IS COMPLETELY SEVERED. | ВҮ |
| UNDERSTANDING HOW ZEBRAFISH RGCS SURVIVE AFTER AXONAL DAMA | GE WE WILL |
| UNCOVER NOVEL MODES OF NEUROPROTECTION THAT COULD ULTIMATE | LY BE |
| TRANSLATED INTO NEW TARGETS FOR NEUROPROTECTION TO PRESERV | E RGCS IN |
| GLAUCOMA PATIENTS. FOR MORE INFORMATION, VISIT THE BRIGHTF | OCUS WEBSITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020277. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY. (H) | PURPOSE OF |

GRANT: NATIONAL GLAUCOMA RESEARCH BY JEFFREY BOATRIGHT, PHD, ENTITLED:

(G2020286) NICOTINAMIDE RIBOSIDE AS TREATMENT IN MODELS OF RETINAL

GANGLION CELL DAMAGE. INVESTIGATOR'S SUMMARY: MITOCHONDRIA ARE THE

ENERGY FACTORIES OF CELLS. THE MITOCHONDRIA OF RETINAL GANGLION CELLS

LOSE FUNCTION WITH AGE, PROBABLY DUE TO AGE-RELATED LOSS OF

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| NICOTINAMIDE ADENINE DINUCLEOTIDE (NAD+), AN ENZYME COFACT | OR NEEDED FOR |
| ENERGY PRODUCTION. THE CELLS THUS BECOME MORE SUSCEPTIBLE | TO DAMAGE |
| FROM, FOR INSTANCE, ELEVATED PRESSURE IN THE EYE, A COMMON | RISK FACTOR |
| FOR GLAUCOMA. WE PROPOSE TO TEST WHETHER SYSTEMIC DELIVERY | OF THE NAD+ |
| PRECURSOR NICOTINAMIDE RIBOSIDE, A DIETARY SUPPLEMENT, INC. | REASES |
| RETINAL NAD+ AND PROTECTS RETINAL GANGLION CELLS IN MOUSE | MODELS OF |
| GLAUCOMA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBS | ITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020286. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSI | TY. (H) |
| PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY JEFF MUMM, | PHD, |
| ENTITLED: (G2020315) NOVEL ZEBRAFISH MODELS ENABLING STUDI | ES OF RGC |
| REGENERATION. INVESTIGATOR'S SUMMARY: TO RESTORE VISUAL FU | NCTION TO |
| GLAUCOMA PATIENTS, THERAPIES ARE NEEDED THAT CAN REPLACE T | HE SPECIFIC |
| CELL TYPES IN THE EYE THAT ARE LOST, RETINAL GANGLION CELL | S (RGCS). |
| ALTHOUGH HUMANS DO NOT NORMALLY REGENERATE LOST RGCS, OUR | EYES DO |
| RETAIN A CAPACITY TO PRODUCE NEW NEURONS, SUGGESTING AN UN | TAPPED |
| POTENTIAL FOR RGC REGENERATION. UNLIKE US, ZEBRAFISH HAVE | A NATURAL |
| ABILITY TO REPLACE LOST CELLS IN THE RETINA, INCLUDING RGC | S. BY |
| STUDYING HOW ZEBRAFISH ARE ABLE TO NATURALLY REGENERATE LO | ST RGCS, WE |
| HOPE TO 1) IDENTIFY GENES AND PATHWAYS THAT ARE IMPORTANT | FOR |
| STIMULATING THE EYES ABILITY TO REPAIR ITSELF AND 2) APPLY | THIS |
| KNOWLEDGE TOWARD THE DEVELOPMENT OF TRANSFORMATIVE REGENER. | ATIVE |
| THERAPIES FOR GLAUCOMA PATIENTS. FOR MORE INFORMATION, VIS | IT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020315. | |
| | |

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF UTAH. (H) PURPOSE OF

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GRANT: NATIONAL GLAUCOMA RESEARCH BY KAREN CURTIN, PHD, ENTITLED:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

| MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 822212 00-06-19 20110 | Schedule O (Form 990 or 990 EZ) (2019) Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
|--|--|--|
| IN PATIENTS WITH EXFOLIATION SYNDROME, WHICH IS MARKED BY ABNORMAL THREADLIKE WHITE FIBERS IN THE FRONT OF THE EYE THAT ACCUMULATE OVER TIME, CAN WE CORRECTLY PREDICT WHO WILL GO ON TO DEVELOP A BUILDUP OF PRESSURE IN ONE OR BOTH EYES KNOWN AS GLAUCOMA, A LEADING CAUSE OF BLINDNESS WORLDWIDE? WE BELIEVE THE ANSWER IS 'YES.' FROM RESEARCHING THOUSANDS OF MEDICAL RECORDS OF EXFOLIATION PATIENTS TO FIND THE CLINICAL CONDITIONS AND PERSONAL CHARACTERISTICS THAT CORRELATE WITH CHANGES IN THE EYES OF OUR EXFOLIATION PATIENTS OVER TIME, WE WILL HELP DOCTORS WHO CARE FOR THESE PATIENTS PREVENT OR DELAY LOSS OF VISION FROM GLAUCOMA THROUGH EARLIER MEDICAL TREATMENT. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020317. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KIMBERLY GOKOFFSKI, MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS FRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule 0 FORM 900 F900-E20(2019) | (G2020317) PROGNOSTIC FACTORS AND PREDICTIVE MARKERS OF | PROGRESSION TO |
| THREADLIKE WHITE FIBERS IN THE FRONT OF THE EYE THAT ACCUMULATE OVER TIME, CAN WE CORRECTLY PREDICT WHO WILL GO ON TO DEVELOP A BUILDUP OF PRESSURE IN ONE OR BOTH EYES KNOWN AS GLAUCOMA, A LEADING CAUSE OF ELINDNESS WORLDWIDE? WE BELIEVE THE ANSWER IS 'YES.' FROM RESEARCHING THOUSANDS OF MEDICAL RECORDS OF EXFOLIATION PATIENTS TO FIND THE CLINICAL CONDITIONS AND PERSONAL CHARACTERISTICS THAT CORRELATE WITH CHANGES IN THE EYES OF OUR EXFOLIATION PATIENTS OVER TIME, WE WILL HELP DOCTORS WHO CARE FOR THESE PATIENTS PREVENT OR DELAY LOSS OF VISION FROM GLAUCOMA THROUGH EARLIER MEDICAL TREATMENT. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020317. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KIMBERLY GOKOFFSKI, MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule 0 (Form 990-620(20190) CONNECTIONS WITH THE BRAIN. THIS PROJECTE MINO TO DISEASED EYES MAY Schedule 0 (Form 990-620(20190) CONNECTIONS WITH THE BRAIN. THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule 0 (Form 990-620(20190) CONNECTIONS WITH THE BRAIN THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule 0 (Form 990-620(20190) CONNECTIONS HAT HAVE BEEN INJ | EXFOLIATION GLAUCOMA IN EXFOLIATION SYNDROME. INVESTIGA | TOR'S SUMMARY: |
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| (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KIMBERLY GOKOFFSKI, MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY SOLVA 000000000000000000000000000000000000 | VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRAN | T/G2020317. |
| (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KIMBERLY GOKOFFSKI, MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY SOLVA 000000000000000000000000000000000000 | | |
| MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORATE WITH CDC42 TO DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 802212 09-06-19 110 | NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTH | ERN CALIFORNIA. |
| DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY: IT IS ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule O (Form 990 or 990-EZ) (2019) 110 | (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KIM | BERLY GOKOFFSKI, |
| ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY BLIND FROM GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY B22212 09-06-19 202212 09-06-19 202212 09-06-19 | MD, PHD, ENTITLED: (G2020331) ELECTRIC FIELDS COLLABORA | TE WITH CDC42 TO |
| GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CABLE THAT CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY BEEN 20006-19 110 | DIRECT OPTIC NERVE REGENERATION. INVESTIGATOR'S SUMMARY | : IT IS |
| CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WITH GLAUCOMA IS CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY B02212 09-06-19 110 | ESTIMATED THAT 18 MILLION PEOPLE WORLDWIDE ARE LEGALLY | BLIND FROM |
| CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP THE OPTIC NERVE, RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | GLAUCOMA, A DISEASE THAT DAMAGES THE OPTIC NERVE, THE CA | ABLE THAT |
| RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SCIENTISTS HAVE BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY Schedule O (Form 990 or 990-EZ) (2019) 110 | CONNECTS THE EYE TO THE BRAIN. BLINDNESS IN PATIENTS WI | TH GLAUCOMA IS |
| BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS, WHEN THESE NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | CURRENTLY IRREVERSIBLE BECAUSE THE CELLS THAT MAKE UP T | HE OPTIC NERVE, |
| NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FORM NEW CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY P32212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | RETINAL NEURONS, ARE NOT ABLE TO REGENERATE. ALTHOUGH SO | CIENTISTS HAVE |
| CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNOVATIVE TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | BEEN ABLE TO USE STEM CELLS PRODUCE NEW HEALTHY NEURONS | , WHEN THESE |
| TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT NEURON GROWTH SO THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | NEURONS ARE INJECTED INTO THE EYE, THEY ARE UNABLE TO FOR | ORM NEW |
| THAT HEALTHY NEURONS THAT HAVE BEEN INJECTED INTO DISEASED EYES MAY 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 COPY | CONNECTIONS WITH THE BRAIN. THIS PROJECT EMPLOYS AN INNO | OVATIVE |
| 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 110 | TECHNOLOGY THAT USES ELECTRICAL STIMULATION TO DIRECT N | EURON GROWTH SO |
| | | |
| | 110 | COPY |

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| FORM NEW CONNECTIONS WITH THE BRAIN AND THEREBY RESTORE VI | SION. FOR |
| MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020331. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE SCHEPENS EYE RESEA | RCH |
| INSTITUTE. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARC | H BY KIN-SANG |
| CHO, PHD, ENTITLED: (G2020333) TREATING IMMUNE-MEDIATED GL | AUCOMATOUS |
| NEURAL DEGENERATION USING SPECIALIZED PRO-RESOLVING MEDIAT | ORS. |
| INVESTIGATOR'S SUMMARY: CONTINUOUS DEGENERATION OF VISION | IS NOT |
| UNCOMMON IN GLAUCOMA PATIENTS; IN SPITE OF THE INTRAOCULAR | PRESSURE IS |
| MAINTAINING IN NORMAL LEVEL. AMONG VARIOUS TYPES OF IMMUNE | CELLS, |
| MICROGLIAL ACTIVATION HAS BEEN KNOWN AS AN EARLY RESPONSIV | E IMMUNE CELL |
| IN GLAUCOMA DISEASE. RECENTLY, UNSATURATED FATTY ACID SUCH | AS |
| DOCOSAHEXAENOIC ACID (DHA) AND ARACHIDONIC ACID (ARA)-DERI | VED |
| SPECIALIZED PRO-RESOLVING MEDIATORS HAS BEEN SHOWN TO RESO | LVE |
| INFLAMMATION AND PROTECT AGAINST NEURONAL DEATH IN NEURODE | GENERATIVE |
| DISEASES SUCH AS ALZHEIMER'S DISEASE AND SPINAL CORD INJUR | Y. IN THIS |
| PROPOSAL, WE WILL INVESTIGATE THE ROLE DHA-DERIVED SPECIAL | IZED |
| PRO-RESOLVING MEDIATORS IN SUPPRESSING MICROGLIAL ACTIVATI | ON, PROMOTING |
| NEURONAL SURVIVAL AND VISION IN MOUSE MODELS OF GLAUCOMA. | FOR MORE |
| INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WWW.BRIGHTFOCUS.ORG/GRANT/G2020333. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| | |

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY. (H) PURPOSE OF

GRANT: NATIONAL GLAUCOMA RESEARCH BY JASON MEYER, PHD, ENTITLED:

(G2020369) ASTROCYTE EFFECTS ON RGCS IN A STEM CELL MODEL OF GLAUCOMA.

INVESTIGATOR'S SUMMARY: ASTROCYTES ARE KNOWN TO PLAY VITAL ROLES IN THE

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
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| lame of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| MAINTENANCE OF RETINAL GANGLION CELLS, WITH THESE INTERACT | IONS |
| DVERSELY AFFECTED IN GLAUCOMA. IN PARTICULAR, AS IS COMMO | N ACROSS A |
| UMBER OF NEURODEGENERATIVE DISEASES, THE MITOCHONDRIA OF | THESE CELLS |
| RE DAMAGED, PRESUMABLY LEADING TO THE DISEASE PHENOTYPES. | THE USE OF |
| UMAN PLURIPOTENT STEM CELLS ALLOWS FOR THE PRECISE MODELI | NG OF THESE |
| NTERACTIONS IN A DISH, PROVIDING THE SPATIAL AND TEMPORAL | RESOLUTION |
| O CLOSELY EXAMINE HOW MITOCHONDRIAL FUNCTION IS CHANGED I | N THESE CELLS |
| S A RESULT OF GLAUCOMA, AS WELL AS HOW THESE CHANGES IN M | ITOCHONDRIA |
| LTER THE HEALTH AND FUNCTION OF THE CELLS AS A WHOLE. FOR | MORE |
| NFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: | |
| WW.BRIGHTFOCUS.ORG/GRANT/G2020369. | |
| | |
| AME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TENNESSE | E HEALTH |
| CIENCE CENTER. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RE | SEARCH BY |
| IAMAK YOUSEFI, PHD, ENTITLED: (G2020374) IMPACT OF GLAUCO | MA ON RETINAL |
| ANGLION CELL SUBTYPES. INVESTIGATOR'S SUMMARY: GLAUCOMA I | S THE SECOND |
| EADING CAUSE OF BLINDNESS WORLDWIDE. IT AFFECTS OVER 90 M | ILLION PEOPLE |
| ND ITS INCIDENCE IS PREDICTED TO RISE 2-FOLD OVER THE NEX | T TWO |
| ECADES. GLAUCOMA-INDUCED VISION LOSS AND BLINDNESS RESULT | FROM THE |
| LOW DEGENERATION AND DEATH OF RETINAL GANGLION CELLS (RGC | S). IN HUMAN, |
| HE LARGE POPULATION OF RGCS CAN BE SUBDIVIDED INTO AT LEA | .ST 30 |
| UBTYPES. THE SUSCEPTIBILITY OF RGC SUBTYPES TO GLAUCOMA-I | NDUCED CELL |
| EGENERATION DIFFERS SIGNIFICANTLY. BUT IT HAS BEEN SURPRI | SINGLY |
| IFFICULT TO IDENTIFYING BOTH RGC SUBTYPES AND THEIR SUSCE | PTIBILITY TO |
| LAUCOMA. FOR THE PAST THREE YEARS WE HAVE BEEN DEVELOPING | SINGLE-CELL |
| ECHNOLOGIES TO STUDY BOTH RGC TYPE AND THE EARLY SIGNATUR | E OF |
| LAUCOMA-ASSOCIATED CELLULAR STRESS. WE WILL DEVELOP ARTIF | ICIAL |
| NTELLIGENCE (AI) APPROACHES TO IDENTIFY RGC SUBTYPES THAT | ARE MORE |
| Sched Sched 112 112 0729 150872 BRIGHTFOCUS 2019.04010 BRIGHTFOCUS Provide the second sec | dule O (Form 990 or 990-EZ) (2019) FOUNDATION |

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|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| SUSCEPTIBLE TO GLAUCOMA-INDUCED INSULT. OUR RESULTS COULD | ADVANCE OUR |
| UNDERSTANDING OF THE GENETIC BASES FOR GLAUCOMA-INDUCED RG | C CELL DEATH |
| AND POSSIBLE THERAPEUTIC INTERVENTIONS. FOR MORE INFORMATI | ON, VISIT THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2020374. | |

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY CLAUDIO PUNZO, PHD, ENTITLED: (M2020016) ELUCIDATING HOW SMOKING CONTRIBUTES TO AMD. INVESTIGATOR'S SUMMARY: AGE-RELATED MACULAR DEGENERATION (AMD) IS THE LEADING CAUSE FOR BLINDNESS AMONG ELDERLY OF THE INDUSTRIALIZED WORLD. AMONG THE NON-GENETIC RISK FACTORS SMOKING CONFERS THE HIGHEST RISK FOR PROGRESSION TO THE ADVANCED STAGES OF GEOGRAPHIC ATROPHY (GA) AND EXUDATIVE AMD; HOWEVER, HOW SMOKING CONTRIBUTES TO AMD REMAINS ELUSIVE. HERE WE PROPOSE THAT SMOKING CAUSES ADVANCED AMD PATHOLOGIES BY DEPLETION OF THE SECOND MOST ABUNDANT SERUM PROTEIN. LOSS OF THIS SERUM PROTEIN IN HUMANS CAUSES EMPHYSEMA, A CONDITION THAT HAS BEEN LINKED TO INCREASED RISK FOR ADVANCED AMD, WHILE WE FOUND THAT LOSS OF THIS SERUM PROTEIN IN MICE, CAUSES BESIDES LUNG PROBLEMS, LATE STAGE AMD PATHOLOGIES. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020016.

 NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA. (H) PURPOSE

 OF GRANT: MACULAR DEGENERATION RESEARCH BY BRADLEY GELFAND, PHD,

 ENTITLED: (M2020114) PATHOPHYSIOLOGY OF CHOROIDAL HEMODYNAMICS IN AMD.

 INVESTIGATOR'S SUMMARY: THE CHOROID IS THE BLOOD VESSEL NETWORK THAT

 NOURISHES THE RETINA, AND IS A SITE OF AGE-RELATED MACULAR DEGENERATION

 (AMD). RECENT STUDIES SUGGEST THAT CHOROIDAL BLOOD FLOW IS REDUCED IN

 AMD, AND THAT LOSS OF CHOROIDAL BLOOD FLOW MAY BE AN IMPORTANT FACTOR

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|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| IN THE INITIATION AND PROGRESSION OF THE DISEASE. IN THIS | PROPOSAL, WE |
| WILL USE DONOR EYES AND CUTTING EDGE COMPUTER MODELING AND | TO CELLULAR |
| MODELS TO UNDERSTAND WHETHER CHOROIDAL BLOOD FLOW PREDISPO | SES AND |
| CONTRIBUTES TO AMD. INSIGHTS GLEANED FROM THESE STUDIES CO | ULD INSPIRE |
| NEW DIAGNOSTIC AND THERAPEUTIC TOOLS TARGETING CHOROIDAL M | ECHANOBIOLOGY |
| TO IMPROVE AMD MANAGEMENT. FOR MORE INFORMATION, VISIT THE | BRIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020114. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY. | (H) PURPOSE |
| OF GRANT: MACULAR DEGENERATION RESEARCH BY PHILIP RUZYCKI, | PHD, |
| ENTITLED: (M2020115) EFFECTS OF AMD RISK ALLELES ON THE IN | NATE IMMUNE |
| SYSTEM. INVESTIGATOR'S SUMMARY: THIS PROJECT SEEKS TO UNDE | RSTAND THE |

GENETIC BASIS OF AGE-RELATED MACULAR DEGENERATION. BY LEVERAGING THE

MOST INNOVATIVE GENOMIC TECHNIQUES AVAILABLE WE WILL HOPE TO GAIN

INSIGHTS INTO BIOMARKERS FOR DISEASE PROGRESSION AND IDENTIFY NOVEL

TARGETS FOR PREVENTATIVE THERAPEUTICS. FOR MORE INFORMATION, VISIT THE

BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020115.

 NAME OF ORGANIZATION OR GOVERNMENT: WEST VIRGINIA UNIVERSITY RESEARCH

 CORP. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY JIANHAI

 DU, PHD, ENTITLED: (M2020141) TARGETING PROLINE METABOLISM IN AMD.

 INVESTIGATOR'S SUMMARY: WE PREVIOUSLY REPORT THAT PROLINE, AN AMINO

 ACID, IS A CRITICAL NUTRIENT SOURCE FOR RETINAL PIGMENT EPITHELIUM

 (RPE) AND RETINA. WE FOUND SUPPLEMENTATION WITH PROLINE COULD PROTECT

 PHOTORECEPTOR DEGENERATION IN A MOUSE MODEL OF AGE-RELATED MACULAR

 DEGENERATION (AMD), AND RPE FROM AMD PATIENT DONORS HAVE POOR

 UTILIZATION OF PROLINE. IN THIS PROPOSAL, WE WILL TEST MECHANISMS FOR

 PROLINE UTILIZATION IN AMD AND INVESTIGATE APPROACHES TO RESCUE RPE

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DEFECT FROM AMD BY TARGETING PROLINE METABOLISM. FOR MORE INFORMATION,

VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020141.

SCHEDULE I, PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE CITY COLLEGE OF CUNY. (H)

PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY MARK EMERSON, PHD,

ENTITLED: (M2020157) A SCREEN FOR CONE-PROMOTING FACTORS THAT CAN BE

USED TO REPLACE CONES LOST IN AMD. INVESTIGATOR'S SUMMARY: CONE

PHOTORECEPTORS ARE THE CRITICAL LIGHT SENSING SENSORY CELLS THAT ARE

LOST IN AGE-RELATED MACULAR DEGENERATION (AMD). ONE PROMISING

THERAPEUTIC STRATEGY WOULD BE TO PROMOTE THE FORMATION OF NEW CONE

PHOTORECEPTORS WITHIN THE RETINA TO REPLACE THOSE LOST TO DISEASE. THIS

PROJECT WILL USE HIGH-RESOLUTION MOLECULAR TECHNIQUES TO IDENTIFY THE

GENES NORMALLY FOUND IN FORMING CONE PHOTORECEPTORS THAT ARE SUFFICIENT

TO TURN OTHER RETINAL CELLS INTO CONES. THE IDENTIFICATION OF SUCH

GENES WILL BE PROVIDE THE FOUNDATION TO DEVELOP NEW CONE REPLACEMENT

THERAPIES FOR AMD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/M2020157.

NAME OF ORGANIZATION OR GOVERNMENT: TULANE UNIVERSITY. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY SHUSHENG WANG, PHD, ENTITLED: (M2020166) A CRISPR-BASED INDUCIBLE SYSTEM FOR VEGF REPRESSION FOR AMD. INVESTIGATOR'S SUMMARY: CURRENT ANTI-VEGF MEDICINES FOR WET AGE-RELATED MACULAR DEGENERATION (AMD) REQUIRE MULTIPLE INJECTIONS PER YEAR AND IS NOT SATISFACTORY FOR WET AMD PATIENTS. WE AIM TO ESTABLISH A NOVEL INDUCIBLE SYSTEM FOR VEGF REPRESSION FOR WET AMD. THIS SYSTEM COMBINES POTENCY, REVERSIBILITY AND SAFETY, AND CAN BE USED TO TREAT AMD WITH JUST ONE OCULAR INJECTION. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS 902212 09-06-10 115 21490729 150872 BRIGHTFOCUS DESCRIPTION OF DES

WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020166.

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY PRIYATHAM METTU, MD, ENTITLED: (M2020168) REGULATION OF MACROPHAGE-MEDIATED NEOVASCULAR REMODELING IN NEOVASCULAR AMD. INVESTIGATOR'S SUMMARY: WET (OR NEOVASCULAR) AGE-RELATED MACULAR DEGENERATION (AMD), WHICH DEVELOPS WHEN AN ABNORMAL BLOOD VESSEL GROWS UNDER THE RETINA, IS THE LEADING CAUSE OF BLINDNESS IN THE ELDERLY. WHILE THERE ARE APPROVED TREATMENTSSHOTS OF MEDICINES INTO THE EYE TO STABILIZE THE ABNORMAL BLOOD VESSELAT LEAST 40% OF PATIENTS HAVE MORE SEVERE DISEASE THAT REMAINS ACTIVE AND CAUSES WORSENING VISION IN SPITE OF TREATMENT. WE PROPOSE THAT THE SEVERE FORM OF WET AMD IS CAUSED BY INFLAMMATORY CELLS CALLED MACROPHAGES AND HAVE IDENTIFIED A POTENTIAL NOVEL MOLECULAR TARGET THAT CONTROLS THE ACTIVITY OF THESE INFLAMMATORY CELLS. THE PURPOSE OF THIS PROJECT IS TO BETTER UNDERSTAND THIS MOLECULAR TARGET AND DETERMINE WHETHER MEDICINES THAT BLOCK THIS TARGET COULD BE EFFECTIVE NOVEL TREATMENTS FOR PATIENTS WITH WET AMD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020168.

NAME OF ORGANIZATION OR GOVERNMENT: WILMER EYE INSTITUTE, JOHNS HOPKINS UNIVERSITY. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY MALIA EDWARDS, PHD, ENTITLED: (M2020174) THE IMPACT OF SUBRETINAL GLIAL MEMBRANES IN GEOGRAPHIC ATROPHY. INVESTIGATOR'S SUMMARY: THIS PROPOSAL WILL TAKE A NOVEL APPROACH TO STUDYING THE PATHOLOGY OF GEOGRAPHIC ATROPHY BY INVESTIGATING THE ROLE OF GLIAL CELLS. THESE CELLS, TRADITIONALLY CONSIDERED ONLY SUPPORT CELLS, ARE ALTERED IN GEOGRAPHIC ATROPHY AND CREATE A MEMBRANE-LIKE STRUCTURE. THE PROPOSED STUDIES WILL 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 116 21490729 150872 BRIGHTFOCUS Name of the organization

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INVESTIGATE HOW CHANGES TO THESE CELLS MAY INFLUENCE DISEASE

PROGRESSION AND THE EFFECTIVENESS OF TREATMENTS. FOR MORE INFORMATION,

VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020174.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA MEDICAL RESEARCH

FOUNDATION. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY

WILLARD FREEMAN, PHD, ENTITLED: (M2020207) INDUCIBLE CELL-SPECIFIC

MOUSE MODELS FOR PAIRED EPIGENETIC AND TRANSCRIPTOMIC STUDIES OF

MICROGLIA AND MULLER GLIA IN AGE-RELATED MACULAR DEGENERATION.

INVESTIGATOR'S SUMMARY: AGING IS THE MAJOR RISK FACTOR FOR AGE-RELATED

MACULAR DEGENERATION (AMD) BUT HOW AGING, ALONG WITH SEX, LEAD TO THE

DEVELOPMENT OF THE DISEASE IS NOT UNDERSTOOD. DNA ALTERATIONS THAT DO

NOT CHANGE GENETIC COMPOSITION, KNOWN AS EPIGENETIC MODIFICATIONS, ARE

ABLE TO INFLUENCE GENE EXPRESSION. EPIGENETIC MODIFICATIONS,

PRINCIPALLY METHYLATION (MC) AND HYDROXYMETHYLATION (HMC) OF THE DNA

HAVE BEEN LINKED TO THE DEVELOPMENT/PROGRESSION OF AMD, BUT HOW THESE

ALTERATIONS CHANGE WITH AGING AND SEX IN THE DIFFERENT CELL TYPES OF

THE RETINA, INCLUDING MICROGLIA AND MULLER GLIA, IS NOT KNOWN. USING

NOVEL MOUSE MODELS THAT ALLOW THE ISOLATION OF DNA AND RNA FROM

SPECIFIC CELL TYPES, SPECIFIC AIM 1 AND SPECIFIC AIM 2 WILL EVALUATE MC

AND HMC AND HOW SUCH MODIFICATION CORRELATE WITH GENE EXPRESSION AND

RETINA FUNCTION/ACUITY SPECIFICALLY IN MICROGLIA AND MULLER CELLS,

RESPECTIVELY, TAKING INTO ACCOUNT AGE AND SEX AS PARAMETERS. FOR MORE

INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/M2020207.

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF TEXAS HEALTH

SCIENCE CENTER AT HOUSTON. (H) PURPOSE OF GRANT: MACULAR DEGENERATION

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2019.04010 BRIGHTFOCUS FOUNDATION

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| RESEARCH BY AMIR MOHSENIN, MD, PHD, ENTITLED: (M2020216) A | GING AND |
| ADENOSINE IN NEOVASCULAR AGE-RELATED MACULAR DEGENERATION. | |
| INVESTIGATOR'S SUMMARY: AGE-RELATED MACULAR DEGENERATION (| AMD) IS THE |
| NUMBER ONE CAUSE OF BLINDNESS IN ADULTS GREATER THAN 60 YE | ARS OF AGE IN |
| THE UNITED STATES AND THE THIRD OVERALL CAUSE OF BLINDNESS | WORLDWIDE. |
| THIS RESEARCH PROJECT WILL UTILIZE A MOUSE MODEL OF AMD TO | INVESTIGATE |
| THE EFFECTS OF OLDER AGE ON ADENOSINE, A SIGNALING MOLECUL | E THAT IS |
| CAPABLE OF CONTROLLING THE VISION-THREATENING BLOOD VESSEL | AND SCAR |
| TISSUE FORMATION SEEN IN ADVANCED DISEASE. DETERMINING THE | AGE-RELATED |
| EFFECTS OF ADENOSINE IN AMD WILL NOT ONLY EXPAND OUR UNDER | STANDING OF |
| THE DISEASE MECHANISM BUT ALSO UNCOVER NOVEL THERAPEUTIC T | ARGETS THAT |
| CAN PREVENT VISION LOSS. FOR MORE INFORMATION, VISIT THE B | RIGHTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020216. | |
| | |
| SCHEDULE I, PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGT | ON. (H) |
| PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY JENNIFE | R CHAO, MD, |
| PHD, ENTITLED: (M2020217) RPE MODELING ON A PERFUSABLE MIC | ROVESSEL |
| NETWORK. INVESTIGATOR'S SUMMARY: IN ORDER TO IDENTIFY NOVE | L TARGETED |
| THERAPEUTICS FOR THE TREATMENT OF AGE-RELATED MACULAR DEGE | NERATION |

(AMD) AND OTHER RPE-RELATED DISEASES, THERE IS A CRITICAL NEED TO

DEVELOP PHYSIOLOGICALLY RELEVANT MODELS FOR UNDERSTANDING DISEASE

PATHOLOGY. CURRENT APPROACHES TO MODELING RPE-RELATED DISEASES UTILIZE

CONVENTIONAL TWO-DIMENSIONAL SYSTEMS THAT DO NOT ACCURATELY

RECAPITULATE NORMAL RPE PHYSIOLOGY OR DISEASE STATES, IN PART, BECAUSE

THEY DO NOT INCLUDE THE UNDERLYING CIRCULATION OR CHOROIDAL

VASCULATURE. RECENT STUDIES IN AMD INCREASINGLY POINT TOWARD THE

IMPORTANCE OF THE CHOROID IN DISEASE DEVELOPMENT AND PROGRESSION. THE

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| GOAL OF THIS PROPOSAL IS TO DEVELOP AND CHARACTERIZE A 3D | |
| RPE-CHOROID SCAFFOLD SYSTEM THAT CAN BE USED AS A PLATFORM | TO STUDY THE |
| ESSENTIAL ELEMENTS OF RPE-RELATED DISEASES, SUCH AS EXTRAC | ELLULAR |
| MATRIX REMODELING, DRUSEN DEPOSITION, VASCULAR FLOW EFFECT | S ON |
| CHOROIDAL ENDOTHELIAL CELLS, AND VASCULAR PERMEABILITY TO | |
| MACROMOLECULES AND METABOLITES. FOR MORE INFORMATION, VISI | T THE |
| BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020217. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE RESEARCH FOUNDATIO | N FOR SUNY ON |
| BEHALF OF UNIVERSITY AT BUFFALO. (H) PURPOSE OF GRANT: MAC | ULAR |
| DEGENERATION RESEARCH BY AMY MILLEN, PHD, ENTITLED: (M2020 | 227) |
| INTERPLAY OF DIET AND THE GUT MICROBIOME IN AGE-RELATED MA | CULAR |
| DEGENERATION. INVESTIGATOR'S SUMMARY: THE PROPOSED RESEARC | H TO STUDY |
| THE GUT MICROBIOME AS A MODIFIABLE RISK FACTOR FOR AGE-REL | ATED MACULAR |
| DEGENERATION (AMD) IS RELEVANT TO PUBLIC HEALTH BECAUSE AM | D IS THE |
| LEADING CAUSE OF VISION LOSS IN THE U.S. USING DATA FROM T | HE |
| CAROTENOIDS IN AGE-RELATED EYE DISEASE STUDY 2 (CAREDS2) O | F |
| POSTMENOPAUSAL WOMEN, WE PROPOSE TO CONDUCT ONE OF THE FIR | ST LARGE |
| EPIDEMIOLOGIC STUDIES TO EXAMINE ASSOCIATIONS BETWEEN THE | COMPOSITION |
| AND DIVERSITY OF THE GUT MICROBIOME AND THE PREVALENCE AND | STAGE OF AMD |
| (NO AMD, INTERMEDIATE AMD, AND ADVANCED/VISION-THREATENING | AMD). |
| EVIDENCE OF A PROTECTIVE ASSOCIATION BETWEEN CERTAIN PROFI | LES OF THE |
| GUT MICROBIOME CONTENT AND AMD COULD LEAD, IN THE LONG-TERM | M, TO EASILY |
| IMPLEMENTED, LOW-COST INTERVENTIONS TO MODIFY THE GUT MICR | OBIOME WITH |
| DIET, OR HIGHLIGHT POTENTIAL METABOLIC PATHWAYS FOR INTERV | ENTION, TO |
| PREVENT AMD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS W | EBSITE: |
| WWW.BRIGHTFOCUS.ORG/GRANT/M2020227. | |

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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORN | IA DAVIS |
| SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: MACULAR DEGENERA | TION RESEARCH |
| BY GLENN YIU, MD, PHD, ENTITLED: (M2020247) CRISPR-BASED G | ENOME EDITING |
| FOR TREATMENT OF NEOVASCULAR AMD IN THE NONHUMAN PRIMATE. | |
| INVESTIGATOR'S SUMMARY: AGE-RELATED MACULAR DEGENERATION (| AMD) IS A |
| LEADING CAUSE OF BLINDNESS IN THE ELDERLY, BUT CURRENT TRE | ATMENTS FOR |
| THE "WET" FORM OF AMD RELY ON FREQUENT DRUG INJECTIONS INT | O THE EYE |
| THAT ARE EXPENSIVE AND A BURDEN FOR PATIENTS. THIS RESEARC | H PROPOSAL |
| WILL ADDRESS THIS HEALTHCARE CRISIS BY DEVELOPING A POTENT | IAL CURE FOR |
| WET AMD USING A POWERFUL GENE-EDITING TECHNOLOGY CALLED "C | RISPR." THIS |
| INNOVATIVE GENE-EDITING SYSTEM CAN PERMANENTLY CHANGE THE | GENES THAT |
| CAUSE WET AMD, AND CAN HOPEFULLY BE USED SOMEDAY TO SAVE T | HE VISION OF |
| OUR AGING POPULATION. FOR MORE INFORMATION, VISIT THE BRIG | HTFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020247. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE NATIONAL INSTITUTE | S OF |
| HEALTH/NATIONAL EYE INSTITUTE. (H) PURPOSE OF GRANT: MACUL | AR |

DEGENERATION RESEARCH BY KAPIL BHARTI, PHD, ENTITLED: (M2020258)

DISCOVERING MECHANISMS OF RPE/CHOROID DEGENERATION IN AMD USING 3D

BIOPRINTED EYE TISSUE. INVESTIGATOR'S SUMMARY: THE ROLE OF RETINAL

PIGMENT EPITHELIAL CELLS AND RETINAL BLOOD VESSELS IN THE PROGRESSION

OF AGE-RELATED MACULAR DEGENERATION, A DISEASE THAT LEADS TO

PROGRESSIVE VISION LOSS WITH AGE, ARE NOT FULLY UNDERSTOOD. THIS

RESEARCH PROJECT USES 3D BIOPRINTED HUMAN TISSUE MODELS TO CLARIFY THE

ROLE OF RETINAL BLOOD VESSELS IN INITIATING AND PROGRESSING MACULAR

DEGENERATION. THE COMPLETION OF THIS PROJECT IS EXPECTED TO DETERMINE

WHETHER THE RETINAL BLOOD VESSELS CAN BE EFFECTIVE THERAPEUTIC TARGETS

FOR COUNTERING MACULAR DEGENERATION AND SUGGEST NOVEL THERAPEUTICS Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 2019.04010 BRIGHTFOCUS FOUNDATION COPY

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| AGAINST THE DISEASE. FOR MORE INFORMATION, VISIT THE BRIGH | TFOCUS |
| WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2020258. | |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORN | IA, IRVINE. |
| (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY DOR | ОТА |
| SKOWRONSKA-KRAWCZYK, PHD, ENTITLED: (M2020271) ROLE OF ELO | VL2 IN AGE |
| RELATED CHANGES IN THE EYE. INVESTIGATOR'S SUMMARY: WE ARE | |
| CHARACTERIZING THE ROLE OF A NEW PROTEIN WHICH IS INVOLVED | IN |
| PROCESSING LIPIDS, A PROCESS WHICH HAS LONG THOUGHT TO PLA | Y AN |
| IMPORTANT ROLE IN MACULAR DEGENERATION. MICE WITHOUT FUNCT | ION OF THIS |
| PROTEIN LOSE VISION AND DEVELOP LIPID DEPOSITS THAT ARE VE | RY SIMILAR TO |
| THE DEPOSITS ONE SEES IN MACULAR DEGENERATION EYES. IN THI | S STUDY, WE |
| WILL EXPLORE THE RELATIONSHIP OF INFLAMMATION WITH THIS PR | OTEIN IN |
| CREATING THESE LIPID DEPOSITS IN THE EYE AND WILL EXPLORE | THE FUNCTION |
| OF THIS PROTEIN IN HUMAN CELL LINES TO SEE WHETHER THIS CA | N SERVE AS A |
| CELL CULTURE MODEL OF MACULAR DEGENERATION. FOR MORE INFOR | MATION, VISIT |
| THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M202027 | 1 |
| | |
| NAME OF ORGANIZATION OR GOVERNMENT: THE JACKSON LABORATORY | . (H) PURPOSE |
| OF GRANT: MACULAR DEGENERATION RESEARCH BY JURGEN NAGGERT, | MS, PHD, |
| ENTITIED (M2020284) EOTI, BASED SELECTION OF GENETIC BACKG | ROUND FOR AMD |

MODELS. INVESTIGATOR'S SUMMARY: THIS PROPOSAL AIMS AT DEVELOPING HUMAN

LIKE MOUSE MODEL THAT ALLOWS US TO DETERMINE THE FUNCTION OF HUMAN

GENES THAT INCREASE THE RISK OF DEVELOPING AGE-RELATED MACULAR

DEGENERATION (AMD). WE WILL DO THIS BY MEASURING GENE EXPRESSION IN THE

RETINAS OF A MOUSE POPULATION THAT IS AS DIVERSE AS THE HUMAN

POPULATION. WE WILL THEN USE THIS INFORMATION TO SELECT A MOUSE STRAIN

THAT SHOWS A SIMILAR GENE EXPRESSION PATTERN AS HUMAN AMD PATIENTS AND

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2019.04010 BRIGHTFOCUS FOUNDATION COPY

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization BRIGHTFOCUS FOUNDATION | Employer identification number 23-7337229 |
| WE PREDICT THAT HUMAN RISK GENES PLACED IN SUCH A MOUSE | MODEL WILL LEAD |
| TO EARLIER AND MORE HUMAN LIKE AMD DISEASE CHARACTERIST | ICS. THIS HAS |
| THE POTENTIAL TO GREATLY FACILITATE DEVELOPMENT OF NEW | TREATMENT |
| STRATEGIES. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS | WEBSITE: |

WWW.BRIGHTFOCUS.ORG/GRANT/M2020284.

NAME OF ORGANIZATION OR GOVERNMENT: RD MEETING INC. (H) PURPOSE OF

GRANT: BY ENTITLED: CONFERENCE SUPPORT FOR ATTENDEES AT INTERNATIONAL

SYMPOSIA ON RETINAL DEGENERATION.

NAME OF ORGANIZATION OR GOVERNMENT: ARVO FOUNDATION FOR EYE RESEARCH.

(H) PURPOSE OF GRANT: BY ENTITLED: 2020 EYEFIND RESEARCH GRANT

SPONSORSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: ARVO FOUNDATION FOR EYE RESEARCH.

(H) PURPOSE OF GRANT: BY ENTITLED: 2020 TRAVEL GRANTS FOR CONFERENCE

ATTENDEES.

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| SCH | IEDULE R |
|-------------------|-----------------|
| <i>(</i> — | |

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number 23 - 7337229

Department of the Treasury Internal Revenue Service

BRIGHTFOCUS FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) (c) Primary activity Legal domicile (state of the second sec | | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|----------|----------------------------|----------------------------------|-------------------------------------|
| NATIONAL DEVELOPMENT, LLC - 23-7337229 | | | | | |
| 22512 GATEWAY CENTER DRIVE | PROPERTY RENTAL AND | | | | |
| CLARKSBURG, MD 20871 | MANAGEMENT | MARYLAND | 607,871. | 4,137,029. | BRIGHTFOCUS FOUNDATION |
| AMERICAN HEALTH ASSISTANCE, LLC - 23-7337229 | | | | | |
| 22512 GATEWAY CENTER DRIVE | OWNER OF BRIGHTFOCUS | | | | |
| CLARKSBURG, MD 20871 | HEADQUARTERS | MARYLAND | 0. | 3,538,919. | BRIGHTFOCUS FOUNDATION |
| | - | | | | |
| | - | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | g) 512(b)(13) rolled ity? |
|---|--------------------------------|---|-------------------------------|---|--|-----|---|
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 BRIGHTFOCUS FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) | |
|--|------------------|---|------------------------------|------------------------------|--|--|-----------------------------------|-------------------------------|-----------------|---|---------------------------|---|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Direct controlling entity | controlling ntity excluded from tax under sections 512-514) | Predominant income (related, unrelated, income excluded from tax under | Share of end-of-year assets | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule | Genera manag partne | l or Percentage ^{ing} ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i Sec 512(k contr ent | (i) ction b)(13) rolled tity? |
|---|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|------------------------------------|---|
| | | country) | | | | 235013 | | Yes | No |
| | | | | | | | | | |
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Schedule R (Form 990) 2019 BRIGHTFOCUS FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | |
| | Loans or loan guarantees by related organization(s) | 1e | | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | |
| g | Sale of assets to related organization(s) | 1g | | |
| h | Purchase of assets from related organization(s) | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| | Sharing of paid employees with related organization(s) | 10 | | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) 932163 09-10-19 | | | Schedule R (Form 990) 2019 |

Schedule R (Form 990) 2019 BRIGHTFOCUS FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners s 501(c)(3 orgs.? Yes N | (g) Share of end-of-year assets | (f Dispr tior alloca Yes | n) opor- iate iions? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General o managin partner? Yes No | (k) r Percentage ownership |
|--|--------------------------------|-----|---|---|---|---|--|---|---|----------------------------------|
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Schedule R (Form 990) 2019

BRIGHTFOCUS FOUNDATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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