Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under 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.

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning APR 1, 2018 and ending MAR 31, D Employer identification number C Name of organization Address BRIGHTFOCUS FOUNDATION Name change 23-7337229 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 948-3244 22512 GATEWAY CENTER DRIVE (301)57,429,699. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CLARKSBURG, MD 20871 H(a) Is this a group return F Name and address of principal officer: STACY PAGOS HALLER Applicafor subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) ◀ (insert no.) 4947(a)(1) or J Website: ▶ WWW.BRIGHTFOCUS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1973 M State of legal domicile: DC Part I Summary 1 Briefly describe the organization's mission or most significant activities: BRIGHTFOCUS FOUNDATION (BRIGHTFOCUS) SEEKS A WORLD FREE FROM DISEASES OF MIND AND SIGHT. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) ø 58 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 51 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 32,362,197. 39,635,190. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,854,269 1,956,174. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 688,039. 693,445. 34,904,505. 42,284,809. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,475,744. 16,205,073. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,985,215. 399,694. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 636,451. 761,638. **b** Total fundraising expenses (Part IX, column (D), line 25) 16,718,081. 18,076,925. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,815,491. 40,443,330. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -910,986. 1,841,479. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 52,594,473. 58,993,683. 20 Total assets (Part X, line 16) 20,725,981. 25,715,274. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 31,868,492. 33,278,409. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign STACY PAGOS HALLER, PRESIDENT/CEO Here Type or print name and title PTIN Check Preparer's signature Print/Type preparer's name 07/26/19 self-employed P00639053 Paid FRANK H. SMITH Firm's name MARCUM, LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only WASHINGTON, DC 20036 Phone no. (202) 227-4000 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

BRIGHTFOCUS FOUNDATION

Form 990 (2018) BRIGHTFOCUS FOUNDATION
Part IV Checklist of Required Schedules

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2	X	
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_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ν,	
6	during the tax year? If "Yes," complete Schedule C, Part II	_4_	<u>X</u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		35
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		<u> </u>
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
•	·			v
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
3	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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ _		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	35%#.	200	
4	Part VI	 11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	118		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
G	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		Х
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u></u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
20a	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? // "Yes," complete Schedule I. Parts I and II	21	<u> </u>	(0010)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	L
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	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			
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? f "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		117	
	instructions for applicable filing thresholds, conditions, and exceptions):	45		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	X	
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	X	ļ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱
or.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_~
37	ff "Yes," complete Schedule R, Part V, line 2	36		X
3,	and that is treated as a partnership for foderal income tay autocase?			x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37_		<u> </u>
•	Note. All Form 990 filers are required to complete Schedule O	20	x	
Rå	Statements Regarding Other IRS Filings and Tax Compliance	38		L
1- TSIGE	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 175		े े	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5	4 : i	24-21
J	(gambling) winnings to prize winners?	1c	х	ľ
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Part \	7	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,		748 2 V		
	filed for the calendar year ending with or within the year covered by this return	2a	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			83	
3a				ļ	X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a	100000	X
þ	If "Yes," enter the name of the foreign country:		33	1000	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	10477.2 24.54.00	石灣	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			-	<u> </u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit	l l		١.,
_	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	+	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	ا ا		
_	were not tax deductible?		6b	J. State	
7	Organizations that may receive deductible contributions under section 170(c).	door aroulded to the pr		X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the pa		X	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	o roquirod	<u>7b</u>	 ^	 -
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	s required	7c		l x
d	Market War II in disease the annual proof Course (0000 Electric William Market War	7d			
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				100
	and the second section is a second section of the second section of the second section of the second	•	8		1
9	Sponsoring organizations maintaining donor advised funds.			la co	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	T	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		To a second		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	HC 48,		100
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.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	A 50 1 8 8 8	SESSESSION
b	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1000	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 84 SSSS	61.6996-572-5
	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	1 1			
	organization is licensed to issue qualified health plans	13b			
C		13c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(<u> () ()</u>
14a				$\overline{}$	<u> </u>
b 4E			14b	+	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4=		x
	excess parachute payment(s) during the year?		1 <u>15</u>		2.75
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome?	-	· • · · · · ·	X
IŪ	If "Yes," complete Form 4720, Schedule O.		16 • \\2	1 384	2
	ii 165, compiete Form 7720, conedule O.			000) (00.10)

Form 990 (2018) BRIGHTFOCUS FOUNDATION 23-7337229 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management	····		<u> </u>
	to to thing body and Managorion.	_	Yes	Na
1a	Enter the number of voting members of the governing body at the end of the tax year 15		T A	No
	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 in Schedule O.	XPTUME!	.,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	131.72% de at	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u></u> -
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	: SPEEDAYY!
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1, 0, 1	to be seen
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Market State		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		200	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	34	io ye.	物流
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CT, FL, GA, HI, II			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID F. MARKS, CPA, CMA - (301) 948-3244 22512 GATEWAY CENTER DRIVE, CLARKSBURG, MD 20871			
83200	3 12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES	Enra	990	(2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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."
- 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C Posi	C) ition			(D)	(E)	(F)
Name and Title	Average hours per	(do	not cl	hack r	nore	than c s both	ne an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	eran	dadi	recto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	шреп		(***2) 1000-141100)		and related
	below	idual	tution	J	Key employee	est co loyee	ja j			organizations
	line)	É	Insti	Officer	, Ke	High emp	Former			
(1) SCOTT RODGVILLE, CPA	5.00				1	İ			;	
CHAIR		X		X				0.	0.	0.
(2) DIANE I. MARCELLO	3.00									
VICE CHAIR		X		X				0.	0.	0.
(3) NICHOLAS W. RAYMOND	20.00									
TREASURER		Х	<u> </u>	X				0.	0.	0.
(4) JUDITH F. LEE	4.00		1							
SECRETARY		X		X				0.	0.	0.
(5) CECILIA ARRADAZA	2.00			ļ						
DIRECTOR		X		<u> </u>		L		0.	0.	0.
(6) MICHAEL H. BARNETT, ESQ.	3.00									
DIRECTOR		x					L	0.	0.	0.
(7) MADDY DYCHTWALD	1.00									
DIRECTOR		X		Ш		L		0.	0.	0.
(8) GRACE FRISONE	6.00	1								
DIRECTOR		X		_		╙		0.	0.	0.
(9) JUNE KINOSHITA	3.00	1					1		_	_
DIRECTOR		x	L	<u> </u>	<u> </u>	ļ	ـــــ	0.	0.	0.
(10) HENRY J. POWNALL, PHD	1.00								_	_
DIRECTOR		X						0.	0.	0.
(11) BRIAN K. REGAN, PHD	4.00	1								
DIRECTOR		X	_		_	╙	_	0.	0.	0.
(12) ELTJO (ED) R. SCHOONVELD	3.00	1							_	_
DIRECTOR		X	<u> </u>	┡	<u> </u>	ļ		0.	0.	0.
(13) PATRICIA M. STEWART	3.00	 							_	
DIRECTOR		X		↓	<u> </u>	↓ _	_	0.	0.	0.
(14) JAN M. STOUFFER, PHD	3.00	┨								
DIRECTOR		X	ļ	<u> </u>		┡	1	0.	0.	0.
(15) ETHAN TREESE	3.00	1		1					_	_
DIRECTOR	AX	X	 		₩		↓_	0.	0.	0.
(16) STACY PAGOS HALLER	55.00	-						100 001		
PRESIDENT/CEO	45.00	╀	⊢	X	╀	╄	╀	409,204.	0.	81,085.
(17) NANCY LYNN	45.00	1	1					224 202		1 20 242
SR. VP STRATEGIC PARTNERSH		_			X		1	234,328.	0.	38,210.

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Form 990 (2018)

	OCUS FOUR								23-1331	<u> </u>	Page
Part VII Section A. Officers, Directors, T	rustees, Key Em	oloye	ees,	and	Hig	hes	t Co	mpensated Employee	s (continued)	T	
(A)	(B)			(0	>)			(D)	(E)	(F	7)
Name and title	Average	Position (do not check more than one				Reportable	Reportable	Estim	ated		
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amou	int of
	week	\vdash	ceran	dadi	recto	r/trust	ee}	from	from related	oth	ner
	(list any	ector						the	organizations	compe	nsation
	hours for	or dir	, e			ted	1	organization	(W-2/1099-MISC)	from	the
	related	stee	ruste			bens		(W-2/1099-MISC)		organi	
	organizations below	ם	onal 1		loye	E 20				and re	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organiz	zations
(18) R. BRIAN ELDERTON	45.00	Ĕ	Ĕ	₽	Ke	重量	<u>.</u>				
BR. VP, DEVELOPMENT	40.00	1			х			228,265.	0.	/13	239
(19) DAVID F. MARKS CPA CMA	45.00		 		Λ			220,200.		43,	433
VP, FINANCE & ADMINISTRATION	15,00	1			X			155,262.	0.	59	365
(20) MICHAEL BUCKLEY	45.00							200,202.	•	 /	
VP, PUBLIC AFFAIRS		1			х			154,307.	0.	24.	229
(21) DIANE BOVENKAMP, PHD	45.00							•			
VP, SCIENTIFIC AFFAIRS		1				Х		140,126.	0.	22,	339
		1									
		1									
]									
]								
	_ <u></u>]									<u> </u>	
1b Sub-total								1,321,492.	0.	268,	
c Total from continuation sheets to Par								0.	0.	<u> </u>	0
d Total (add lines 1b and 1c)								1,321,492.	0.	268,	467
2 Total number of individuals (including b	ut not limited to th	nose	liste	d at	ove) wh	o re	ceived more than \$100,	,000 of reportable		
compensation from the organization	<u> </u>										
									_		es No
3 Did the organization list any former offi				•		•		•	• •		
line 1a? If "Yes," complete Schedule J f										3	X
4 For any individual listed on line 1a, is th											
and related organizations greater than \$	\$150,000? <i>If</i> "Yes	, " cc	mpl	ete S	Sche	edule	J fo	or such individual		4 2	
5 Did any person listed on line 1a receive									dual for services	際類器	
rendered to the organization? /f "Yes."	complete Schedu	e J f	or s	JCn J	oers	оп				5	X
Section B. Independent Contractors											

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RKD GROUP, 35 PARKWOOD DRIVE, SUITE 160,	PUBLIC AWARENESS	
HOPKINTON, MA 01748	CONSUL. & MATERIALS	7,489,407.
BEACONFIRE REDENGINE, 2300 CLARENDON	ONLINE PUBLIC	
BLVD., SUITE 925, ARLINGTON, VA 22201	AWARENESS CONSULTING	473,180.
DATA MANAGEMENT, INC.		
160 STONE STREET, STONEVILLE, NC 27048	DATABASE MANAGEMENT	203,649.
MARCUM LLP, 1899 L STREET, SUITE 850, NW,	ACCOUNTING & HUMAN	
WASHINGTON, DC 20036	RESOURCES	183,238.
CK & D, 7421 BEVERLY BOULEVARD, SUITE 11,	PROGRAM OUTREACH	
LOS ANGELES, CA 90036	CONSULTING	172,641.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 10	d above) who received more than	

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Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 170,903. 1 a Federated campaigns **b** Membership dues 216,710 c Fundraising events d Related organizations Government grants (contributions) f All other contributions, gifts, grants, and 39247577 similar amounts not included above 99,278 ¶ Noncash contributions included in lines 1a-1f: \$ 39635190 h Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 914,311. 914,311. Income from investment of tax-exempt bond proceeds 4 412,045. 412,045 5 Royalties (i) Real (ii) Personal 599,163. 6 a Gross rents 45,636. Less: rental expenses c Rental income or (loss) 553,527. 553,527. 553,527. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 且5822790 assets other than inventory b Less: cost or other basis and sales expenses 14780927 c Gain or (loss) **▶** 1,041,863. 1041863. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 216,710. of contributions reported on line 1c). See 46,200 Part IV, line 18 ь318,327 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 42284809 2649619. Total revenue, See instructions

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Form 990 (2018) BRIGHTFOCUS FOUNDATION Part X 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 response or note to any line in this Part IX									
_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	13,655,717.	13,655,717.						
2	Grants and other assistance to domestic			And the second s					
	individuals. See Part IV, line 22		<u> </u>	为 化学家的现在分词	ALL STREET, ST				
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign				The state of the state of the				
	individuals. See Part IV, lines 15 and 16	2,549,356.	2,549,356.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	1,463,473.	863,879.	332,442.	<u>267,152.</u>				
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	2,858,355.	1,652,053.	900,609.	305,693.				
8	Pension plan accruals and contributions (include	050 485	44= 00=		A				
	section 401(k) and 403(b) employer contributions)	252,479.	145,926.		27,002.				
9	Other employee benefits	565,806.	327,021.	178,274.	60,511.				
10	Payroll taxes	259,581.	150,031.	81,789.	27,761.				
11	Fees for services (non-employees):								
	Management	456 505	404 508	15 100					
		176,707.	131,527.	45,180.					
	Accounting	85,331.	43,916.	22,141.	19,274.				
d		761 630	FS-1027 Jacob County Lord District Labors 1		FIGA 500				
е	Professional fundraising services. See Part IV, line 17			206 670	761,638.				
ſ	Investment management fees	286,678.	<u> </u>	286,678.	-				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 494 247	1 264 072	05 651	24 522				
	column (A) amount, list line 11g expenses on Sch O.)	1,484,247. 472,122.	1,364,073. 134,501.	85,651.	34,523.				
12	Advertising and promotion	861,338.		281,468.	337,621.				
13	Office expenses	641,876.	438,653. 443,323.	140,201.	141,217.				
14	Information technology	041,0/0.	443,343+	140,201.	58,352.				
15	Royalties	372,052.	220,484.	117,822.	33,746.				
16	Occupancy	249,408.	160,354.	57,622.	31,432.				
17	Payments of travel or entertainment expenses	249,400.	100,334.	31,022+	31,432.				
18	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	250,553.	236,075.	9,368.	5,110.				
20	• • •	8,583.	5,087.	2,718.	778.				
21	Payments to affiliates	5,303.	5,0071	2,710.					
22	Depreciation, depletion, and amortization	350,029.	206,103.	107,731.	36,195.				
23	•	99,629.	34,904.	57,990.	6,735.				
24	Other expenses. Itemize expenses not covered		77.7						
<u>~</u> -7	above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				ALTERNIES AND A				
а	PUB. AWARENESS POSTAGE	6,045,719.	3,050,826.	364,137.	2,630,756.				
b	PUB. AWARENESS PRINTING	3,648,245.	1,860,608.	194,507.	1,593,130.				
c	PUB. AWARENESS COMP.	1,634,734.	848,980.	76,522.	709,232.				
d	LIST RENTAL	1,409,674.	711,788.	57,769.	640,117.				
	All other expenses		,						
25	Total functional expenses. Add lines 1 through 24e	40,443,330.	29,235,185.	3,480,170.	7,727,975.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here X if following SOP 98-2 (ASC 958-720)	12,804,245.	6,052,805.	738,854.	6,012,586.				
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Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

OIL V	Balance Sheet					
	Check if Schedule O contains a response or not	e to any l	ine in this Part X			
				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			2,635,346.	1	4,106,677
2	Savings and temporary cash investments		239,243.	2	337,121	
3	Pledges and grants receivable, net	4,651,980.	3	9,069,022		
4					4	
5	Loans and other receivables from current and fo	cers, directors,		161.4		
i	trustees, key employees, and highest compensa	自身的 医电影 医	1898	THE STATE OF STATE OF		
	Part II of Schedule L			5		
6	Loans and other receivables from other disquali	fied perso	ons (as defined under		2.2	
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 501(d	c)(9) voluntary		# 1	
:	employees' beneficiary organizations (see instr).	Complet	te Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use	***************************************	43,224.	8	17,63	
9				308,170.	9	173,95
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	12,111,948.			
Ь	Less: accumulated depreciation	10b	4,344,608.		10c	7,767,34
11	Investments - publicly traded securities			31,354,433.	11	37,056,38
12	Investments - other securities. See Part IV, line	I1		4,854,970.	12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	514,514.	15	465,55		
16	Total assets. Add lines 1 through 15 (must equ	al line 34	·)	52,594,473.	16	58,993,68
17	Accounts payable and accrued expenses	338,902.	17	531,78		
18	Grants payable	18,854,761.	18	23,815,64		
19	Deferred revenue		109,250.	19	116,33	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV or	f Schedule D	ya	21	
, 22	Loans and other payables to current and former	officers.	directors, trustees,	AND A STREET		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
[key employees, highest compensated employee					
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated third	parties		23	
24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on line	s 17 -24).	Complete Part X of	4 400 000		4 0-4 -4
	Schedule D			1,423,068.		1,251,51
26	Total liabilities. Add lines 17 through 25			20,725,981.	26	25,715,27
	Organizations that follow SFAS 117 (ASC 958		here 🕨 🔼 and			
g	complete lines 27 through 29, and lines 33 ar			10 556 000	4.5.4	15 150
27	Unrestricted net assets			19,576,833.	27	15,150,74
28	-		11,971,659.	28	17,825,66	
29	•			320,000.		302,00
₹	Organizations that do not follow SFAS 117 (A	NSC 958)	, check here			a a constant and a
5	and complete lines 30 through 34.			THE PERSON AND LAND	門際原	
30	Capital stock or trust principal, or current funds				30	
g 31	Paid-in or capital surplus, or land, building, or e				31	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated in	ncome, o	r other funds	21 000 100	32	
Z 33				31,868,492		
34	Total liabilities and net assets/fund balances			52,594,473	34	58,993,68

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review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 BRIGHTFOCUS FOUNDATION 23-7337 [Part II] 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27946621.	<u> 29220730.</u>	<u>30692507.</u>	32362197.	<u>39635190.</u>	<u> 159857245</u>
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					Ì	
	the organization without charge						
4	Total. Add lines 1 through 3	27946621.	29220730.	30692507.	32362197.	39635190.	159857245
5	The portion of total contributions	100	4.4	.46			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	230	Mary Mary				
	amount shown on line 11,						
	column (f)				The AND AND THE STATE OF	Constitution of the second	150050045
	Public support. Subtract line 5 from line 4.			Baran keribia			159857245
		(=) 2014	/b) 2015	(=) 2016	(d) 2017	(*) 0019	(O Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2014 27946621	(b) 2015 29220730	(c) 2016	(d) 2017 3 2 3 6 2 1 9 7	(e) 2018	(f) Total 159857245
8	Gross income from interest.	27510021.	27220730.	50052507.	52302137.	0,000,000	137037243
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1633842.	1578975.	1622675.	1641767.	1925519.	8402778.
9	Net income from unrelated business		20,00,00	20220.00			0102770.
	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain			1			
	or loss from the sale of capital		1				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				1. 1417,1224		168260023
12	Gross receipts from related activities	etc. (see instruction	ons)			12	97,400.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
<u>~</u>	organization, check this box and sto	p here					>
_	ction C. Computation of Publ						
	Public support percentage for 2018 (14	95.01 %
	Public support percentage from 2017					15	94.77 %
16a	33 1/3% support test - 2018. If the	_					
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2017. If the	-		•		·	
47.	and stop here. The organization qua						
1/2	10% -facts-and-circumstances tes and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
•	more, and if the organization meets t	•					
	organization meets the "facts-and-cir				-		~
18	Private foundation. If the organization		-	•		***************************************	s
	The second secon						0 or 990-EZ) 2018
					34		

Schedule A (Form 990 or 990-EZ) 2018 BRIGHTFOCUS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sec	tion A. Public Support	siow, piease comp	olete i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						-
	merchandise sold or services per-					1	
	formed, or facilities furnished in			İ			
	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			1			
А	Tax revenues levied for the organ-		 				
_	ization's benefit and either paid to						
	or expended on its behalf						
=	The value of services or facilities						-
Э	furnished by a governmental unit to				1	1	ļ
	the organization without charge					İ	
_	•		1	+			
	Total. Add lines 1 through 5		<u> </u>	+		 	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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					_	
	Add lines 7a and 7b	Primare Ferral Section 1		A CONSTRUCTOR PRODUCT	TA VERTITALI DAGA SA SA SA SA SA SA SA SA SA SA SA SA SA	ra tur arvarneta, arviological a s	<u> </u>
8	Public support. (Subtract line 7c from line 6.)	《 表现数数数数		11-0-3-38-524	la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	1 电动物系统	
_	tion B. Total Support	 			· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		-				
10a	Gross income from interest, dividends, payments received on						j
	securities loans, rents, royalties,						
	and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11							
	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.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here	-					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (line 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Par	t III, line 15		. ,	16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				_
17	Investment income percentage for 2	018 (line 10c, colt	umn (f), divided by	line 13, column (f))	17	%
18		-	B + 40 H 4=		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						. —
	33 1/3% support tests - 2017. If the	•	•				
	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization		-				
	23 10-11-18			, ,,		hedule A (Form 99	

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")? If "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?
- 6 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 disqualified 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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trustees of each of the supported organizations? Provide details in Part VI.

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.

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	- uge o
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Secti	ion 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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A Commence of the Commence of	1.000
	instructions for short tax year or assets held for part of year):	2.00		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
0	Discount claimed for blockage or other	1		The transfer of the state of
	factors (explain in detail in Part VI):	\$ 5,000 pt		
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		
7	Recoveries of prior-year distributions	7		
8 Sect	Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount	8		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	Partie Tarakan Ingga	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		LONG PROPERTY STATES	
	emergency temporary reduction (see instructions)	6	117	
7	Check here if the current year is the organization's first as a non-functional	ally integra	ited Type III supporting orga	nization (see
	instructions).	_	· · · · · ·	

Schedule A (Form 990 or 990-EZ) 2018

	Type III Non-Functionally Integrated 509			3-/33/229 Page 7
	ion D - Distributions	((continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		!	
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
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 the	ne organization is responsive		<u> </u>
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			Called Calabary (1) at 10 kg
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013	Programme of the state of the s	in the second control	Kalawaya a
b	From 2014			THE WAY OF STREET
c	From 2015			
d	From 2016			
<u>e</u>	From 2017			War San San San San San San San San San San
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>_h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,		Lagrage - Sidings	Base Carlotte Committee
	line 7: \$			
a	Applied to underdistributions of prior years			12.60年,12.71年,13.71年 13.71年
<u>b</u>	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.		biblioses valada	
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	The Control of the Control		
	than zero, explain in Part VI. See instructions.	Factor of the state		
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	146.7 (14.4 (14.4 (15.6 (16.6	Chicario Chillian	
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		e a Signifian	
8	Breakdown of line 7:	PRINTED WAS A SERVED	A MANAGE STANDON STANDON STA	i sa nisang palamaga da mana
a	Excess from 2014			Programme and the
_ b	Excess from 2015			
	Excess from 2016		12-30-31-8-20-31-9-4-40-78	
	Excess from 2017	State of the state	\$17.00 (\$150 \$150 \$150 \$150 \$150 \$150 \$150 \$150	PERSONAL TOTAL PROPERTY.
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

(Form 990 or 990-EZ) 2018 BRIGHTFOCUS FOUNDATION	23-/33/229 Page
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3b; Part V, Section E, lines 2, and 3b; Part V, Section E, lines 2, and 3c; Part V, Section E, lines 2, and 3c; Part V, Section E, lines 2, and 3c; Part V, Section E, lines 2, and 3c; Part V, Section	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e: Part V.
(See instructions.)	
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	Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 49, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1: Part IV, Section E, Ines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

BRIGHTFOCUS FOUNDATION 23-7337229 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). 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) (2018) Name of organization

Employer identification number

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23-7337229

Part 1	Contributors (see instructions). Use duplicate copies of Part I if	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$, 1,188,589.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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.)

Employer identification number

BRIGHTFOCUS FOUNDATION

23-7337229

No. from Description of noncash property given	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	<u> </u>
(a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.) (e) FMV (or estimate) (See instructions.) (f) Date received See instructions.) (g) Date received See instructions.)	from		FMV (or estimate)	(d) Date received
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(a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date receive \$ (a) No. (b) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (C) Date receive				
No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (d) FMV (or estimate) (see instructions.)			\$	
(a) No. from Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) FMV (or estimate) from Description of noncash property given (See instructions.) Date received	-			
No. (b) FMV (or estimate) (d) from Description of noncash property given (See instructions.)			s	
No. (b) FMV (or estimate) (d) from Description of noncash property given (See instructions.)	(a)			
	No. from		FMV (or estimate)	(d) Date received

Employer identification number

	OCUS FOUNDATION		23-7337229
	rom any one contributor. Complete columns (a)	through (e) and the following line enti-	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. ry. For organizations
c	ompleting Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info, ence.)
No.			
om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-			
-			
		(e) Transfer of gift	.
	Transferracio marca addresa are	- J 7(D . 4	Dalationship of transferor to transferor
	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee
-			
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
L-			
		(e) Transfer of gift	t
	Transferenta nomo addresa as	ad 71D + 4	Deletionship of transferor to transferoe
-	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
			<u></u>
) No.		I	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
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L			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 7iP ± 4	Relationship of transferor to transferee
	Transfer to a figure against a		
-			
-			
) No.	(h) D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-111	(d) Description of house Main to the
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
— -			
		(e) Transfer of gif	ft
!	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_			
-			
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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.

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

-	(see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ione: Complete Bert III			
	e of organization	ions. Complete Part III.		Te	mployer identification number
	BRIGHTF	OCUS FOUNDATION			23-7337229
1	Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campaign	ures			
V : 2	Complete if the org	anization is exempt unde	er section 501(c)(:	3).	
	Enter the amount of any excise tax				▶ \$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
<u> 5</u>	-	anization is exempt unde			
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If (a) Name	ization's funds contributed to other. Add lines 1 and 2. Enter here an an an an an an an an an an an an an	ner organizations for second on Form 1120-POL, N) of all section 527 poor the filing organizate political organizate political organizate.	ection 527 ditical organizations to varion's funds. Also enternation, such as a segmentation,	Yes No which the filing organization er the amount of political parate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18



	dule C (Form 990 or 990-EZ) 2018	BKTGH.	POCUS	FOUNDATION		23-7	337229 Page 2
Par	t II-A Complete if the org section 501(h)).	anizatio	n is exem	pt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	if the filing organiza expenses, and share	re of exces	s lobbying e	• • •		group member's name	, address, EIN,
<u> </u>	Limi	ts on Lobb	ying Expen		TOO TO UP DIST	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influte to influte to influte to influte to influte to the total lobbying expenditures (add libbying expenditures (add libbying expenditures)	uence a leç	islative bod	y (direct lobbying)			
	Other exempt purpose expenditure			*******************************		39,395,014.	
	Total exempt purpose expenditure	********			***********************	39,395,014.	
	Lobbying nontaxable amount. Enter				columns	1,000,000.	·
ı,	If the amount on line 1e, column (a) of			bying nontaxable amo			
l	Not over \$500,000	11 (0) 10.		he amount on line 1e.	Julit is.		
l	Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exce	ess over \$500,000	1.2	er allered et alle de p
ı	Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce		a de la companya de l	
1	Over \$1,500,000 but not over \$17			0 plus 5% of the exces			
Ì	Over \$17,000,000	000,000	\$1,000.0			A September 1	
			V. U. U.		L		N. Tryjansk
	Grassroots nontaxable amount (er	nter 25% of	line 1f)			250,000.	B. Commission and S. Commission (1997).
•	Subtract line 1g from line 1a. If zer					0.	
	Subtract line 1f from line 1c. If zero					0.	
i	If there is an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiza	ition file Form 4720		
	reporting section 4911 tax for this			*			Yes No
	(Some organizations t	Se	a section 50 the separa	ate instructions for lin	nave to complete all les 2a through 2f.)	of the five columns be	elow.
		Lob	bying Exper	nditures During 4-Yea	r Averaging Period		, -
	Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
ь	Lobbying ceiling amount		J. 1984	and the desired of	Same Not the		
	(150% of line 2a, column(e))		998.00		i de la compactión		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					The same of the sa	
	(150% of line 2d, column (e))	end who e		r a december of			1,500,000.

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

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)).

1 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: 2 Volunteers? 3 Volunteers? 4 Media advertisements? 5 Mailings to members, legislators, or the public? 6 Publications, or published or broadcast statements? 7 Grants to other organizations for lobbying purposes? 8 Direct contact with legislators, their staffs, government officials, or a legislative body? 9 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 1 Other activities? 2 j Total. Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2 b If "Yes," enter the amount of any tax incurred under section 4912 3 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 4 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Yes	No	Amo	Birchina
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	v litti i			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912) K	1000		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			1	
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		5		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		EWEDO:	14.6 × 24.5 × 2	
	43.534		-	
	83. (N. (N. E.)	EOTS A MICHIGAN	1000000	i de de de
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), or sec	ction	
00 1(0)(0).			Yes	No
4 More substantially all (00% or more) dues received pandadustible by members?		-	 	110
1 Were substantially all (90% or more) dues received nondeductible by members?			 	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			 	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section			ction .	<u> </u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."				e 3, is
			Τ -	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 			1	
expenses for which the section 527(f) tax was paid).				
a Current year		1	 -	
b Carryover from last year			 	
c Total			 	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole				
			╀	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5	1	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization

BETCHMEUCHG EUMINAMION

Employer identification number

Par	BRIGHTFOCUS FOUNDAT Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
	impermissible private benefit?		Yes No
a Arnosia	Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structur	e
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	ne organization's accounting for
ec.	conservation easements.	A 1 (P 1 2 1 T	O: 11 4
M	Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC	· ·	· · · · · · · · · · · · · · · · · · ·
	historical treasures, or other similar assets held for public exhi		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	· · ·	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	· · ·	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

		Hostiana of Ant		I Tro		Oth a	. Éimile		31449	
	Organizations Maintaining Co									
	Using the organization's acquisition, accession	n, and other records,	, check any o	of the fo	ollowing that	are a si	gnificant	use of its c	Ollection it	ems
	(check all that apply):		$\overline{}$							
a	Public exhibition	d	Loan	or exch	ange prograi	ms				
b	Scholarly research	0	Other							
C	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they ful	ther the	e organization	n's exer	npt purpo	ose in Part	XIII.	
	During the year, did the organization solicit or								_	_
	to be sold to raise funds rather than to be mai								Yes	No
2	Escrow and Custodial Arrang		te if the orga	nizatior	n answered "	Yes" on	Form 99	0, Part IV, I	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	in or other intermedia	ary for contri	butions	or other ass	ets not	included		_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folk	owing table:				_			
								ļ	Amount	
c	Beginning balance						1c		·	
đ	Additions during the year			.,			1d			
	Distributions during the year									
	Ending balance						. If			
	Did the organization include an amount on Fo						ity?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
	Endowment Funds. Complete if						10.			
(a) Current year (b) Prior year (c) Two years back (d) Three years back									(e) Four v	ears back
1a	220 000 00 000 00 000									90,000.
	Contributions	14.385.		806.		332.		4,344.		4,257.
	c Net investment earnings, gains, and losses -18,000. 10,000.									
4	The state of the s									
-	d Grants or scholarships e Other expenditures for facilities									
	1 44 205 1 44 206 1 4 220 1 4 2									4,257.
	· - · · · · · · · · · · · · · · · · · ·	14,303.		,000.	`	,,,,,,,,		3,333.	· · · · · · · · · · · · · · · · · · ·	1,437.
	Administrative expenses	302,000.	220	,000.	9.0	,000.		90,000.	 	90,000.
g	End of year balance	· · · · · ·				,,,,,,,,		50,000.	<u> </u>	30,000.
2	Provide the estimated percentage of the curre			umn (a)) neid as:					
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment ▶ 100.00	 %								
С	Temporarily restricted endowment	<u>.00</u> %								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	held an	nd administer	ed for ti	ne organi	zation	_	
	by:									<u>res No</u>
	(i) unrelated organizations							• • • • • • • • • •	3a(i)	<u> </u>
										<u> </u>
b	If "Yes" on line 3a(ii), are the related organizate	•							36	
4	Describe in Part XIII the intended uses of the		vment funds							
	Land, Buildings, and Equipme									
	Complete if the organization answered	d "Yes" on Form 990							_	
	Description of property	(a) Cost or o			or other		Accumula		(d) Book	value
		basis (investm			(other)	de	epreciatio	n		
1a	Land				7,363.		a de la companya de l			,363.
b	Buildings		400.	<u>5,10</u>	8,128.	3,	176,	389.	<u>3,561</u>	,139.
C	Leasehold improvements								·	
d	Equipment				2,979.		983,			<u>,677.</u>
					4,078.		184,			<u>,161.</u>
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B). line 1	0c.)			▶	<u>7,767</u>	,340.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 BRIGHTFOCUS	FOUNDATION		23-7337229 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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		<u> </u>	<u> </u>
(3) Other			
(A)			
(B)			
(C)			<u> </u>
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			LT COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE L L'ALCON DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA
Program Related.	-		
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 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)			<u> </u>
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			CALL MANAGEMENT OF STREET
Other Assets.			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.	
	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	151		<u> </u>
Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, I	A Conference of the Conference	e 25.
1. (a) Description of liability		(b) Book value	Anger Andrew Property Company of the

1,060,348. CHARITABLE GIFT ANNUITIES RENTAL DEPOSITS 80,000 CAPITAL LEASE OBLIGATIONS 111,166 (4) (5) (6) (7)(8)1,251,514. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018



	dule D (Form 990) 2018 BRIGHTFOCUS FOUNDATION				<u>7337229 </u> ₽	age 4
	Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>		1 1	<u> </u>	
1				1	51,052,4	<u>83.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	-713,169.	100 m		
a	Net unrealized gains (losses) on investments		9,487,455.	1387.00 1108.00		
0	Donated services and use of facilities Recoveries of prior year grants		208,198.			
d			30,089.			
	Other (Describe in Part XIII.) Add lines 2a through 2d	,		2e	9,012,5	73
3	Subtract line 2e from line 1			3	42,039,9	10.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1517.15		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	286,678.			
b	Other (Describe in Part XIII.)		-41,779.			
c	Add lines 4a and 4b			4c	244,8	99.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	42,284,8	
12	Reconciliation of Expenses per Audited Financial Statement	ents Wit	h Expenses per l	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			<u> </u>	
1	Total expenses and losses per audited financial statements			1	49,642,5	66.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
a	Donated services and use of facilities		9,487,455.			
þ	Prior year adjustments					
C	Other losses		20 000			
d	Other (Describe in Part XIII.)		30,089.	7	0 548 5	
	Add lines 2a through 2d		***************************************	<u>2e</u>	9,517,5	
3	Subtract line 2e from line 1		•••••	3	40,125,0	<u> 44.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	286 678	1.43.7		
a	Investment expenses not included on Form 990, Part VIII, line 7b		286,678. 31,630.	-		
ь	Other (Describe in Part XIII.) Add lines 4a and 4b			-	318,3	ΛQ
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	40,443,3	
	Supplemental Information.			<u>, , , , , , , , , , , , , , , , , , , </u>	1 201 220,0	30.
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV. lines 1	and 2b: Part V. line	4: Part	X. line 2: Part XI.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			•		
	· · · · · · · · · · · · · · · · · · ·					
PAI	RT V, LINE 4:					
				~		
THI	EARNINGS ON THIS ENDOWMENT ARE AVAILABLE	FOR T	HE ALZHEIMI	<u>sr∙s</u>	DISEASE	
DEC	SEARCH PROGRAM, ARE RECORDED AS TEMPORARILY	V DECE	10 T/M20 TAR/	e cima	TZNIM	
KE	SEARCH FROGRAM, ARE RECORDED AS TEMPORARIL	I KESI	KICIED INVI	201M	ENT	
TNO	COME, AND ARE RELEASED AS SPENT.					
	John Jan Man Manual III Di Milit					-
PAI	RT X, LINE 2:					
	10.00					
BR:	IGHTFOCUS PERFORMED AN EVALUATION OF UNCER	TAINTY	IN INCOME	TAX	ES FOR TH	E
YE	AR ENDED MARCH 31, 2019, AND DETERMINED TH	AT THE	RE WERE NO	MAT	TERS THAT)
WOI	JLD REQUIRE RECOGNITION IN THE CONSOLIDATE	D FINA	NCIAL STAT	EMEN	TS OR THA	T
152.	Y UNITE AND DEEDAM ON THE MAY SUSSESS COLORS					
MA	Y HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS	•				

PART XI, LINE 2D - OTHER ADJUSTMENTS: 832054 10-29-18

Schedule D (Form 990) 2018 BRIGHTFOCUS FOUNDATION	23-7337229 Page 5
Part XIII Supplemental Information (continued)	
SPECIAL EVENT EXPENSE	30,089.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION ON RENTAL PROPERTY	-41,779.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	30,089.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION ON RENTAL PROPERTY	-41,779.
CHANGE IN PRESENT VALUE OF GRANTS	73,409.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	31,630.
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
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Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

	IGHTFOCUS FOU				23-7337229	9
LX.	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
	Form 990, Part IV	/, line 14b.	- ·			
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
	the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	United States.			procedures for monitoring the use of its		de the
_3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	·········
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUR	OPE (INCLUDING					
	LAND & GREENLAND)	0	0	GRANTMAKING		2,161,483.
	· · ·	<u></u> -				_,,
	T ASIA AND THE					
PAC	IFIC	0	0	GRANTMAKING	_	387,873.
	- 					 .
		1				
						
				1		
		_			The state of the s	
	Subtotal	0	0			2,549,356.
k	Total from continuation	0				_
,	sheets to Part I Totals (add lines 3a	-		editarini bi apelet esteri		0.
`	and 3b)	0	0			2,549,356.
				The state of the state of the second state of the state o		

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

Schedule F (Form 990) 2018



Schedule F (Form 990) 2018 BRIGHTFOCUS FOUNDATION

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.

	EUROPE						
	EUROPE	AD RESEARCH BY MARC					
	EUROPE	AUREL BUSCHE, MD,					
	EUROPE	PHD, ENTITLED:					
		(A2019112S)	298,861.	WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
		RESEARCH BY LUCA					
		COLNAGHI, PHD,					
	EUROPE	ENTITLED: (A2019296F)	180,000.	180,000 WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
Contract of the Contract of th		RESEARCH BY DAVID					
		BERRON, PHD,					
	EUROPE	ENTITLED: (A2019401F)	193,777.	193,777. WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
は特別を受ける。		RESEARCH BY HENRIETTA					
		NIELSEN, PHD,					
	EUROPE	ENTITLED: (A20194468)	300,000.	300,000. WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
		RESEARCH BY GIACOMO					
		KOCH, MD, PHD,					
	EUROPE	ENTITLED: (A2019523S)	190,000.	WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
		RESEARCH BY JEROME					
		MERTENS, PHD,					
	EUROPE	ENTITLED: (A2019562S)	300,000	300,000 WIRE TRANSFER	0.	;	
		ALZHEIMER'S DISEASE					
		RESEARCH BY CAMIN					
を見るとなる。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ		DEAN, PHD, ENTITLED:					
	EUROPE	(A2019586S)	300,000.	300,000. WIRE TRANSFER	0.		
		ALZHEIMER'S DISEASE					
		RESEARCH BY DOMINIK					
		PAQUET, PHD,					
	EUROPE	ENTITLED: (A2019604S)	300,000.	300,000, WIRE TRANSFER	0.		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	zations listed above that are	recognized as charities by the fo	preign country, r	ecognized as tax-exe	ampt		,
by the IRS, or for which the grantee or	r counsel has provided a sec	or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			A		11
3 Enter total number of other organizations	ons or entities				A		0

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

832072 10-31-18

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は Continuation o	f Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant		(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Adomin	ALZHEIMER'S DISEASE RESEARCH CONFERENCE SITEPORT	00 00 04 04	98 845. WIRE TRANSFER	0		
		EAST ASIA &	MACULAR DEGENERATION RESEARCH BY ZHICHAO NU, PHD, ENTITLED:	107	dasynkam aaro	c	:	
		PACIFIC EAST ASIA &	MACULAR DEGENERATION RESEARCH BY PAUL BAIRD, BSC, PHD,	187, 873,	187, 873, WIRE TRANSFER	o e		
		PACIFIC	SNITHIED: (BACITYOUS)		TALL LANGES EN			
42.4								
				_				

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

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23-7337229

Schedule F (Form 990) 2018 BRIGHTFOCUS FOUNDATION 23-7337229

PRESENTE Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(g) Description of noncash assistance						Schedi
(f) Amount of noncash assistance						
(e) Manner of cash disbursement			*			
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

832073 10-31-18

	tule F (Form 990) 2018 BRIGHTFOCUS FOUNDATION	23-7337229	Page 4
Par	Foreign Forms		
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? If "Yes," 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)	X Yes	□ 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? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? // "Yes," 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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Part 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 IN 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 RFFORT 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 832075 10-31-18

Schedule F (Form 990) 2018

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 2.5 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 NEARLY 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 FINAL SCIENTIFIC PROGRESS REPORT, 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.

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.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-B047

Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) RKD GROUP - 35 PARKWOOD FUNDRAISING AND Yes No DRIVE, STE. 160, HOPKINTON COMMUNICATIONS CONSULTANT 23,932,306 442,351 23,489,955. BEACONFIRE REDENGINE - 2300 FUNDRAISING AND CLARENDON BLVD., STE. 925 COMMUNICATIONS CONSULTANT X 2,030,919, 319,287 1,711,632. 25,963,225. 761 638. 25,201,587. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH 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) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AN EVENING NONE (add col. (a) through OF BRIGHTFOC col. (c)) (event type) (event type) (total number) 262,910. 262,910. Gross receipts 216,710. 216,710. 2 Less: Contributions 46,200. 46,200. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs 27,900. 27,900. 116,871. 116,871. Direct Food and beverages 44,649. 44,649. 8 Entertainment 128,907. 128,907. Other direct expenses 318,327. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -272,127Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 BRIGHTFOCUS FOUNDATION	23-7337229 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 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:	Les140
	رم الحمد ا
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:
Name ►	
Address	· · · · · · · · · · · · · · · · · · ·
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address ►	
16 Garning manager information:	
Name ►	
Gaming manager compensation \$	
Description of services provided	
	_
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	—3 — , ,,,
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne
organization's own exempt activities during the tax year \$\ \\$\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):	and David III. Illiano C. Ob. 401
(Control of the Control and Part III, lines 9, 9b, 10b,	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
COMPONED O DARM I LINE OR LICE OR MINI HIGHER RAID BURNING	ann a
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SKRS:
(I) NAME OF FUNDRAISER: RKD GROUP	
(I) ADDRESS OF FUNDRAISER:	
11)	
35 PARKWOOD DRIVE, STE. 160, HOPKINTON, MA 01748	<u></u>
(I) NAME OF FUNDRAISER: BEACONFIRE REDENGINE	
(I) ADDRESS OF FUNDRAISER:	
2300 CLARENDON BLVD., STE. 925, ARLINGTON, VA 22201	
	G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) BRIGHTFOCUS FOUNDATION 23-7337229 Part IV. Supplemental Information (continued)	9 Page 4
PART I, LINE 2B, COLUMN (V):	- ·
IN THE CONTRACT WITH RKD GROUP, THE MANAGEMENT FEES ARE FIXED AMOUNTS 1	PER
MONTH FOR IN-SCOPE SERVICES THAT TOTALS \$993,600 PER YEAR OF WHICH	
\$554,249 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)

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2018

Employer identification number

64. **≗** □ Schedule I (Form 990) (2018) RESEARCH BY DARRICK BALU, 23-7337229 RESEARCH BY HOSUNG KIM, 'ARRELL, PHD, ENTITLED: KAESAKO, PHD, ENTITLED: RESEARCH BY WONHEE KIM, NODIYA, PHD, ENTITLED: (h) Purpose of grant RESEARCH BY MICHELLE ALZHEIMER'S DISEASE ALZHEIMER'S DISEASE LZHEIMER'S DISEASE LZHEIMER'S DISEASE LICHEIMER'S DISEASE ALZHEIMER'S DISEASE or assistance RESEARCH BY HEMRAJ RESEARCH BY MASATO X Yes HD, ENTITLED: HD, ENTITLED: HD, ENTITLED: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any (A2019029F) (A2019056F) (A2019032F) (A2019034S) (A2019052S) A2019021F) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ó 。 Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 200,000. 300,000 200,000. 200,000 200,000 300,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 04-2103634 501(C)(3) 04-1564655 501(C)(3) 36-2177139 501(C)(3) 04-2697981 501(C)(3) 95-1642394 501(C)(3) 04-1564655 501(C)(3) BRIGHTFOCUS FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UNIVERSITY OF SOUTHERN CALIFORNIA MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL TUFTS UNIVERSITY - BOSTON or government CHARLESTOWN, MA 02114 LOS ANGELES, CA 90098 CHARLESTOWN, MA 02114 UNIVERSITY OF CHICAGO 5812 S. ELLIS AVENUE 136 HARRISON AVENUE Name of the organization BELMONT, MA 02478 CHICAGO, IL 60637 2025 ZONAL AVENUE BOSTON, MA 02111 115 MILL STREET 55 FRUIT STREET MCLEAN HOSPITAL 55 FRUIT STREET Parti Paril

832101 11-02-18

See Schedule O for continuation of

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

COPY

Grant Purpose, item (h)

BRIGHTFOCUS FOUNDATION

Schedule I (Form 990)

RESEARCH BY NICK COCHRAN, TRUTTMANN, PHD, ENTITLED: MARLYLE, PHD, ENTITLED: RESEARCH BY WENYAN SUN RESEARCH BY ZHEN ZHAO, /ARVEL, PHD, ENTITLED 'ARIDAR, MD, ENTITLED OLESON, PHD, ENTITLED: (h) Purpose of grant or assistance ENTITLED: (A2019060S) RESEARCH BY NICHOLAS RESEARCH BY MATTHIAS ALZHEIMER'S DISEASE LZHEIMER'S DISEASE ALZHEIMER'S DISEASE ALZHEIMER'S DISEASE RESEARCH BY BRYNDON ALZHEIMER'S DISEASE RESEARCH BY ALIREZA ALZHEIMER'S DISEASE LZHEIMER'S DISEASE ALZHEIMER'S DISEASE ALZHEIMER'S DISEASE RESEARCH BY LUKASZ RESEARCH BY BECKY JOACHIMIAK, PHD HD, ENTITLED: HD, ENTITLED: HD, ENTITLED: A2019223F) A2019083F) A2019129F) A2019157S) A2019182S) A2019218S) A2019077S) (A2019250F) (g) Description of non-cash assistance Part III) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 6 ÷. (e) Amount of non-cash assistance ö o, °. 6 ö Ċ, Ö (d) Amount of cash grant 300,000 300,000 199,896, 100,000 300,000 200,000 184,377 300,000 200,000 (c) IRC section if applicable 75-6002868 501(C)(3) 87-0721923 501(C)(3) 04-1564655 501(C)(3) 74-1586031 501(C)(3) 58-0566256 501(C)(3) 43-2059317 501(C)(3) 38-6006309 501(C)(3) 95-1642394 501(C)(3) 38-6006309 501(C)(3) (**p**) EIN CURL DRIVE - SAN ANTONIO, TX 78229 HARRY HINES BOULEVARD - DALLAS, TX SOUTHWESTERN MEDICAL CENTER - 6000 UNIVERSITY OF TEXAS HEALTH SCIENCE UNIVERSITY OF SOUTHERN CALIFORNIA MICHIGAN - 3003 S. STATE STREET CENTER SAN ANTONIO - 7703 FLOYD MICHIGAN - 3003 S. STATE STREET INSTITUTE - 6550 FANNIN STREET BIOTECHNOLOGY - 601 GENOME WAY MASSACHUSETTS GENERAL HOSPITAL (a) Name and address of organization or government REGENTS OF THE UNIVERSITY OF REGENTS OF THE UNIVERSITY OF HOUSTON METHODIST RESEARCH HUDSON ALPHA INSTITUTE FOR THE UNIVERSITY OF TEXAS LOS ANGELES, CA 90033 Ä CHARLESTOWN, MA 02114 1501 SAN PABLO STREET HUNTSVILLE, AL 35806 ANN ARBOR, MI 48109 ANN ARBOR, MI 48109 1599 CLIFTON ROAD, ATLANTA, GA 30322 TX 77030 EMORY UNIVERSITY 55 FRUIT STREET HOUSTON,

Schedule I (Form 990)

SOUTH CONTINUE OF CHAIR CHIEF AND CONTINUE OF CONTINUE	Solomon to do	renning in a span		TOTAL CHARGE STATE		,,	
(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
A THE TAXABLE OF THE PROPERTY AND A VINE OF THE PROPERTY AND THE PROPERTY							ALZHEIMER'S DISEASE RESEARCH BY GARRETT
3600 SPRICE STREET							GIBBONS, PHD, ENTITLED;
PHILADELPHIA, PA 19104	23-1352685 501(C)	501(C)(3)	200,000.	0.			(A2019263F)
UNIVERSITY OF SOUTHERN CALIFORNIA,							ALZHEIMER'S DISEASE
ZILKHA NEUROGENETIC INSTITUTE -							RESEARCH BY ALEXANDRE
1501 SAN PABLO STREET - LOS							BONNIN, PHD, ENTITLED:
ANGELES, CA 90033	95-1642394	501(c)(3)	300,000	0.			(A2019279S)
							ALZHEIMER'S DISEASE
ICAHN SCHOOL OF MEDICINE AT MOUNT							RESEARCH BY ANNA
SINAI - 1425 MADISON AVENUE - NEW	1			•			PIMENOVA, PHD, ENTITLED:
YORK, NY 10029	13-61/1197 501(C)	501(C)(3)	200,000	0			(ACOLSASE)
TEMMEN GOS MOTHER POST SPECIAL							ALZHEIMER'S DISEASE RESEARCH BY SYED ABID
HYGIENE - 630 WEST 168TH STREET -							HUSSAINI, PHD, ENTITLED:
NEW YORK, NY 10032	13-5598093 501(C)	501(C)(3)	100,000.	0			(A2019307S)
	:						ALZHEIMER'S DISEASE
EMORY UNIVERSITY							RESEARCH BY THOMAS KUKAR,
1510 CLIFTON ROAD, NE					•		PHD, ENTITLED:
ATLANTA, GA 30322	58-0566256 501(C)	501(C)(3)	300,000.	0.			(A20193558)
							ALZHEIMER'S DISEASE
MEMORIAL SLOAN-KETTERING CANCER			•				RESEARCH BY EITAN WONG,
CENTER - 1275 YORK AVENUE - NEW							PHD, ENTITLED:
XORK, NY 10065	13-1924326 501(C)	501(c)(3)	200,000.	0.			(A2019356F)
							ALZHEIMER'S DISEASE
WEILL MEDICAL COLLEGE OF CORNELL			·				RESEARCH BY ANNA ORR,
UNIVERSITY - 413 EAST 69TH STREET							PHD, ENTITLED:
- NEW YORK, NY 10021	13-1623978 501(C)	501(C)(3)	300,000.	0.			(A2019363S)
REGENTS OF THE UNIVERSITY OF							ALZHEIMER'S DISEASE
CALIFORNIA, IRVINE - 141							RESEARCH BY KEI IGARASHI,
INNOVATION, SUITE 250 - IRVINE, CA							PHD, ENTITLED:
92697	95-2226406 501(C)	501(C)(3)	300,000.	.0			(A2019380S)
							ALZHEIMER'S DISEASE
COLUMBIA UNIVERSITY, TAUB							RESEARCH BY GUSTAVO
INSTITUTE FOR RESEARCH - 639 W.							RODRIGUEZ, PHD, ENTITLED:
168TH STREET - NEW YORK, NY 10032	13-5598093 501(C)	501(C)(3)	200,000.	0.			(A2019382F)
							1000 mm - 1 / 1 - 1 - 1 - 1 - 2

Schedule I (Form 990)

BRIGHTFOCUS FOUNDATION

Schedule I (Form 990)

ESEARCH BY PETER ABADIR, OBROWOLSKA ZAKARIA, PHD, RESEARCH BY ANA BATISTA, SGN ESEARCH BY BEDE PORTZ ESEARCH BY XIAO CHEN, (h) Purpose of grant or assistance ENTITLED: (A2019520S) ENTITLED: (A2019602S) CALVO-RODRIGUEZ, PHD INTITLED: (A2019488F ESEARCH BY MIN-KYOO RESEARCH BY YUXIANG HIN, PHD, ENTITLED: LZHEIMER'S DISEASE LZHEIMER'S DISEASE ALZHEIMER'S DISEASE LZHEIMER'S DISEASE ESEARCH BY JUSTYNA ALZHEIMER'S DISEASE LICHEIMER'S DISEASE ALZHEIMER'S DISEASE ALZHEIMER'S DISEASE LZHEIMER'S DISEASE D, PHD, ENTITLED: TASURKAR, MD, PHD, RESEARCH BY MARIA ESEARCH BY ARJUN ENTITLED: HD, ENTITLED: HD, ENTITLED: HD, ENTITLED: A2019551F) A2019612F) A2019630S) A2019468F) A2019566F) (A2019634S))HD (g) Description of non-cash assistance Parking Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ď ö ٥. (e) Amount of non-cash Ö ď °. ö ö ö assistance (d) Amount of cash grant 300,000 200,000 200,000, 200,000 200,000. 300,000 200,000 200,000 300,000 (c) IRC section if applicable 501(C)(3) 34-1018992 501(C)(3) 13-5562308 501(C)(3) 04-1564655 501(C)(3) 36-2167817 501(C)(3) 04-2103594 501(C)(3) 23-1352685 501(C)(3) 52-0595110 501(C)(3) 74-6000541 501(C)(3) 04-3167352 (**b**) EIN UNIVERSITY OF MASSACHUSETTS SCHOOL 400 HARVEY MITCHELL PARKWAY SOUTH, MEDICINE - 550 FIRST AVENUE - NEW UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE - 3451 WALNUT STREET SUITE 300 - COLLEGE STATION, TX CASE WESTERN RESERVE UNIVERSITY MASSACHUSETTS GENERAL HOSPITAL TECHNOLOGY - 77 MASSACHUSETTS NEW YORK UNIVERSITY SCHOOL OF AVENUE - CAMBRIDGE, MA 02139 (a) Name and address of organization or government OF MEDICINE - 368 PLANTATION STREET - WORCESTER, MA 01655 MASSACHUSETTS INSTITUTE OF 733 N. BROADWAY, SUITE 117 300 EAST SUPERIOR STREET JOHNS HOPKINS UNIVERSITY NORTHWESTERN UNIVERSITY PHILADELPHIA, PA 19104 TEXAS A & M UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106 BALTIMORE, MD 21205 IL 60611 BOSTON, MA 02114 55 FRUIT STREET YORK, NY 10016 CHICAGO, 77845

Schedule I (Form 990)

Parkin Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	remments and Organ	zations in the Uni	ted States (Sche	dule I (Form 990), Par	(<u>'II</u>	
(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
TITITING DAKE SANTE OVER					:		ALZHEIMER'S DISEASE RESEARCH: (CA2017563)
SAN PAB							MOLECULAR NEUROGENERATION
JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	.000,09	0.			JOURNAL
ARTHUR TO VIEW ANTERNATION							ALZHEIMER'S DISEASE DRSEARCH RY ANN CHARLOTTE
UNIVERSITY OF DENVER							GRANHOLM-BENTLEY, PHD,
DENVER, CO 80208	84-0404231	501(C)(3)	84,210.	0.			
							ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	556,000.	0			(CA2018607)
							NAPITONAL CLAHCOMA
NEW YORK ONLYEKSIII SCHOOL OF							RESEARCH BY KEVIN CHAN
	13-5562308	501(C)(3)	200,000.	0			PHD, ENTITLED: (G2019103)
							NATIONAL GLAUCOMA
EMORY UNIVERSITY	•						RESEARCH BY ELDON
1599 CLIFTON ROAD, NE							GEISERT, PHD, ENTITLED:
ATLANTA, GA 30322	58-0566256	501(C)(3)	200,000.	0			(G2019111)
							CHOOTE TO TEMOTHER
HARVARD SCHOOL OF PUBLIC REALTH							RESEARCH BY CHAN PARK
BOSTON MA 02115	04-2103580 501(C)(501(C)(3)	200,000.	0			PHD, ENTITLED: (G2019179)
						i.	NATIONAL GLAUCOMA
UNIVERSITY OF UTAH							RESEARCH BY ALEJANDRA
20 SOUTH 2030 EAST				•			BOSCO, PHD, ENTITLED:
SALT LAKE CITY, UT 84132	87-6000525	501(C)(3)	200,000.	0.			(G2019219)
							NATIONAL GLAUCOMA
TEMPLE UNIVERSITY							RESEARCH BY GARETH
1801 NORTH BROAD STREET							THOMAS, PHD, ENTITLED:
PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	200,000.	0.			(G2019267)
							NATIONAL GLAUCOMA
BOSTON UNIVERSITY SCHOOL OF							
MEDICINE - 25 BUICK STREET -			-				MD, PHD, ENTITLED:
BOSTON, MA 02215	04-2103547 501(C)(501(C)(3)	200,000.	0.			(G2019295)
							Schedule I (Form 990)

Schedule I (Form 990) BRIGHTFOCUS FOUNDATION Description of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) BRIGHTFOCUS FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the Other States (Continued of the Other States), 1 or 11/2	Assistance to do	erinnents and Organ	ויים מוח מום סווו	one entre			
(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
							NATIONAL GLAUCOMA
JOHNS HOPKINS UNIVERSITY				•			BY ROI
3400 N. CHARLES STREET				٠			JOHNSTON, PHD, ENTITLED:
BALTIMORE, MD 21218	52-0595110	501(C)(3)	200,000.	0.			(G2019300)
STATE UNIVERSITY OF NEW YORK AT							NATIONAL GLACCOM
BUFFALO - 3435 MAIN STREET -							
BUFFALO, NY 14214	14-1368361	501(C)(3)	200,000.	0.			MD, ENTITLED: (G2019302)
							NATIONAL GLAUCOMA
BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA							WATKINS, PHD, ENTITLED:
HOUSTON, TX 77030	74-1613878	501(C)(3)	199,774.	0.0			(G2019332)
							NATIONAL GLAUCOMA
THE SCHEPENS EYE RESEARCH							RESEARCH BY MEREDITH
INSTITUTE - 20 STANIFORD STREET -							GREGORY-KSANDER, PHD,
BOSTON MA 02114	42-2129889	501(C)(3)	200,000.	0.			ENTITLED: (G2019340
UNIVERSITY OF ILLINOIS AT CHICAGO							NATIONAL GLAUCOMA
845 WEST TAYLOR STREET							ARCH BY JOH
CHICAGO, IL 60607	37-6000511	501(c)(3)	149,998.	0.		ļ	PHD, ENTITLED: (G2019356)
1							NATIONAL GLAUCOMA
DUKE UNIVERSITY							RESEARCH BY MICHAEL
2200 WEST MAIN							HAUSER, PHD, ENTITLED:
DURHAM NC 27705	56-0532129	501(C)(3)	200,000.	0.			(G2019357)
UNIVERSITY OF CALIFORNIA, SAN							NATIONAL GLAUCOMA
FRANCISCO - 675 NELSON RISING LANE							RESEARCH BY SAIDAS NAIR,
ij	94-6036493	501(C)(3)	200,000.	0	;		PHD, ENTITLED: (G2019360)
							MACULAR DEGENERATION
VANDERBILT EYE INSTITUTE							RESEARCH BY MD IMAM
2311 PTRRCE AVENUE							UDDIN, PHD, ENTITLED:
NASHUTLIR TN 37232	62-0476822 501(C)(3	501(C)(3)	200,000.	0.			(M2019023)
1				:			MACULAR DEGENERATION
AUGUSTA UNIVERSITY RESEARCH							RESEARCH BY MING ZHANG,
INSTITUTE - 1120 15TH STREET -							MD, PHD, ENTITLED:
	58-1418202 501(C)(3	501(C)(3)	200,000.	0			(M2019035)
			ļ	ļ			Schedule I (Form 990)

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Schedule (Form 990) BRIGHTFOCUS FOUNDATION	US FOUNDA	LION				2	23-7337229 Page 1
Continuation of Grants and Other Assistance to Governmen	ssistance to Gov		is and Organizations in the United States		(Schedule I (Form 990), Part II.)	t II.)	
(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
							MACULAR DEGENERATION
UNIVERSITY OF NORTH CAROLINA AT							MD. PHD, ENTITLED:
SUITE 2200 - CHAPEL HILL, NC 27516	56-6001393	501(C)(3)	200,000.	0.			(M2019063)
INDIANA UNIVERSITY SCHOOL OF							MACULAR DEGENERATION
MEDICINE - 980 INDIANA AVENUE -	35_6001673	501(0)(3)	000 000	c			RESEARCH BY TIM CORSON, PHD ENTITLED: (M2019069)
TINITEDIAL TOTAL							LAR DEGENER
UNIVERSITY OF MASSACHUSETTS							RESEARCH BY HALJIANG LIN,
MEDICAL SCHOOL - 55 LAKE AVENUE							MD, PHD, ENTITLED:
NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	200,000.	0.			(M2019074)
THE RESEARCH FOUNDATION FOR SUNY							MACULAR DEGENERATION
ON BEHALF OF UNIVERSITY AT BUFFALO							RESEARCH BY MICHAEL
- 3495 BAILEY AVENUE - BUFFALO, NY							FARKAS, PHD, ENTITLED:
14260	14-1368361	501(C)(3)	200,000.	0.		i e	(M2019108)
			i				MACULAR DEGENERATION
UTAH STATE UNIVERSITY							RESEARCH BY ELIZABETH
1415 OLD MAIN HILL							VARGIS, PHD, ENTITLED:
LOGAN, UT 84322	87-6000528	501(c)(3)	200,000.	0.			(M2019109)
MOUTT DOWN'S HOSDIMAT. BOSMON							MACULAR DEGENERATION
HABVARD WEDICAL SCHOOL - 300							RESEARCH BY YE SUN, MD,
LONGWOOD AVENUE - BOSTON MA 02115	04-2774441	501(C)(3)	200,000.	0.			PHD, ENTITLED: (M2019114)
SCONSIN S							
MEDICINE AND PUBLIC HEALTH - 21 N.							MACULAR DEGENERATION
PARK SREET, SUITE 6401 - MADISON,							RESEARCH BY RAUNAK SINHA,
WI 53715	39-6006492	501(C)(3)	200,000.	0.			PHD, ENTITLED: (M2019131)
THE BOARD OF TRUSTEES OF THE							MACULAR DEGENERATION
UNIVERSITY OF ILLINOIS - 809 SOUTH							RESEARCH BY JOELLE
MARSHFIELD AVENUE - URBANA, IL							RALLAK, PHD, ENTITLED:
60612	37-6000511	501(C)(3)	198,052.	0.			(M2019155)
UNIVERSITY OF OKLAHOMA HEALTH							
SCIENCES CENTER - 1000 STANTON L.							MACULAR DEGENERATION
YOUNG BOULEVARD - OKLAHOMA CITY,			6				23
OK 73117	73-6017987 501(C)(501(C)(3)	200,000.	0			PHD, ENTITIED: (M2019168)
							Schedule I (Form 990)

Schedule I (Form 990)

23-7337229

Page 1

Schedule I (Form 990) BRIGHTFOCUS FOUNDATION (Form 990) BRIGHTFOCUS FOUNDATION (Form 990), Part II.)

(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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET							MACULAR DEGENERATION RESEARCH BY ALEXANDER MARNEROS, MD, PHD,
BOSTON, MA UZIL4 UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH	04-1504655 501(C)(3)	501(5)(3)					MACULAR DEGENERATION RESEARCH BY STEPHEN ALLER, PHD, ENTITLED:
- BIRMINGRAM, AL 35294 HELEN KELLER FOUNDATION FOR RESEARCH & EDUCATION - 1201 11TH AVENUE SOUTH, SUITE 300 - RIRMINGRAM AL 35205	63-0983733 501(C)(3	501(C)(3)	100 000				(#Z019 HELEN KELLER PRIZE FOR VISION RESEARCH
ASSOCIATION FOR OCULAR PHARMACOLOGY AND THERAPEUTICS - 38 CLOVER RIDGE ROAD - MEREDITH, NH 03253	38-3169020	501(C)(3)	10,000.	0			TRAVEL GRANTS FOR CONFERENCE ATTENDANCE.
							Schedule I (Form 990)

832241 04-01-18

Schedule I (Form 990) (2018)

BRIGHTFOCUS FOUNDATION

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.

Schedule I (Form 990) (2018)			(
	SED IN THE	AIMS PROPOSED	SPECIFIC	TOWARDS THE	PROJECT FOR SUFFICIENT PROGRESS TOW
	ES THE	ND EVALUATES	S REPORT AND	PROGRE	ICS. SENIOR STAF
	BIOCHEMISTRY, AND	GY, BIOCHE	CELL BIOLOGY,		WITH BROAD EXPERTISE IN MOLECULAR BIOLOGY,
	SCIENTIFIC STAFF		AND REVIEWED BY		US SCIENTIFIC AFFAIRS
	ED BY THE	ARE RECEIVED	US. THESE ARE	TO BRIGHTFOCUS.	PROGRESS AND FINANCIAL REPORTS TO I
	IFIC	ANNUAL SCIENTIFIC	DETAILED ANN	SEPARATE DE	RECIPIENT IS REQUIRED TO SUBMIT SEI
	ANT	IS, EACH GRANT	INTERACTIONS,	THESE	EETINGS. IN ADI
	E-MAIL OR AT	QUARTERLY BY E	LEAST QUAR	GRANTEES AT	TFOCUS INTERACTS WITH ALL
					PART I, LINE 2:
	ditional information.	(b): and any other ac	e 2: Part III column	ired in Part I lin	Section 1. Column (b): and any other additional information required in Part I line ? Part III. column (b): and any other additional information.
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

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 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 2.5 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 NEARLY 10 TIMES THE LEVEL OF THE INITIAL Schedule I (Form 990)

832291 04-01-18

BRIGHTFOCU	IS INV	ESTMENT.

BRIGHTFOCUS SOLICITS FEEDBACK FROM ITS GRANTEES, AND PROVIDES AN ANONYMOUS
FORUM FOR COLLECTING SUCH INFORMATION. THROUGH THE BRIGHTFOCUS FOUNDATION
WEBSITE AND WITHIN THE FINAL SCIENTIFIC PROGRESS REPORT, 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 J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Rant | Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number BRIGHTFOCUS FOUNDATION

23-7337229

		- 1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	拉特		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	2.22		
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	39000000	(TERMINATE)
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		20	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	2.43	
		AP 11		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract	1		123
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
	[22] TOTALOGO OF OUR OF SIGNATURE OF COMPONICATION COMPONI			· · · · · · · · · · · · · · · · · · ·
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			0.00
7	organization or a related organization:			3 34
-	Part of the second of the seco	4a	Ĭ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
U	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		TÎN
	it les to any of lines 4a-c, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the revenues of:		- 0	
9	The organization?	5a		X
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	100 P		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a	POTENTIAL PROPERTY.	X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.		V.	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		100	
-	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	B105009 7.1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	100		A Section
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	- matre	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		编件	
•	Regulations section 53.4958-6(c)?	9	1000 Hi B	1.00
111		 ~ 		

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

Schedule J (Form 990) 2018



Schedule J (Form 990) 2018 BRIGHTFOCUS FOUNDATION 23-7337229

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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ble	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(h)	in column (B) reported as deferred on prior Form 990
(1) STACY PAGOS HALLER	€	361,402.	45,000.	2,802.	41,250.	39,835.	490,289.	0
H	3	• [0	0.	0	0	0	0
(2) NANCY LYNN	≘	233,29	0	1,032.	14,813.	23,397.	272,538.	
-			0	0.	0.	0	0.	
	Ξ	226,68	0	1,584.	23,621.	19,618.	271,504.	0.
-	: 6	0	0	0	0.	0	0.	0.
<u></u> 8	€	154,23	0	1,032.	22,553.	36,812.	214,627.	0
FINANCE & ADMINIS	≘		0	0.		ll	0	0
(5) MICHAEL BUCKLEY	ε	153,755.	0.	552.	20,745.	3,484.	178,536.	0.
**	: ≘	0	0	• 0	0.		0.	0.
	Ξ	139,766.	0	360.	18,858.	3,481.	162,465.	0.
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							Schedu	Schedule J (Form 990) 2018

57

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.

Z THE INTERNAL REVENUE SERVICE INSTRUCTIONS. HOWEVER, IT SHOULD BE NOTED THAT ITEM HAS BEEN ANSWERED 'YES' IN ACCORDANCE WITH CONSULTATION WITH THE PRESIDENT/CEO. EACH GOAL IS EVALUATED AT THE END OF YEAR. THE DETERMINATION OF THE BONUS COMPENSATION IS CAPPED AS SPECIFIED HER EMPLOYMENT CONTRACT, AND IF NOT WARRANTED WILL NOT BE AWARDED AT ALL AWARD OF A DISCRETIONARY BONUS EACH EXECUTIVE COMMITTEE THAT IS RESPONSIBLE FOR THE REVIEW OF PRESIDENT/CEO THE DETERMINATION IS MADE BY THE FULL BOARD UPON RECOMMENDATION OF ITS THE GOAL HAS BEEN MET OR EXCEEDED Z A FIXED PAYMENT SPECIFIED IN HER PRESIDENT/CEO'S PERFORMANCE DEVELOPED AT THE BEGINNING OF THE YEAR HER BONUS WAS A NON-FIXED PAYMENT BASED ON BRIGHTFOCUS' INTERNAL OF GOALS FOR THE THE COMMITTEE CONSIDERS A SET THE AS THE PRESIDENT/CEO'S BONUS WAS NOT THE FISCAL YEAR TO DETERMINE WHETHER THE BOARD OF DIRECTORS CONSIDERS THIS EMPLOYMENT CONTRACT, LINE 7: COMPENSATION. PROCEDURES PART I,

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

OF WHETHER EACH GOAL HAS BEEN MET OR EXCEEDED

Schedule J (Form 990) 2018

COPY

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ 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.

OMB No. 1545-0047

Name of the organization

BRIGHTFOCUS FOUNDATION

Employer identification number 23-7337229

Kar L	Types of Property			······	4.0
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of determining
		applicable	contributions or	amounts reported on	noncash contribution amounts
			items contributed	Form 990, Part VIII, line 1g	
	Works of art				
2 Art -	Historical treasures				
3 Art-	Fractional interests				
4 Book	ks and publications				
5 Cloth	hing and household goods		1.00		
6 Cars	and other vehicles				
7 Boat	ts and planes				
	lectual property				
	urities - Publicly traded	X	19	99,278.	FMV
10 Secu	urities - Closely held stock				
11 Secu	urities - Partnership, LLC, or				
	t interests				
12 Secu	urities - Miscellaneous				
	lified conservation contribution -				
	oric structures				
	lified conservation contribution - Other				
	l estate - Residential				
	l estate - Commercial				
	l estate - Other				-
	ectibles				·
	d inventory				
	gs and medical supplies				
	dermy				,
	orical artifacts				
	entific specimens				
	neological artifacts				
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	er ()				
	nber of Forms 8283 received by the organiz	zation durin	a the tax year for a	ontributions	·
	which the organization completed Form 82				
101 1	inion the organization completed from oz	00,1 01(11,	DONCE / KOMICIVICE	gement <u>20 j</u>	Yes No
20a Duri	ing the year, did the organization receive b	v contributio	on any property rei	norted in Part I lines 1 throu	PROPERTY FOR THE PROPERTY OF T
	at hold for at least three years from the date	-			
	•			· ·	the state of the s
	mpt purposes for the entire holding period' 'es." describe the arrangement in Part II.			***************************************	500 200 200
	es the organization have a gift acceptance	policy that r	aquirae tha raviou	of any ponetandard contribu	12.66.80 126.67 to 13.5
		· •			
	s the organization hire or use third parties		-	•	
	tributions?			,	
	/es," describe in Part II.	المحاجة المستامة		or factoristate and torrest (-) ()	
	e organization didn't report an amount in c	olumn (c) fo	л a type of propert	y for which column (a) is che	SUNDU,
	cribe in Part II.				■ TO, TO No. 5 A SET ALL TO



Schedule M (Form 990) 2018 BRIGHTFOCUS FOUNDATION	23-73372	229 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the ination of both. A	organization Iso complete
SCHEDULE M, PART I, COLUMN (B):		
BRIGHTFOCUS REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I,	COLUMN	(B).
		···
		
	·	
		

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2018 9000 to Patric Inspection;

Name of the organization

BRIGHTFOCUS FOUNDATION

Employer identification number 23-7337229

2012011110000 1001031111011
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 \$206 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
TWO NOBEL PRIZES. AN INDICATOR OF OUR ABILITY TO PUSH NEW BOUNDARIES 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 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

PROCESS, THE RESEARCH IMPACT OF BRIGHTFOCUS IS VERY HIGH. MOST

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) (2018)



BRIGHTFOCUS LAUNCHED A NEW SERIES OF TELEVISION PSA MESSAGES, THE

GENERATED \$9,487,455 IN DONATED MEDIA SERVICES AND GARNERED NEARLY 800

MILLION IMPRESSIONS. NEAR THE CONCLUSION OF FISCAL YEAR 2019,

Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229				
IMPACT OF ALZHEIMER'S.					
SINCE 2014, THE BRIGHTFOCUS CHATS HAVE BROUGHT TOGETHER PA	TIENTS AND				
CAREGIVERS FOR FREE, INTERACTIVE MONTHLY TELEPHONE FORUMS	TO LEARN				
FROM, AND ASK QUESTIONS OF, LEADING RESEARCHERS AND SPECIA	LISTS ON				
VISION DISEASES. THE CHATS ARE ARCHIVED ON OUR WEB SITE, W	ITH AUDIO AND				
PRINT TRANSCRIPTS AVAILABLE IN A NUMBER OF ACCESSIBLE FORM	IATS.				
WE CONTINUE TO INCREASE OUR PRINT PUBLICATIONS, MANY IN SE	ANISH, THAT				
PROVIDE HELPFUL INFORMATION TO PATIENTS AND CAREGIVERS, AN	ID REGULARLY				
UNVEIL NEW VIDEO AND AUDIO RESOURCES IN CONJUNCTION WITH A	LLIES IN THE				
MEDICAL AND SCIENTIFIC COMMUNITIES. BRIGHTFOCUS IS A PRESE	ENTATION				
PARTNER FOR TURNING POINT, A NEW DOCUMENTARY ON THE SCIENT	TISTS AND				
CLINICAL TRIAL VOLUNTEERS WORKING TO DEVELOP A NEW ALZHEIN	MER'S				
MEDICATION. BRIGHTFOCUS IS HELPING THE FILM BE SHOWN IN C	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 FIND	INGS,				
PROMOTING AND SHARING THIS INFORMATION THROUGH OUR WEB SI	TE AND SOCIAL				
MEDIA PLATFORMS. CAPITALIZING ON EMERGING USE OF DATA VIST	JALIZATION,				
OUR BRIGHTFOCUS INFOGRAPHICS BASILY AND VISUALLY COMMUNICATE					
INFORMATION ON ALZHEIMER'S, MACULAR DEGENERATION, AND GLAD	JCOMA.				
MORE SPECIFICALLY, EACH OF THESE PROGRAM AREAS MAIL AWARES	NESS-RAISING				
MATERIALS TO HUNDREDS OF THOUSANDS OF HOUSEHOLDS, WITH ME	SSAGES				
FOCUSING ON:					

Schedule O (Form 990 or 990-EZ) (2018)

ESTIMATED THAT ONLY HALF OF THE PEOPLE LIVING WITH GLAUCOMA ARE AWARE

832212 10-10-18

PERMANENT BLINDNESS. MORE THAN 3 MILLION AMERICANS AGE 40 AND OLDER

DISEASE. WITH EARLY DETECTION AND TREATMENT, GLAUCOMA OFTEN CAN BE

HAVE GLAUCOMA. MORE THAN 60 MILLION PEOPLE IN THE WORLD HAVE THE

MANAGED TO PROTECT EYES FROM MORE SERIOUS VISION LOSS, BUT IT IS

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 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 REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT 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 EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS THROUGH THE USE OF AN IN-DEPTH GOAL ATTAINMENT STRUCTURE, (DEVELOPED WITH ADVICE FROM BOARD SOURCE) THAT INCLUDES A SELF ASSESSMENT AND A BOARD OF DIRECTORS ASSESSMENT AND EVALUATION AGAINST SET GOALS, OUTCOMES AND DELIVERABLES. IN ADDITION, THE BOARD OF DIRECTORS PERIODICALLY ENGAGES AN OUTSIDE CONSULTANT TO OBTAIN AND CONSIDER APPROPRIATE DATA, INCLUDING A SALARY SURVEY, WHICH INCLUDES INFORMATION COMPILED FROM THE FEDERAL FORM 990 OF OTHER ORGANIZATIONS, 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 BRIGHTFOCUS TO THE INDIVIDUAL IN PAYMENT FOR SERVICES. AT THE TIME OF THE BRIGHTFOCUS BOARD DISCUSSION AND DECISION CONCERNING THE PRESIDENT/CEO'S COMPENSATION, THE

Schedule O (Form 990 or 990-EZ) (2018)

PUBLIC UPON REQUEST. IN ADDITION, THE PUBLIC ALSO HAS ACCESS TO THE ANNUAL Schedule O (Form 990 or 990-EZ) (2018)

POLICY, AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 AVAILABLE TO THE

Employer identification number Name of the organization BRIGHTFOCUS FOUNDATION 23-7337229 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 208,198. CHANGE IN PRESENT VALUE OF GRANTS 73,409. TOTAL TO FORM 990, PART XI, LINE 9 281,607. SCHEDULE F, PART II, LINE 1, COLUMN D: REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MARC AUREL BUSCHE, MD, PHD, ENTITLED: (A2019112S) IN VIVO CELLULAR IMAGING AND TREATMENT OF HIPPOCAMPAL DYSFUNCTION IN ALZHEIMER MODELS. INVESTIGATOR'S SUMMARY: THIS PROPOSAL AIMS TO IDENTIFY THE EARLIEST NEUROBIOLOGICAL EVENTS UNDERLYING THE DEVELOPMENT AND PROGRESSION OF ALZHEIMER'S DISEASE (AD). WE WILL EXPLORE IN PARTICULAR THE EFFECTS THAT TAU AND AMYLOID PROTEINS SEEN IN THE BRAINS OF PATIENTS WITH AD HAVE ON THE ACTIVITY OF INTERACTING NERVE CELLS IN THE HIPPOCAMPUS, A BRAIN REGION WHICH IS KNOWN TO BE IMPORTANT FOR LEARNING AND MEMORY. WE WILL TEST AN INNOVATIVE THERAPEUTIC STRATEGY AND EVALUATE ITS ABILITY TO REPAIR ABNORMAL ACTIVITIES OF NERVE CELLS. THESE STUDIES WILL NOT ONLY INCREASE OUR KNOWLEDGE ABOUT THE NEUROBIOLOGY OF AD BUT ALSO ACCELERATE OUR THERAPEUTIC EFFORTS TO PROTECT NERVE CELLS AND RESCUE LEARNING AND MEMORY FUNCTIONS. GRANT AWARDED: \$298,861, UNIVERSITY COLLEGE LONDON, LONDON, UNITED KINGDOM. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019112S. REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY LUCA COLNAGHI, PHD, ENTITLED: (A2019296F) SUMOYLATION IN ALZHEIMER'S

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 PROFILE AND RELEVANCE TO BEHAVIOR AND NEURODEGENERATION. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS A DISEASE OF THE BRAIN AND FOR WHICH THE RISK IS DETERMINED BY A HERITABLE FACTOR, THE APOE4. WE WILL INVESTIGATE POTENTIAL EFFECTS OF A SPECIFIC APOE4-LINKED BLOODBORNE MOLECULE ON DISEASE-RELATED CHANGES INSIDE THE BRAIN. A SUCCESSFUL DISCOVERY OF A FACTOR THAT CAN BE TARGETED IN THE BLOOD RATHER THAN THE IN BRAIN, FOR THE CURE OR PREVENTION OF AD, WOULD FACILITATE THE DEVELOPMENT OF MEDICATION TO PREVENT THE DISEASE. GRANT AWARDED: \$300,000, STOCKHOLM UNIVERSITY, DEPARTMENT OF NEUROCHEMISTRY, STOCKHOLM, SWEDEN FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: www.BRIGHTFOCUS.ORG/GRANT/A2019446S. REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY GIACOMO KOCH, MD, PHD, ENTITLED: (A2019523S) PRECUNEUS RTMS: A NOVEL THERAPY FOR MILD ALZHEIMER'S DISEASE PATIENTS. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS A GLOBAL HEALTH CHALLENGE. OUR EFFORTS WILL AIM AT DEVELOPING AN EFFECTIVE TREATMENT ABLE TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES. THUS, THE PRIMARY AIM OF THIS PROJECT IS TO INVESTIGATE THE EFFICACY OF A NON-INVASIVE BRAIN STIMULATION, NAMELY REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS), ON MEMORY SKILLS IN PATIENTS WITH MILD AD. RTMS IS CONSIDERED A SAFE, WELL TOLERATED AND RELATIVELY CHEAP TREATMENT. THE APPEALING IDEA OF OUR INTERVENTION IS TO IMPROVE MEMORY BY DIRECTLY MODULATING THE ACTIVITY OF PRECUNEUS, KEY AREA LINKED TO MEMORY IMPAIRMENT. PATIENTS WILL BE TREATED WITH RTMS IN TWO PHASES: AN INTENSIVE PHASE AND A MAINTENANCE PHASE FOR A TOTAL OF SIX MONTHS. THIS PROJECT WILL PROVIDE A VALID TREATMENT TO SLOW THE WORSENING OF SYMPTOMS AND IMPROVE QUALITY OF LIFE FOR THOSE WITH AD AND

Schedule O (Form 990 or 990-EZ) (2018)

THEIR CAREGIVERS. GRANT AWARDED: \$190,000, IRCCS SANTA LUCIA

Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
FOUNDATION, ROME, ITALY. FOR MORE INFORMATION, VISIT THE	BRIGHTFOCUS
WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019523S.	
REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE R	ESEARCH BY
JEROME MERTENS, PHD, ENTITLED: (A2019562S) AGE-DEPENDENT N	IEURONAL
DE-DIFFERENTIATION IN ALZHEIMER'S PATIENT-DERIVED INDUCED	NEURONS.
INVESTIGATOR'S SUMMARY: EVERYBODY AGES, AND UNFORTUNATELY,	THIS BANAL
FACT REPRESENTS A HUGE HEALTH THREAT FOR US, BECAUSE OLD A	GE IS THE
MAJOR RISK FACTOR FOR MANY HUMAN DISEASES WITH ALZHEIMER'S	DISEASE (AD)
LEADING THE WAY. OUR LABORATORY HAS RECENTLY FOUND A WAY T	O REPROGRAM
CULTURED SKIN CELLS FROM AD PATIENTS DIRECTLY INTO BRAIN N	EURONS, WHICH
ARE UNIQUE FOR EACH PATIENT AND ALSO BIOLOGICALLY 'REMEMBE	R' HOW OLD
THE PATIENT WAS. BY LOOKING AT ALL GENES USED BY THESE CEI	LLS, WE COULD
ALREADY MAKE SOME EXCITING NEW DISCOVERIES, AS IT LOOKS LI	KE THE
NEURONS FROM AD PATIENTS SEEM TO HAVE PARTIALLY LOST THEIR	R MEMORY
REGARDING THEIR OWN IDENTITY AND FUNCTION IN THE BODY; IN	SOME WAYS
SIMILAR TO CANCER CELLS. IN THIS PROJECT WE AIM TO BETTER	UNDERSTAND
THIS CONNECTION AND TRY TO FIND WAYS TO GIVE AD NEURONS TH	HEIR OWN
MEMORY BACK. GRANT AWARDED: \$300,000, UNIVERSITY OF INNSBE	RUCK,
INNSBRUCK, AUSTRIA. FOR MORE INFORMATION, VISIT THE BRIGH	ITFOCUS
WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019562S.	
SCHEDULE F, PART II, LINE 1, COLUMN D:	
REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE I	RESEARCH BY
CAMIN DEAN, PHD, ENTITLED: (A2019586S) TREATING MEMORY LO	OSS IN
ALZHEIMER'S DISEASE BY STRENGTHENING SYNAPSES. INVESTIGATOR	OR'S SUMMARY:
PEOPLE WITH ALZHEIMER'S DISEASE (AD) LOSE THE ABILITY TO I	REMEMBER
THINGS, ESPECIALLY THINGS THEY RECENTLY LEARNED. WE RECENT	PLY DISCOVERED edule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 THAT MICE MISSING A SPECIFIC MOLECULE CALLED SYNAPTOTAGMIN3, HAVE BETTER MEMORY THAN NORMAL MICE. WE NOW WANT TO TEST IF REMOVING THIS MOLECULE FROM MICE WITH AD WILL IMPROVE THEIR MEMORY. IF THIS WORKS, IT COULD BE A WAY TO TREAT HUMANS WITH AD DISEASE TO IMPROVE THEIR MEMORY. GRANT AWARDED: \$300,000, EUROPEAN NEUROSCIENCE INSTITUTE, GOETTINGEN, GERMANY. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019586S. REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY DOMINIK PAQUET, PHD, ENTITLED: (A2019604S) AN IPSC-DERIVED HUMAN BRAIN TISSUE MODEL FOR ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: WE CURRENTLY DO NOT UNDERSTAND VERY WELL WHY THE BRAINS OF ALZHEIMER'S DISEASE (AD) PATIENTS CONTAIN AGGREGATES OF PROTEINS AND HOW THIS LEADS TO DEATH OF MILLIONS OF NERVE CELLS OVER TIME. TO BETTER UNDERSTAND THE FORMATION OF THESE DISEASE SYMPTOMS WE WOULD LIKE TO INVESTIGATE THE BUILDING BLOCKS THAT ARE REQUIRED FOR THE FORMATION OF AD PATHOLOGY. FOR THIS PURPOSE, WE WILL TURN HUMAN STEM CELLS INTO NERVE CELLS AND OTHER CELL TYPES FOUND IN THE HUMAN BRAIN, GROW THEM TOGETHER IN A DISH TO ASSEMBLE ARTIFICIAL HUMAN BRAIN TISSUE, AND INTRODUCE ALTERATIONS IN GENES AND CELLULAR PHYSIOLOGY THAT ARE TYPICAL FOR PATIENTS WITH INHERITED FORMS OF AD. WE WILL INVESTIGATE IF THESE MODELS DISPLAY ALZHEIMER PATHOLOGY IN A DISH, AND THEN MODIFY THE COMPOSITION OF CELL TYPES OR THE FUNCTION OF CELLS AND THEIR GENES TO LEARN, WHICH FACTORS

CAUSE PROTEIN AGGREGATION OR NERVE CELL DEATH IN AN AD BRAIN. GRANT

VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019604S.

LUDWIG-MAXIMILIANS-UNIVERSITY, MUNICH, GERMANY. FOR MORE INFORMATION,

AWARDED: \$300,000, INSTITUTE FOR STROKE AND DEMENTIA RESEARCH,

Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
REGION: EUROPE (D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE R	ESEARCH
CONFERENCE SUPPORT. GRANT AWARDED: \$98,845, THE 14TH INTER	NATIONAL
CONFERENCE ON ALZHEIMER'S & PARKINSON'S DISEASES, LISBON,	PORTUGAL.
REGION: EAST ASIA & PACIFIC (D) PURPOSE OF GRANT: MACULAR	DEGENERATION
RESEARCH BY ZHICHAO WU, PHD, ENTITLED: (M2019073) ENABLING	TREATMENT
TRIALS OF ATROPHIC AGE- RELATED MACULAR DEGENERATION USING	NOVEL
MICROPERIMETRY TECHNIQUES. INVESTIGATOR'S SUMMARY: THE LOS	S OF TISSUE
RESPONSIBLE FOR VISION IS A COMPLICATION OF THE CONDITION	CALLED
AGE-RELATED MACULAR DEGENERATION THAT REMAINS UNTREATABLE.	TO HELP THE
DISCOVERY OF NEW TREATMENTS, BETTER WAYS OF MEASURING WHET	HER A
POTENTIAL TREATMENT IS ACTUALLY HAVING A MEANINGFUL POSITI	VE EFFECT IS
NEEDED. THIS PROJECT THEREFORE EXAMINES WHETHER A NEW METH	HOD TO MEASURE
THE ABILITY OF TO PERCEIVE DIFFERENT LIGHT LEVELS WITHIN T	HE AREA WHERE
TISSUE LOSS IS OCCURRING COULD HELP US BETTER EVALUATE PRO	MISING NEW
TREATMENTS. GRANT AWARDED: \$187,873, CENTRE FOR EYE RESEAR	RCH AUSTRALIA,
THE UNIVERSITY OF MELBOURNE, EAST MELBOURNE, AUSTRALIA. FO	OR MORE
INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:	
WWW.BRIGHTFOCUS.ORG/GRANT/M2019073.	
REGION: EAST ASIA & PACIFIC (D) PURPOSE OF GRANT: MACULAR	DEGENERATION
RESEARCH BY PAUL BAIRD, BSC, PHD, ENTITLED: (M2019093) RIS	SK PREDICTION
IN AGE-RELATED MACULAR DEGENERATION - CAN WE DO BETTER. II	NVESTIGATOR'S
SUMMARY: THIS PROPOSAL BRINGS TOGETHER DIFFERENT AREAS OF	MEDICINE AND
BIOLOGY AND APPLIES ADVANCES IN HIGH THROUGHPUT COMPUTING	AND BIG DATA
ANALYSIS TO AID OUR UNDERSTANDING AND ADVANCEMENT OF TREAT	TMENTS FOR THE
EYE DISEASE OF AGE RELATED MACULAR DEGENERATION (AMD); PA	RTICULARLY THE
DRY FORM OF DISEASE WHERE THERE IS CURRENTLY NO TREATMENT 832212 10-10-18 Sche	. IT WILL edule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 IDENTIFY GENES THAT INTERACT WITH EACH OTHER AS WELL AS WITH OTHER FACTORS KNOWN TO BE INVOLVED IN INCREASED RISK OF AMD SUCH AS AGE, SEX OF AN INDIVIDUAL AND SMOKING. THE STATISTICAL FINDINGS WILL BE VERIFIED THROUGH MODELLING IN HUMAN CELLS DERIVED FROM AMD PATIENTS TO IDENTIFY HOW THESE GENES INFLUENCE DISEASE. THIS WORK WILL HAVE A PROFOUND IMPACT ON HOW WE THINK OF BOTH ADVANCED TYPES (THE DRY AND WET TYPES) OF AMD AND PROVIDE TARGETS FOR FUTURE DEVELOPMENT OF THERAPIES THAT WILL IMPROVE PATIENT'S LIVES WITH THIS DISEASE. GRANT AWARDED: \$200,000, CENTRE FOR EYE RESEARCH AUSTRALIA, THE UNIVERSITY OF MELBOURNE, EAST MELBOURNE, AUSTRALIA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019093. SCHEDULE I, PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: TUFTS UNIVERSITY - BOSTON. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY WONHEE KIM, PHD, ENTITLED: (A2019021F) IMPACT OF BLEVATED APP ON BACE1 SUBSTRATES PROCESSING. INVESTIGATOR'S SUMMARY: INDIVIDUALS WITH ALZHEIMER'S DISEASE (AD) HAVE TROUBLE REMEMBERING EVEN SIMPLE THINGS, LIKE THE NAME OF THEIR FAMILY MEMBERS. AD IS GENERALLY FOUND IN PEOPLE OLDER THAN 65 YEARS OF AGE, BUT SOME PEOPLE BORN WITH GENETIC RISK FACTORS, SUCH AS DOWN SYNDROME AND GENE MUTATIONS CAUSING FAMILIAL ALZHEIMER'S DISEASE DEVELOP SYMPTOMS MUCH EARLIER. CURRENTLY THERE IS NO TREATMENT ABLE TO PREVENT OR CURE AD. PHARMACEUTICAL COMPANIES HAVE DEVELOPED A DRUG, CALLED BACE INHIBITOR, THAT HAS THE POTENTIAL TO PREVENT AND CURE AD. HOWEVER, IT IS STILL UNCERTAIN WHETHER THIS DRUG IS SAFE FOR AD PATIENTS. OUR STUDY SUGGESTS THAT THIS MEDICINE COULD CAUSE WORSE SIDE EFFECTS IN PEOPLE BORN WITH DOWN SYNDROME OR CARRYING A SPECIFIC GENETIC MUTATION CAUSING AD. THEREFORE, OUR GOAL IS TO BETTER

Schedule O (Form 990 or 990-EZ) (2018)

AMYLOID-BETA AMYLOIDOSIS IN A SEX-SPECIFIC MANNER. INVESTIGATOR'S

ENTITLED: (A2019032F) MICROBIOME INFLUENCES MICROGLIA PHENOTYPES AND

Schedule O (Form 990 or 990-EZ) (2018)

BRAIN CALLED, ASTROCYTES. THESE TRANSFORMED ASTROCYTES, WHICH ARE CLASSIFIED AS INFLAMMATORY ASTROCYTES, RELEASE CHEMICAL COMPOUNDS THAT ARE TOXIC TO ANOTHER POPULATION OF BRAIN CELLS, CALLED NEURONS. THIS GRANT AIMS TO UNDERSTAND HOW ONE OF THE MOLECULES RELEASED BY REACTIVE ASTROCYTES KILLS NEURONS, IN HOPES OF FINDING NEW DRUGS TO TREAT PATIENTS WITH AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019034S.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA.

(H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY HOSUNG KIM, PHD, 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF TEXAS

SOUTHWESTERN MEDICAL CENTER. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 23-7337229

RESEARCH BY LUKASZ JOACHIMIAK, PHD, ENTITLED: (A2019060S) STRUCTURAL DETERMINANTS OF TAU AGGREGATION IN DISEASE. INVESTIGATOR'S SUMMARY: THE TAU PROTEIN DEPOSITS IN THE BRAIN OF ALZHEIMER'S PATIENTS. THE TAU PROTEIN NORMALLY ADOPTS A "GOOD" SHAPE AND WITH AGE CONVERTS INTO A "BAD" SHAPE. WE AIM TO UNDERSTAND HOW TAU CHANGES INTO THE "BAD" SHAPE TO HELP UNDERSTAND HOW TO DETECT THIS IN PATIENTS AND DEVELOP THERAPIES TO PREVENT IT. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019060S.

NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY NICHOLAS VARVEL, PHD, ENTITLED: (A2019077S) SEIZURES PROMOTE ALZHEIMER'S DISEASE PATHOLOGY VIA MONOCYTES. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS AND WILL CONTINUE TO BE A MAJOR HEALTH PROBLEM IN THE COMING DECADES. IN ADDITION TO MEMORY LOSS, A CERTAIN SUBSET OF THOSE WITH ALZHEIMER'S DISEASE ALSO SUFFER FROM SEIZURES. WE HAVE RECENTLY IDENTIFIED A IMMUNE CELL TYPE, CALLED A MONOCYTE, THAT ENTERS THE BRAIN AFTER SEIZURES. THE STUDIES ARE DESIGNED TO DETERMINE SEIZURE-INDUCED MONOCYTE ENTRY INTO THE BRAIN ENHANCES THE PROGRESSION OF AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019077S.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON METHODIST RESEARCH INSTITUTE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ALIREZA FARIDAR, MD, ENTITLED: (A2019083F) CHARACTERIZING ADAPTIVE IMMUNE MECHANISM IN ALZHEIMER'S: A KEY TO THERAPY. INVESTIGATOR'S SUMMARY: SYSTEMIC INFLAMMATION MIGHT PLAYS A CRITICAL ROLE IN THE ONSET AND PROGRESSION OF ALZHEIMER DISEASE (AD). REGULATORY T CELLS (TREGS) ARE THE MAJOR IMMUNOMODULATORY CELL IN THE BLOOD THAT MIGHT LOSE THEIR 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)

PROGRESSION OF ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: PROTEINS

WWW.BRIGHTFOCUS.ORG/GRANT/A2019182S.

MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ZHEN ZHAO, PHD, ENTITLED: (A2019218S) UNDERSTANDING THE CEREBROVASCULAR LINK BETWEEN TRAUMATIC BRAIN INJURY AND ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: TRAUMATIC BRAIN INJURY (TBI) IS A LEADING CAUSE OF INJURY DEATHS AND DISABILITIES IN THE UNITED STATES AND THE MOST ROBUST ENVIRONMENTAL RISK FACTOR FOR ALZHEIMER'S DISEASE (AD). VASCULAR IMPAIRMENT IS ALSO A HALLMARK OF THE PATHOLOGICAL EVENTS AFTER TBI, INCLUDING LOCAL EDEMA, BLOOD-FLOW REDUCTION AND BREAKDOWN OF BLOOD-BRAIN BARRIER, WHICH MAY SIGNIFICANTLY INCREASE AD RISK. THEREFORE, IT IS PLAUSIBLE TO DRAW A CEREBROVASCULAR LINK BETWEEN TBI AND AD. HERE WE PROPOSE TO ADDRESS THE PAUCITY OF RESEARCH IN THE CEREBROVASCULAR CONNECTION BETWEEN TBI AND AD, AND INVESTIGATE THE CEREBROVASCULAR IMPAIRMENT INDUCED BY TBI AND ITS IMPACT ON THE SUSCEPTIBILITY TO AD IN ANIMAL MODELS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019218S.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY WENYAN SUN, PHD, ENTITLED: (A2019223F) INVESTIGATING PIWIL AND PIRNAS IN TAU TRANSGENIC MICE AND HUMAN TAUOPATHY. INVESTIGATOR'S SUMMARY: I RECENTLY IDENTIFIED DEPLETION OF PIWI/PIRNAS-INDUCED ABERRANT TRANSPOSABLE ELEMENT ACTIVATION AS A PHARMACOLOGICALLY TARGETABLE, MECHANISTIC DRIVER OF NEUROTOXICITY IN TAU TRANSGENIC DROSOPHILA. SINCE I REPORTED THAT ABERRANT TRANSPOSABLE ELEMENT TRANSCRIPTION IS CONSERVED IN HUMAN TAUOPATHY, I NEXT DETERMINE WHETHER

MACHINERY OF TRANSPOSABLE ELEMENT SILENCING MEDIATED BY PIWIL AND

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Schedule O (Form 990 or 990-EZ) (2018)

SINAI. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ANNA

Schedule O (Form 990 or 990-EZ) (2018)

NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY. (H) PURPOSE OF
GRANT: ALZHEIMER'S DISEASE RESEARCH BY THOMAS KUKAR, PHD, ENTITLED:
(A2019355S) UNDERSTANDING LYSOSOME DYSFUNCTION IN ALZHEIMER'S DISEASE.
INVESTIGATOR'S SUMMARY: THE HEALTH AND SURVIVAL OF NEURONS IN THE BRAIN
IS DEPENDENT ON A RECYCLING PATHWAY CARRIED OUT BY LYSOSOMES, CELLULAR
ORGANELLES THAT HELP DEGRADE AND RECYCLE PROTEINS. DEFECTS IN THE
FUNCTION OF LYSOSOMES ARE INCREASINGLY THOUGHT TO BE INVOLVED IN THE
DEVELOPMENT OF ALZHEIMER'S DISEASE (AD). WE ARE TRYING TO UNDERSTAND
WHY DECREASES IN A PROTEIN CALLED PROGRANULIN IMPAIR LYSOSOME FUNCTION
AND INCREASE THE RISK OF DEVELOPING AD. THIS RESEARCH WILL HELP OUR
LONG TERM EFFORT TO DEVELOP DRUGS TO TREAT AD BY CORRECTING LYSOSOME
FUNCTION. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:
WWW.BRIGHTFOCUS.ORG/GRANT/A2019355S.

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

NAME OF ORGANIZATION OR GOVERNMENT: MEMORIAL SLOAN-KETTERING CANCER

CENTER. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY EITAN

WONG, PHD, ENTITLED: (A2019356F) THE CIRCADIAN REGULATION OF

GAMMA-SECRETASE ACTIVITY IN ALZHEIMER'S DISEASE. INVESTIGATOR'S

SUMMARY: ALZHEIMER'S DISEASE (AD) IS A PROGRESSIVE AND FATAL

NEURODEGENERATIVE DISEASE WHICH BECOMES INCREASINGLY PREVALENT

WORLDWIDE WITH NO EFFECTIVE TREATMENTS AVAILABLE CAUSING A HEALTHCARE

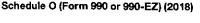
PROBLEM OF EPIDEMIC PROPORTION. ALTHOUGH THE CAUSE OF AD IS POORLY

UNDERSTOOD, THE DISEASE PROGRESSION IS ASSOCIATED WITH BETA-AMYLOID

PEPTIDE SENILE PLAQUES AND SLEEPING DISORDER, SUGGESTING MALFUNCTION IN

INTERNAL BIOLOGICAL CLOCK AND ALTERATION OF CIRCADIAN RHYTHM.

INTERESTINGLY, OUR INITIAL DATA DISCOVERED THAT GAMMA-SECRETASE



Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
ACTIVITY, THE ENZYME RESPONSIBLE FOR AMYLOID PLAQUES GENER	ATION, ALSO
EXHIBITS A DAILY CIRCADIAN OSCILLATION. IN THIS PROPOSAL W	E AIM TO
REVEAL THE MOLECULAR INTERACTION BETWEEN CIRCADIAN FUNCTIO	N AND
GAMMA-SECRETASE ACTIVITY AND THE CONNECTION TO AD. FOR MOR	Е
INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:	
WWW.BRIGHTFOCUS.ORG/GRANT/A2019356F.	
NAME OF ORGANIZATION OR GOVERNMENT: WEILL MEDICAL COLLEGE	OF CORNELL
UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESE	ARCH BY ANNA
ORR, PHD, ENTITLED: (A2019363S) SELECTIVE BLOCKADE OF MITO	CHONDRIAL
FREE RADICALS IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMA	RY: AGING AND
NEURODEGENERATIVE DISEASE ARE ASSOCIATED WITH THE ACCUMULA	TION OF FREE
RADICALS, ALSO CALLED OXIDATIVE STRESS, IN THE BRAIN AND O	THER ORGANS.
OXIDATIVE STRESS CAN DAMAGE CELLS AND ORGANS, AND PROMOTE	DISEASE AND
IMPAIRMENTS IN BRAIN FUNCTION. WE PREVIOUSLY DISCOVERED SM	ALL MOLECULES
THAT CAN SELECTIVELY BLOCK SPECIFIC CAUSES OF OXIDATIVE ST	RESS WITHOUT
AFFECTING OTHER NORMAL CELL FUNCTIONS. OUR PROPOSED RESEAR	CH WILL TEST
WHETHER THESE MOLECULES HAVE THERAPEUTIC BENEFITS IN EXPER	IMENTAL
MODELS OF ALZHEIMER'S DISEASE. FOR MORE INFORMATION, VISIT	THE
BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019363S.	
NAME OF ORGANIZATION OR GOVERNMENT: REGENTS OF THE UNIVERS	SITY OF
CALIFORNIA, IRVINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISE	ASE RESEARCH
BY KEI IGARASHI, PHD, ENTITLED: (A2019380S) RESCUING MEMOR	Y USING
CELL-TYPE SPECIFIC REACTIVATION OF MEMORY NETWORK ACTIVITY	
INVESTIGATOR'S SUMMARY: DRS. O'KEEFE, MOSER AND MOSER, THE	REE NOBEL
PRIZE RESEARCHERS, PREVIOUSLY FOUND THAT BRAIN CELLS CALLE	ED "PLACE
CELLS" AND "GRID CELLS" ARE IMPORTANT TO KEEP OUR MEMORY. 832212 10-10-18 Sche	ARE THESE dule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 CELLS BROKEN IN ALZHEIMER'S DISEASE (AD) PATIENTS? IF SO, DOES FIXING OF THESE CELLS HEAL MEMORY LOST IN AD PATIENTS? WE WILL ANSWER TO THESE QUESTIONS USING ANIMAL MODELS OF AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019380s. NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY, TAUB INSTITUTE FOR RESEARCH. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY GUSTAVO RODRIGUEZ, PHD, ENTITLED: (A2019382F) MACHINE LEARNING & IMPAIRED SPATIAL DECODING IN AD MICE. INVESTIGATOR'S SUMMARY: COMPLEX INFORMATION PROCESSING IN THE BRAIN IS POSSIBLE DUE TO THE COMBINED STRENGTH AND DIVERSE TALENTS OF LARGE NUMBERS OF NEURONS WORKING TOGETHER. IN MOUSE MODELS OF ALZHEIMER'S DISEASE (AD) PATHOLOGY, AMYLOID BETA LEADS TO OVERACTIVE NEURON SIGNALING AND POOR SPATIAL INFORMATION PROCESSING, WHICH MAY BE AGGRAVATED BY TAU BUILD-UP. USING SOPHISTICATED RECORDING TECHNIQUES, WE WILL MEASURE THE CONTENT AND QUALITY OF SPATIAL INFORMATION TRANSMITTED BY LARGE NUMBERS OF NEURONS IN BRAINS CONTAINING AMYLOID BETA AND TAU PATHOLOGY. DYSFUNCTIONAL NEURONAL POPULATIONS WILL BE SELECTIVELY TARGETED TO CORRECT THEIR OVERACTIVE FIRING PATTERNS, WITH THE OVERALL GOAL OF IMPROVING THE QUALITY OF SPATIAL INFORMATION CARRIED BY LARGE NUMBERS OF NEURONS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019382F. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ANA BATISTA, PHD, ENTITLED: (A2019468F) EFFECT OF TTR GENE THERAPY IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: A PROTEIN CALLED TTR WILL

Schedule O (Form 990 or 990-EZ) (2018)

BE STUDIED TO FIND OUT WHETHER IT CAN BE USED TO TREAT PEOPLE WITH

PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY JUSTYNA DOBROWOLSKA

ZAKARIA, PHD, ENTITLED: (A2019520S) DIFFERENTIATION OF ALZHEIMER'S

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Employer identification number 23-7337229

DISEASE SUBGROUPS USING SAPP-BETA AND SAPP-ALPHA AS CEREBROSPINAL FLUID BIOMARKERS OF BACE1 ACTIVITY. INVESTIGATOR'S SUMMARY: OUR GOAL IS TO MEASURE HOW QUICKLY AN ALZHEIMER'S DISEASE (AD) PATIENT'S BRAIN MAKES A SPECIFIC PROTEIN, AND COMPARE THIS TO A HEALTHY PATIENT'S BRAIN, TO DETERMINE IF IN AD THERE IS MORE OF THIS PROTEIN BEING MADE THAN NORMAL. ALSO, THERE IS INCREASING EVIDENCE THAT NOT EVERY PATIENT'S AD HAS THE SAME CAUSE. SO ADDITIONALLY, WE WANT TO USE THE SPECIFIC PROTEIN, AND OTHER PROTEINS ASSOCIATED WITH AD, TO DETERMINE IF THERE ARE SUBGROUPS WITHIN AD PATIENTS, THAT MIGHT RESPOND IN DIFFERENT WAYS TO DRUGS THAT TARGET AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019520S.

NAME OF ORGANIZATION OR GOVERNMENT: CASE WESTERN RESERVE UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY MIN-KYOO SHIN, PHD, ENTITLED: (A2019551F) INVESTIGATION OF THE NOVEL ROLE OF 15-HYDROXYPROSTAGLANDIN DEHYDROGENASE IN NEURODEGENERATION IN A MOUSE MODEL OF ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS ONE OF THE MOST HIGHLY PREVALENT AND DEVASTATING CONDITIONS IN SOCIETY, AND THERE ARE CURRENTLY NO TREATMENTS THAT PREVENT OR SLOW DISEASE PROGRESSION. WE HAVE DISCOVERED A NEW BIOLOGICAL SYSTEM GOVERNING NEURODEGENERATION IN TRAUMATIC BRAIN INJURY: ENZYMATIC ACTIVITY OF 15-PROSTAGLANDIN DEHYDROGENASE IN THE BRAIN THAT CONTROLS LEVELS OF PROSTAGLANDIN E2, AN ENDOGENOUS AGENT THAT PROTECTS NEURONS. WE ALSO HAVE PRELIMINARY EVIDENCE THAT LEVELS OF 15-PGDH ARE PATHOLOGICALLY INCREASED IN ANIMAL MODELS OF AD, AS WELL AS HUMAN AD BRAIN. THIS PROJECT WILL RIGOROUSLY DETERMINE WHETHER THIS ABERRANT INCREASE IN 15-PGDH PLAYS A CAUSATIVE ROLE IN NERVE CELL DEATH AND BEHAVIORAL LEARNING PROBLEMS IN A MOUSE MODEL OF AD, AND COULD THUS 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 IDENTIFY A NEW THERAPEUTIC TARGET FOR PATIENTS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019551F. NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS INSTITUTE OF TECHNOLOGY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY XIAO CHEN, PHD, ENTITLED: (A2019566F) DISSECTING THE MOLECULAR MECHANISMS UNDERLYING ASTROGLIOSIS IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: ALZHEIMER'S DISEASE (AD) IS A HORRIBLE DISEASE WITH NO CURE. IN THE BRAINS OF THESE PATIENTS, A TYPE OF CELLS CALLED ASTROCYTES ARE TURNED INTO BAD CELLS AND START HARMING THE BRAIN. WE ARE DEVELOPING A CUTTING-EDGE METHOD TO STUDY THIS IN MICE, HOPEFULLY, WE WILL FIND A DRUG THAT CAN HELP TURN ASTROCYTES TO DO GOOD AGAIN TO HELP AD PATIENTS. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019566F. NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY ARJUN MASURKAR, MD, PHD, ENTITLED: (A2019602S) THALAMIC CONTROL OF MEMORY IN ALZHEIMER DISEASE. INVESTIGATOR'S SUMMARY: MEMORY FAILS EARLY IN ALZHEIMER'S DISEASE (AD) BECAUSE THE ENTORHINAL CORTEX, A BRAIN AREA FIRST AFFECTED BY THE DISEASE, CANNOT PROPERLY COMMUNICATE WITH THE HIPPOCAMPUS, THE SECOND BRAIN AREA AFFECTED BY THE DISEASE. HOWEVER, THERE IS ANOTHER BRAIN REGION, THE THALAMUS THAT COMMUNICATES WITH THE HIPPOCAMPUS BUT IS NOT AFFECTED AT EARLY STAGES. HERE WE LAY THE GROUNDWORK FOR POSSIBLY STIMULATING THE THALAMUS TO COMPENSATE FOR ENTORHINAL-HIPPOCAMPAL MISCOMMUNICATION, BY FIRST DECIPHERING THE STRUCTURE AND FUNCTION OF THE "WIRING DIAGRAM" BETWEEN THALAMUS AND HIPPOCAMPUS, AND THEN EXAMINING HOW THIS FUNCTIONAL CONNECTIVITY

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 CHANGES IN AD. THIS WILL PROVIDE A BETTER UNDERSTANDING OF THE ROLE OF THE THALAMUS IN NORMAL MEMORY, AND SET THE STAGE FOR FUTURE WORK AIMED AT PRECISELY TUNING THESE THALAMIC INPUTS TO ENHANCE MEMORY IN PATIENTS WITH EARLY STAGE AD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019602S. SCHEDULE I, PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY BEDE PORTZ, PHD, ENTITLED: (A2019612F) RNA DISAGGREGASES AS REGULATORS OF RNA PHASE-SEPARATION IN C9ORF72 FRONTOTEMPORAL DEMENTIA. INVESTIGATOR'S SUMMARY: FRONTOTEMPORAL DEMENTIA IS CAUSED BY EXPANDED REPEATS IN THE C9ORF72 GENE, WHICH ENCODE TOXIC REPEAT RNAS THAT AGGREGATE, FORMING RNA FOCI. I WILL ELUCIDATE THE MACHINERY OVERWHELMED BY COORF72 REPEAT EXPANSION BY TESTING THE HYPOTHESIS THAT DDX3X IS AN RNA DISAGGREGASE CAPABLE OF DISSOLVING THESE FOCI, AND BY SCREENING FOR NEW PROTEIN MODIFIERS OF C9ORF72 RNA FOCI IN LIVE CELLS. THIS PROPOSAL WILL REVEAL BASIC RNA BIOLOGY AND IDENTIFY NOVEL THERAPEUTIC TARGETS IN FRONTOTEMPORAL DEMENTIA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019612F. NAME OF ORGANIZATION OR GOVERNMENT: TEXAS A & M UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY YUXIANG SUN, MD, PHD, ENTITLED: (A2019630S) GHRELIN RECEPTOR MEDIATED NEUROINFLAMMATION IN ALZHEIMER'S DISEASE. INVESTIGATOR'S SUMMARY: LOW-GRADE CHRONIC INFLAMMATION IS A HALLMARK OF AGING, AND INFLAMMATION IN THE BRAIN CAUSES AND WORSENS ALZHEIMER'S DISEASE (AD). WE HAVE EVIDENCE THAT SUPPRESSION OF A GENE CALLED GHS-R IN IMMUNE CELLS PRODUCES AN

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 ANTI-INFLAMMATORY EFFECT IN THE BRAIN AND IMPROVES SPATIAL MEMORY. THE GOAL OF THIS PROPOSAL IS TO DETERMINE THE ROLE OF GHS-R IN IMMUNE CELLS IN AD. THIS HAS POTENTIAL TO LEAD TO NOVEL INTERVENTIONS FOR COMBATING AD BY COMBATING INFLAMMATION. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019630S. NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSITY. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH BY PETER ABADIR, PHD, ENTITLED: (A2019634S) CHARACTERIZING BRAIN ANGIOTENSIN SYSTEM. INVESTIGATOR'S SUMMARY: THIS STUDY IS DESIGNED TO EVALUATE SPECIFIC FACTORS THAT MAY PLAY A ROLE IN DEVELOPMENT AND PROGRESSION OF ALZHEIMER'S DEMENTIA. ANGIOTENSIN RECEPTORS 1, 2 AND 4 (AT1R, AT2R AND AT4R) ARE FOUND ON BRAIN CELLS AND PLAY AN IMPORTANT FUNCTION IN BRAIN VITAL FUNCTIONS. THIS STUDY WILL EXAMINE CHANGES IN THESE RECEPTORS IN BRAIN CELLS IN PATIENTS WITH ALZHEIMER'S DEMENTIA. WE WILL ALSO STUDY THE IMPACT OF A CLASS OF DRUGS THAT TARGET THESE RECEPTORS AND COMMONLY USED TO TREAT HIGH BLOOD PRESSURE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/A2019634S. NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC, JACKSONVILLE. (H) PURPOSE OF GRANT: ALZHEIMER'S DISEASE RESEARCH 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 EURODEGENERATIVE DISEASES, SUCH AS ALZHEIMER'S OR PARKINSON'S AND ON Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 IDENTIFY IN EARLY MIDLIFE BIOMARKERS FOR ALZHEIMER'S DISEASE RISK INFORMED BY SEX DIFFERENCES IN BRAIN AGING AND MEMORY DECLINE. THIS IS ONE OF THE FIRST PROJECTS TO COMPREHENSIVELY ASSESS MULTIPLE PREDICTED BIOMARKERS FOR ALZHEIMER'S RISK IN MIDDLE AGE AND RELATE THEM TO BRAIN SCANS, PHYSIOLOGY, GENETICS, AND CLINICAL DATA WITH A SPECIFIC FOCUS ON INCORPORATING DIFFERENCES BETWEEN MEN AND WOMEN IN ALZHEIMER'S DEVELOPMENT. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/CA2018607. NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY SCHOOL OF MEDICINE. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY KEVIN CHAN, PHD, ENTITLED: (G2019103) THE ROLE OF BRAIN WASTE CLEARANCE SYSTEM IN GLAUCOMA. INVESTIGATOR'S SUMMARY: RECENTLY, A NEW HYPOTHESIS EMERGED THAT SUGGESTS THE INVOLVEMENTS OF THE BRAIN WASTE CLEARANCE SYSTEM CALLED GLYMPHATIC SYSTEM IN THE PATHOGENESIS OF GLAUCOMA, YET ITS EXACT ROLE REMAINS LARGELY UNEXPLORED, PARTLY DUE TO LIMITED IMAGING METHODS TO MONITOR THE GLYMPHATIC SYSTEM AND THE ASSOCIATED STRUCTURAL AND FUNCTIONAL CHANGES IN THE VISUAL SYSTEM. THIS STUDY WILL ADDRESS THIS CRITICAL ISSUE, BY DETERMINING THE CEREBROSPINAL FLUID DYNAMICS ALONG THE OPTIC NERVE AND THE CORRESPONDING VISUAL SYSTEM IMPAIRMENTS USING ADVANCED, MULTI-PARAMETRIC MAGNETIC RESONANCE IMAGING IN SEVERAL EXPERIMENTAL ANIMAL MODELS INVOLVING CHANGES IN EYE PRESSURE, BRAIN PRESSURE AND WATER CHANNEL FUNCTION. THE RESULTS OF THIS STUDY WILL NOT ONLY PROVIDE NEW INSIGHTS INTO THE BRAIN INVOLVEMENTS THAT OCCUR DURING THE PROCESS OF GLAUCOMATOUS NEURODEGENERATION, BUT ALSO ARE LIKELY TO SUGGEST NEW STRATEGIES FOR TARGETING GLAUCOMA TREATMENT BEYOND LOWERING EYE PRESSURE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

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Page 2 Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 WWW.BRIGHTFOCUS.ORG/GRANT/G2019103. NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY ELDON GEISERT, PHD, ENTITLED: (G2019111) ROBUST OPTIC NERVE REGENERATION: A SYSTEMS BIOLOGY APPROACH. INVESTIGATOR'S SUMMARY: RECENT STUDIES HAVE DEMONSTRATED THAT THE ADULT OPTIC NERVE IS CAPABLE OF TRUE AXONAL REGENERATION IN THE MOUSE. FOR THIS REGENERATION TO BE APPLICABLE TO HUMANS, THE REGENERATING AXONS MUST TRAVEL A CONSIDERABLY LONGER DISTANCE. OUR GROUP HAS DEVELOPED A MOUSE MODEL SYSTEM THAT WILL ALLOW US TO IDENTIFY GENES THAT WILL INCREASE THE NUMBER OF REGENERATING AXONS BY AT LEAST FOUR TIMES AND THE DISTANCE THE AXONS GROW BY AT LEAST THREE TIMES. IF FUNCTIONAL RECOVERY IS TO OCCUR IN HUMANS WE MUST INCREASE THE NUMBER OF REGENERATING AXONS AND THEIR RATE OF GROWTH. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019111. NAME OF ORGANIZATION OR GOVERNMENT: HARVARD SCHOOL OF PUBLIC HEALTH. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY CHAN PARK, PHD, ENTITLED: (G2019179) SMALL MOLECULAR COMPOUNDS FOR GLAUCOMA THERAPY. INVESTIGATOR'S SUMMARY: THE FLUID IN GLAUCOMA PATIENT EYES HAS HIGHER CONCENTRATION OF A CHEMICAL THAN THE FLUID IN HEALTHY EYES. THIS CHEMICAL, A GROWTH FACTOR, TRANSFORMS TISSUES TO BE STIFFER AND THE TISSUE STIFFNESS IS KNOWN TO INCREASE THE CHANCE OF GLAUCOMA, THE SECOND LEADING CAUSE OF VISION LOSS. WE PROPOSE TO TEST A NEW DRUG (CALLED "REMODILINS") TO SEE IF WE CAN MAKE THOSE STIFFENED TISSUE BACK TO SOFTER STATE. IF REMODILIN DOES WHAT WE EXPECT IT TO DO, THEN REMODILINS COULD BE A NEW GLAUCOMA DRUG. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019179.

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NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF UTAH. (H) PURPOSE OF
GRANT: NATIONAL GLAUCOMA RESEARCH BY ALEJANDRA BOSCO, PHD, ENTITLED:
(G2019219) COMPLEMENT-TARGETED THERAPY TO RESTRICT GLAUCOMA

PROGRESSION. INVESTIGATOR'S SUMMARY: GLAUCOMA IS A DISEASE THAT

DEGRADES VISION OVER TIME. IN THE RETINA, NEURONS DECLINE AND DIE,

DESPITE THE IMMUNE RESPONSES OF SUPPORTING GLIAL CELLS. WE HAVE

DEVELOPED A NEW POTENTIAL TREATMENT THAT REBALANCES IMMUNE RESPONSES

AND CONTROLS GLAUCOMA IN OLD MICE, AND WILL DEFINE IF IT MAY CURE

PATIENTS BY TREATING SEVERAL EXPERIMENTAL MODELS. ALSO, WE WILL STUDY

HOW DYING OR SURVIVING NEURONS INTERACT WITH GLIA IN THE RETINA. FOR

MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/G2019219.

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

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

GRANT: NATIONAL GLAUCOMA RESEARCH BY GARETH THOMAS, PHD, ENTITLED:

(G2019267) ROLES OF PALMITOYLATION IN PROGRESSION OF GLAUCOMA.

INVESTIGATOR'S SUMMARY: GLAUCOMA IS A DISEASE THAT CAUSES BLINDNESS

BECAUSE THE CONNECTIONS BETWEEN THE BYE AND BRAIN ARE DAMAGED. THIS

DAMAGE IS CAUSED BY ACTIVATION OF 'EXECUTIONER' PROTEINS THAT CAUSE THE

CONNECTIONS TO DEGENERATE, AND LOSS OF 'SURVIVAL' PROTEINS THAT

NORMALLY PROTECT THE CONNECTIONS. WE HAVE EVIDENCE THAT IMPORTANT

EXECUTIONER AND SURVIVAL PROTEINS ARE MODIFIED WITH A STICKY, FATTY

TAG. WE WILL DETERMINE THE IMPORTANCE OF THIS 'TAGGING' PROCESS FOR THE

DAMAGE SEEN IN GLAUCOMA, WHICH MAY REVEAL NEW WAYS TO TREAT THIS

DISEASE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

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WWW.BRIGHTFOCUS.ORG/GRANT/G2019267.

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY SCHOOL OF

MEDICINE. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY HAIYAN

GONG, MD, PHD, ENTITLED: (G2019295) THE ROLE OF THROMBOSPONDIN-1 IN

REGULATING IOP. INVESTIGATOR'S SUMMARY: GLAUCOMA IS A LEADING CAUSE OF

BLINDNESS WORLDWIDE AND A PRIMARY RISK FACTOR FOR THIS DISEASE IS

ABNORMALLY INCREASED PRESSURE INSIDE THE EYE, WHICH IS USUALLY A RESULT

OF AN ELEVATED RESISTANCE TO THE DRAINAGE OF THE AQUEOUS HUMOR.

CURRENTLY, THE ONLY WAY TO TREAT OR MANAGE GLAUCOMA IS TO LOWER THIS

INCREASED EYE PRESSURE. THE PROPOSED RESEARCH WILL INVESTIGATE THE

MECHANISMS RESPONSIBLE FOR REGULATING THE DRAINAGE OF THE AQUEOUS

HUMOR, BY SPECIFICALLY STUDYING AN IMPORTANT TARGETING SITE OF ALONG

THE DRAINAGE PATHWAY, THE TRABECULAR MESHWORK. THE FINDINGS MAY LEAD TO

NOVEL TREATMENTS OR PREVENTATIVE MEASURES FOR GLAUCOMA. FOR MORE

INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:

WWW.BRIGHTFOCUS.ORG/GRANT/G2019295.

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSITY. (H)

PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY ROBERT JOHNSTON, PHD,

ENTITLED: (G2019300) GROWING HUMAN RETINAL ORGANOIDS TO STUDY RETINAL

GANGLION CELL BIRTH AND DEATH IN GLAUCOMA. INVESTIGATOR'S SUMMARY:

DURING GLAUCOMA, THE NEURONS THAT CONNECT THE BYE TO THE BRAIN DIE,

LEADING TO VISION LOSS. WE HAVE LEARNED A GREAT DEAL ABOUT THESE CELLS

FROM STUDIES IN OTHER ANIMALS LIKE MICE AND FISH, YET STUDIES DIRECTLY

IN DEVELOPING HUMAN TISSUE HAVE BEEN LIMITED. HERE, WE PROPOSE TO GROW

HUMAN RETINAS IN A DISH FROM STEM CELLS TO (1.) DETERMINE WHAT GENES

ARE ON OR OFF IN THESE CRITICAL NEURONS, (2.) DEVELOP TREATMENTS TO

INCREASE THE NUMBER OF THESE NEURONS, AND (3.) STUDY HOW THESE NEURONS

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Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
DIE AND DEVELOP WAYS TO PREVENT THEIR DEATH. OUR WORK WILL	BE THE FIRST
TO STUDY THESE MECHANISMS IN DEVELOPING HUMAN TISSUE, PROV	IDING
INSIGHTS CRITICAL FOR UNDERSTANDING GLAUCOMA PROGRESSION A	ND
THERAPEUTIC APPLICATIONS. FOR MORE INFORMATION, VISIT THE	BRIGHTFOCUS
WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019300.	
NAME OF ORGANIZATION OR GOVERNMENT: STATE UNIVERSITY OF NE	W YORK AT
BUFFALO. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH	BY SARAH
ZHANG, MD, ENTITLED: (G2019302) TARGETING NEUROINFLAMMATIO	N FOR RGC
PROTECTION IN GLAUCOMA. INVESTIGATOR'S SUMMARY: THE PROPOS	ED RESEARCH
STUDIES A NOVEL PROTEIN THAT WAS RECENTLY IDENTIFIED AS A	KEY REGULATOR
OF MACROPHAGES, A TYPE OF IMMUNE CELLS THAT ARE ACTIVATED	DURING
GLAUCOMA. USING GENETIC TOOLS AND ANIMAL MODELS, THE STUDY	WILL EXPLORE
HOW THIS PROTEIN REGULATES MACROPHAGE ACTIVATION AND INFLA	MMATION IN
THE RETINA OF GLAUCOMA EYES. FURTHERMORE, THE STUDY WILL D	EVELOP A
NOVEL THERAPY USING SMALL VESICLES SECRETED FROM BONE MARR	OW STEM CELLS
TO MANIPULATE MACROPHAGE BEHAVIOR AND PROTECT RETINAL NEUR	ONS IN
GLAUCOMA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBS	ITE:
WWW.BRIGHTFOCUS.ORG/GRANT/G2019302.	
NAME OF ORGANIZATION OR GOVERNMENT: BAYLOR COLLEGE OF MEDI	CINE. (H)
PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY TRENT WATK	INS, PHD,
ENTITLED: (G2019332) STRESS SIGNALING IN THE SURVIVAL AND	REPAIR OF
RGCS. INVESTIGATOR'S SUMMARY: DISEASE PROCESSES IN GLAUCOM	IA HARM THE
CONNECTIONS THAT ALLOW YOUR EYE TO SEND VISUAL INFORMATION	TO YOUR
BRAIN. THIS HARM STIMULATES NATURAL REPAIR PROCESSES THAT	ULTIMATELY
FAIL AND EVEN END UP FURTHER CONTRIBUTING TO THE LOSS OF V	
PROPOSAL AIMS TO UNDERSTAND HOW THESE REPAIR PROCESSES SWI	TCH FROM dule O (Form 990 or 990-EZ) (2018)

Page 2 Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 PROVIDING HOPE FOR RECOVERY TO CAUSING GREATER DAMAGE. APPROPRIATE STIMULATION OF THESE PROCESSES MAY ALLOW FOR RESTORATION OF VISION. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019332. SCHEDULE I, PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: THE SCHEPENS EYE RESEARCH INSTITUTE. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY MEREDITH GREGORY-KSANDER, PHD, ENTITLED: (G2019340) TARGETING THE ALTERNATIVE COMPLEMENT PATHWAY IN GLAUCOMA. INVESTIGATOR'S SUMMARY: GLAUCOMA IS A PROGRESSIVE EYE DISEASE THAT ULTIMATELY LEADS TO THE DEATH OF RETINAL GANGLION CELLS (RGC) AND LOSS OF VISION AND RECENT STUDIES HAVE LINKED THE PROGRESSIVE LOSS OF RGCS WITH AN OVER-ACTIVATED IMMUNE SYSTEM. IN THE HEALTHY EYE, INFLAMMATION IS TIGHTLY REGULATED IN ORDER TO PROTECT THE DELICATE TISSUES NECESSARY FOR VISION. HOWEVER, IN GLAUCOMA INFLAMMATION IN THE EYE BECOMES DYSREGULATED RESULTING IN DEATH OF RGCS AND DEGENERATION OF THE OPTIC NERVE. WE HAVE IDENTIFIED AN IMPORTANT COMPONENT OF THE IMMUNE SYSTEM THAT WE BELIEVE BECOMES DYSREGULATED EARLY IN GLAUCOMA AND IN THIS PROJECT WE WILL DETERMINE THE EFFICACY OF TARGETING THIS PATHWAY AS A NOVEL TREATMENT APPROACH IN GLAUCOMA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019340. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ILLINOIS AT CHICAGO. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY JOHN HETLING, PHD, ENTITLED: (G2019356) DIAGNOSING GLAUCOMA IN THE PERIPHERAL RETINA. INVESTIGATOR'S SUMMARY: EARLY DIAGNOSIS OF GLAUCOMA IS IMPORTANT BECAUSE IT LEADS TO MORE EFFECTIVE TREATMENT. EARLY GLAUCOMA CAN AFFECT 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-73372<u>29</u> CENTRAL VISION OR PERIPHERAL VISION, SO BOTH AREAS OF VISION SHOULD BE TESTED. THE BEST OBJECTIVE TEST FOR GLAUCOMA EVALUATES ONLY CENTRAL VISION. THEREFORE, WE DEVELOPED A TEST TO EVALUATE PERIPHERAL VISION SO THAT EARLY DETECTION IS AVAILABLE TO EVERYONE. THIS PROJECT WILL GIVE THE CENTRAL VISION AND PERIPHERAL VISION TESTS TO A GROUP OF GLAUCOMA PATIENTS, TO SHOW THAT THE NEW PERIPHERAL VISION TEST HELPS TO DIAGNOSE THE DISEASE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019356. NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY MICHAEL HAUSER, PHD, ENTITLED: (G2019357) SINGLE CELL RNASEQ TO CHARACTERIZE GLAUCOMA RISK GENES. INVESTIGATOR'S SUMMARY: LARGE STUDIES HAVE IDENTIFIED MANY GENES AND GENETIC VARIANTS THAT INCREASE RISK OF GLAUCOMA, BUT LITTLE IS KNOWN ABOUT THE MECHANISM. THE WORK DESCRIBED IN THIS PROPOSAL WILL EXAMINE THE LEVELS OF THESE GENES IN INDIVIDUAL CELLS IN THE RETINA, AND HOW GENETIC VARIANTS CHANGE THOSE LEVELS. IT WILL PROVIDE THE BASIC INFORMATION THAT WILL ENABLE US TO UNDERSTAND MECHANISM, AND MAY LEAD TO THE DEVELOPMENT OF NEW TREATMENTS FOR GLAUCOMA. IMPORTANTLY, THIS WORK WILL FOLLOW UP NEW FINDINGS IN AFRICAN AMERICANS, A GROUP THAT IS DISPROPORTIONATELY AFFECTED BY GLAUCOMA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/G2019357. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. (H) PURPOSE OF GRANT: NATIONAL GLAUCOMA RESEARCH BY SAIDAS NAIR, PHD, ENTITLED: (G2019360) NOVEL GENETIC MOUSE MODEL OF EARLY-ONSET GLAUCOMA. INVESTIGATOR'S SUMMARY: BLINDING DISEASES AFFECTING CHILDREN AND YOUNG ADULTS ARE MAINLY CAUSED BY DEFECTIVE

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
GENES, WHICH ARE TYPICALLY PASSED ON FROM PARENT TO THEIR	CHILDREN. OUR
MISSION IS TO IDENTIFY THE CULPRIT GENE AND FIND OUT HOW T	HEY ACT TO
CAUSE BLINDNESS. THE COMPLETION OF THIS PROJECT WILL HELP	US MOVE
FORWARDS TOWARDS FINDING SOLUTIONS TO CONTROL AND MANAGE T	HE DISEASE.
FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:	
WWW.BRIGHTFOCUS.ORG/GRANT/G2019360.	
NAME OF ORGANIZATION OR GOVERNMENT: VANDERBILT EYE INSTITU	TE. (H)
PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY MD IMAM	UDDIN, PHD,
ENTITLED: (M2019023) HAIRPIN-DNA FUNCTIONALIZED NANOFORMUL	ATIONS FOR
SPECIFIC GENE SILENCING IN VIVO IN AN ANIMAL MODEL OF AGE-	RELATED
MACULAR DEGENERATION (AMD). INVESTIGATOR'S SUMMARY: THE GO	AL OF THIS
PROPOSAL IS TO DEMONSTRATE THE APPLICATIONS OF A NANOTECHN	OLOGY-BASED
APPROACH FOR THE MANAGEMENT OF 'WET' AMD WITHOUT USING ANY	TOXIC
TRANSFECTION REAGENTS. IN THIS APPROACH, DR. UDDIN AND COL	LEAGUES WILL
USE GOLD NANOPARTICLES ENGINEERED FOR THE FIRST TIME TO TR	EAT AMD
SPECIFIC GENES TO OVERCOME THE LIMITATIONS OF EXISTING THE	RAPY. THEY
WILL TEST THIS NEW TECHNOLOGY FOR ITS SAFETY, HIGH SENSITI	VITY, AND
SPECIFICITY IN CELLS AND IN ANIMAL MODELS OF 'WET' AMD. US	ING THIS
NOVEL NANOTECHNOLOGY, CLINICIANS MIGHT BE ABLE TO REDUCE S	PECIFIC
DISEASED GENES IN AMD PATIENTS AND COULD PERMANENTLY REDUC	E THE RISK OF
PROGRESSION IN A MORE TIMELY FASHION AND PRESERVING THE VI	SION. FOR
MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE:	
WWW.BRIGHTFOCUS.ORG/GRANT/M2019023.	
SCHEDULE I, PART II, LINE 1, COLUMN (H):	
NAME OF ORGANIZATION OR GOVERNMENT: AUGUSTA UNIVERSITY RES	BEARCH
INSTITUTE. (H) PURPOSE OF GRANT: MACILLAR DEGENERATION RESE	APCH BY MINC

Schedule O (Form 990 or 990-EZ) (2018)

MEDICINE. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY TIM CORSON, PHD, ENTITLED: (M2019069) INHIBITING A NOVEL TARGET FOR WET AMD 832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

BRIGHTFOCUS FOUNDATION

Employer identification number 23-7337229

THERAPY. INVESTIGATOR'S SUMMARY: ABNORMAL BLOOD VESSEL GROWTH IN THE

EYE CAUSES "WET" AGE-RELATED MACULAR DEGENERATION, A MAJOR CAUSE OF

BLINDNESS. SINCE MANY PATIENTS DO NOT RESPOND TO EXISTING THERAPIES,

NEW DRUGS ARE NEEDED TO BLOCK THIS BLOOD VESSEL GROWTH. STARTING WITH A

PROTEIN THAT WE DISCOVERED THAT BLOCKS BLOOD VESSEL GROWTH WHEN

INHIBITED, WE WILL DESIGN AND PRODUCE NEW CHEMICALS THAT BLOCK THIS

PROTEIN'S FUNCTION. WE WILL TEST THESE CHEMICALS FOR BLOOD VESSEL

GROWTH INHIBITION IN THE PETRI DISH AND IN EYES, AS A KEY STEP TOWARDS

DEVELOPING A NEW THERAPY FOR WET AMD. FOR MORE INFORMATION, VISIT THE

BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019069.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS MEDICAL

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

LIN, MD, PHD, ENTITLED: (M2019074) CYTOSOLIC ACCUMULATION OF NUCLEAR

DNA FRAGMENTS IN RETINAL PIGMENT EPITHELIUM AND AGE-RELATED MACULAR

DEGENERATION. INVESTIGATOR'S SUMMARY: AGE-RELATED MACULAR DEGENERATION

(AMD) IS THE LEADING CAUSE OF IRREVERSIBLE VISION LOSS AMONG ELDERLY

PEOPLE IN DEVELOPED COUNTRIES. THE "DRY" FORM OF AMD ACCOUNTS FOR 85%

OF ALL CASES WITHOUT EFFECTIVE TREATMENT, WHILE THE "WET" FORM OCCURS

IN ABOUT 15% OF THE ADVANCED AMD CASES, WHICH IS BEING TREATED WITH

ANTI-VEGF BUT NOT EFFECTIVE IN ALL CASES. OUR STUDY WILL IDENTIFY THE

FACTOR(S) CONTRIBUTING TO THE PROGRESSION OF AMD AND EXPLORE METHOD TO

HALT OR REVERSE AMD RETINAL LESION. OVERALL GOAL IS TO GAIN A BETTER

UNDERSTANDING OF THE MOLECULAR MECHANISM OF THIS DISEASE AND TO DEVELOP

NOVEL EFFECTIVE THERAPIES. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS

WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019074.

NAME OF ORGANIZATION OR GOVERNMENT: THE RESEARCH FOUNDATION FOR SUNY ON
832212 10-10-18
Schedule O (Form 990 or 990-F

www.BRIGHTFOCUS.ORG/GRANT/M2019109.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL BOSTON, HARVARD MEDICAL SCHOOL. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY YE SUN, MD, PHD, ENTITLED: (M2019114) A NEGATIVE IMMUNE REGULATOR CONTROLS WET AGE-RELATED MACULAR DEGENERATION. INVESTIGATOR'S SUMMARY: ABNORMAL BLOOD VESSEL GROWTH IS A MAJOR CAUSE OF IRREVERSIBLE VISION LOSS IN AGE-RELATED MACULAR DEGENERATION (AMD) PATIENTS. CURRENTLY THERE IS NO EFFECTIVE TREATMENT TO PREVENT OR SLOW THE BLOOD VESSEL PROLIFERATION IN WET AMD PATIENTS. THIS WORK AIMS TO INVESTIGATE A NOVEL NEGATIVE-IMMUNE REGULATOR THAT MAY SUPPRESS INFLAMMATION-INDUCED ABNORMAL VESSEL GROWTH IN AMD BY ALTERING IMMUNE-VASCULAR CROSSTALK. NOVEL ACTIVATORS OF THIS IMMUNE REGULATOR WILL BE EVALUATED IN A PRE-CLINICAL ANIMAL MODEL OF AMD TO DETERMINE IF TREATMENT IS EFFECTIVE IN PREVENTING OR SLOWING DEVELOPMENT OF AMD-LIKE PATHOLOGIES, AND FINDINGS FROM THIS WORK WILL IDENTIFY NEW TREATMENTS TO PREVENT OR TREAT WET AMD. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: www.Brightfocus.org/grant/m2019114.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY RAUNAK SINHA, PHD, ENTITLED: (M2019131) UNDERSTANDING THE FIRST STEP IN CENTRAL VISION: FROM GENES TO CELLULAR FUNCTION TO THERAPY. INVESTIGATOR'S SUMMARY: OUR EVERYDAY VISUAL EXPERIENCE -INCLUDING YOUR ABILITY TO READ THIS TEXT - IS DOMINATED BY SIGNALING IN A SPECIALIZED REGION OF THE EYE CALLED THE FOVEA, WHICH CONSTITUTES AN EXQUISITE 'HIGH DEFINITION' ARRAY OF PHOTOSENSORS CALLED CONES THAT GIVES US HUMANS A 'HIGH DEFINITION' VISION. DISEASES THAT ATTACK THE FOVEA MAKES IT ALMOST IMPOSSIBLE TO CARRY OUT EVERYDAY TASKS SUCH AS

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number BRIGHTFOCUS FOUNDATION 23-7337229 READING, WRITING, DRIVING AND RECOGNIZING FACES. BY PROVIDING THE FIRST DETAILED INSIGHT INTO HOW THE SENSORS IN THE FOVEA WORK, WE CAN DEVISE TREATMENTS FOR EYE DISEASES THAT AFFECT THE FOVEA AND HENCE RESTORE EYE SIGHT. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019131. NAME OF ORGANIZATION OR GOVERNMENT: THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY JOELLE HALLAK, PHD, ENTITLED: (M2019155) A NOVEL APPROACH TO PERSONALIZED PREDICTION OF PROGRESSION OF AGE-RELATED MACULAR DEGENERATION. INVESTIGATOR'S SUMMARY: AGE-RELATED MACULAR DEGENERATION (AMD) CAUSES SEVERE VISION LOSS. DISTINGUISHING WHICH PATIENTS PROGRESS FROM AN EARLY OR INTERMEDIATE STAGE OF AMD TO THE ADVANCED STAGE WILL HELP GUIDE PATIENT FOLLOW-UP AND TESTING. IT WOULD ALSO LEAD TO THE EARLY ADMINISTRATION OF TREATMENTS. IN THIS PROPOSAL WE AIM TO DEVELOP A TOOL TO PREDICT THE CHANCES OF AMD PROGRESSION ON A PERSONALIZED, PATIENT-BY-PATIENT BASIS BY USING IMAGES OF THE RETINA, AND THE PATIENT'S GENETIC, HISTORICAL, DEMOGRAPHIC AND BEHAVIORAL DATA. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019155. NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY RAJU RAJALA, PHD, ENTITLED: (M2019168) M2-ISOFORM OF PYRUVATE KINASE IS A BIOMARKER FOR AGE-RELATED MACULAR DEGENERATION. INVESTIGATOR'S SUMMARY: RPE CELLS OF THE RETINA PROVIDE NOURISHMENT TO THE PHOTORECEPTOR CELLS FOR NORMAL VISUAL FUNCTIONS. RECENT STUDIES SHOW THAT IN AGE-RELATED MACULAR DEGENERATION PATIENTS' RETINAS AND AGED

Schedule O (Form 990 or 990-EZ) (2018)

Page 2 Name of the organization **Employer identification number** BRIGHTFOCUS FOUNDATION 23-7337229 MOUSE TISSUES, EXPRESSION OF TWO METABOLIC ENZYMES IS INCREASED IN THE RPE AND IS DECREASED IN THE PHOTORECEPTORS WHICH IS OPPOSITE TO THAT SEEN IN NORMAL RETINAS. THIS PROPOSAL AIMS TO STUDY THESE TWO ENZYME ALTERATIONS AND ALSO REPROGRAM THEIR EXPRESSION TO REDUCE THE AMD PHENOTYPE. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019168. SCHEDULE I, PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RESEARCH BY ALEXANDER MARNEROS, MD, PHD, ENTITLED: (M2019184) TARGETING INFLAMMATORY CASPASES AS A NOVEL APPROACH TO TREAT NEOVASCULAR AGE-RELATED MACULAR DEGENERATION. INVESTIGATOR'S SUMMARY: THE "WET" FORM OF AGE-RELATED MACULAR DEGENERATION (AMD) RESULTS FROM A LOCALIZED INFLAMMATION IN THE BACK OF THE EYE THAT LEADS TO VISION LOSS DUE TO ABNORMAL BLOOD VESSEL FORMATION THAT IMPAIRS THE ABILITY TO SEE. FINDINGS FROM SEVERAL RESEARCH GROUPS AND OUR OWN HAVE IDENTIFIED A PARTICULAR PROTEIN COMPLEX, CALLED THE INFLAMMASOME, AS BEING A LIKELY CONTRIBUTOR TO THIS INFLAMMATION THAT PROMOTES THE MANIFESTATION OF "WET" AMD. WE HAVE ESTABLISHED A MOUSE MODEL OF THIS BLINDING EYE DISEASE AND COULD SHOW THAT INHIBITING THE INFLAMMASOME COULD STRONGLY SUPPRESS THE MANIFESTATION OF "WET" AMD. IN ORDER TO DEVELOP NOVEL PHARMACOLOGIC TREATMENTS FOR PATIENTS WITH "WET" AMD, IT IS IMPORTANT TO UNDERSTAND WHICH PARTICULAR CELL TYPES IN THE EYE ARE ESPECIALLY IMPORTANT FOR MEDIATING THE EFFECTS OF THE INFLAMMASOME, SO THAT THESE SPECIFIC CELL TYPES COULD BE TARGETED SELECTIVELY WHILE REDUCING THERAPEUTIC SIDE EFFECTS IN OTHER CELL TYPES. FOR MORE INFORMATION, VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/M2019184.

Name of the organization BRIGHTFOCUS FOUNDATION	Employer identification number 23-7337229
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ALABAMA	АТ
BIRMINGHAM. (H) PURPOSE OF GRANT: MACULAR DEGENERATION RES	EARCH BY
STEPHEN ALLER, PHD, ENTITLED: (M2019212) CRYO-EM OF ABCA4	AND
CORRECTION IN MACULAR DEGENERATION DEFECTS. INVESTIGATOR'S	S SUMMARY: A
CRITICAL PART OF OUR VISUAL PROCESS IS THE RECYCLING OF A	SPECIAL
MOLECULE CALLED A CHROMATOPHORE AFTER EXPOSURE TO LIGHT BY	A MOLECULAR
PUMP THAT ALLOWS THE CELL TO REGENERATE THE ACTIVE FORM OF	THE
CHROMATOPHORE. SOME DISEASES OF THE EYE RESULT IN MISFOLD	ING AND
MALFUNCTION OF THE PUMP, CALLED ABCA4, WHICH CAN EVENTUALI	LY LEAD TO
BLINDNESS. WE PROPOSE TO DETERMINE THE THREE-DIMENSIONAL S	TRUCTURE OF
THE ACTIVE FORM OF ABCA4, AS WELL AS TO DEVELOP A DRUG SEI	LECTION
PROCESS TO DISCOVER NEW DRUGS THAT CAN CORRECT FOLDING DE	ECTS OF THE
ABCA4 PUMP. OUR WORK MAY LIKELY ALLOW NEW FDA-APPROVED TRI	SATMENTS FOR
VISUAL DISEASES SUCH AS MACULAR DEGENERATION. FOR MORE IN	FORMATION,
VISIT THE BRIGHTFOCUS WEBSITE: WWW.BRIGHTFOCUS.ORG/GRANT/1	42019212.
NAME OF ORGANIZATION OR GOVERNMENT: HELEN KELLER FOUNDATION	ON FOR
RESEARCH & EDUCATION. (H) PURPOSE OF GRANT: 2019 HELEN KEY	LLER PRIZE FOR
VISION RESEARCH PARTNERSHIP. THE HELEN KELLER PRIZE FOR V	ISION RESEARCH
RECOGNIZES SIGNIFICANT ACCOMPLISHMENTS IN VISION RESEARCH	, AND PROVIDES
FUNDS FOR CONTINUANCE OF THOSE STUDIES.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection 2018

OMB No. 1545-0047

Employer identification number 23-7337229

► Go to www.irs.gov/Form990 for instructions and the latest information. BRIGHTFOCUS FOUNDATION Name of the organization

Part : 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NATIONAL DEVELOPMENT, LLC - 23-7337229 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	PROPERTY RENTAL AND MANAGEMENT	MARYLAND	553,527.	4,274,860.	4,274,860. BRIGHTFOCUS FOUNDATION
TANCE, LLC - 23-7337229 DRIVE	OWNER OF BRIGHTFOCUS HEADQUARTERS	MARYLAND	•0	3,697,794.	3,697,794. BRIGHTFOCUS FOUNDATION

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. Tate.

(a)	(q)	(c)	(p)	•		b	1
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code section		Direct controlling entity	controlled entity?	iz(b) is) olled by?
		(fundamental)		501(c)(3))	•	Yes	Š
	ļ						
						_	
Ex Panarwork Beduction Act Notice see the Instructions for Form 990.	for Form 990.				Schedule R (Form 990) 2018	(Form 990	3) 2018

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

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Schedule R (Form 990) 2018 BRIGHTFOCUS FOUNDATION

Identrication 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)	9	<u>©</u>	(g	(e)	£	(6)	Ξ	© 	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	General or Percentage managing ownership
		roreign country)		sections 512-514)		assess	Yes	K-1 (Form 1065)	Yes No	
	T									
						:	_			
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.	ganizations Taxable a	s a Corpo g the tax y	oration or Trust. Co. year.	mplete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 34	t, because it had o	ne or m	ore related
				100						

(a)	(b)	(c)	(d) Direct controlling	(e)	(f) Share of total	(g) Share of	(h) Percentage	(i) Section 512(b)(13)
		(state or foreign country)	entity (C corp., S corp., or trust)	(C corp, S corp, or trust)	income		ownership	controlled entity? Yes No
								_
								<u>-</u>
							_	

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Schedule R (Form 990) 2018

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

Note: 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?	s with one or more re	ated organizations listed	in Parts II-IV?		1. 2. S. 1.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13	
b Giff, grant, or capital contribution to related organization(s)				4	
S				10	
Loans or loan quarantees to or for related organization(s)				4	-
				16	
f Dividends from related organization(s)				+	
G.				19	
Purchase of assets from related organization(s)				ŧ	
				;=	
i Lease of facilities, equipment, or other assets to related organization(s)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			=	
				**	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1	
 Sharing of paid employees with related organization(s) 				ę	
				(1) (1) (2) (2)	
p Reimbursement paid to related organization(s) for expenses				무	
Reimbursement paid by related organization(s) for expenses				19	
				在 · · · · · · · · · · · · · · · · · · ·	
r Other transfer of cash or property to related organization(s)				+	
(s)				-\$	
If the answer to any of the above is "Yes," see the instructions for	ho must complete thi	s line, including covered !	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	involved	
(1)					
			-		
(2)					
8					
(C)					
(9)					
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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) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(s)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI Gamount in box 20 n of Schedule K-1	(j) General or managing partner? Yes No	General or Percentage managing ownership
								_		
								Schedule	R (Forr	Schedule R (Form 990) 2018

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Schedule <u>R</u>	(Form 990) 2018	BRIGHTFOCUS FOUNDATION	23-7337229	Page 5
	(Form 990) 2018 Supplemental Infor	mation.		
	Provide additional informa	ation for responses to guestions on Schedule R. See instructions.		
	1 10 1100 additional inform	and to respect to gestions on conscale to see managine.		
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