

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2022**Open to Public
Inspection****A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

COHEN VETERANS BIOSCIENCE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
535 8TH AVENUE 12TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10018**F** Name and address of principal officer:MAGALI HAAS MD PHD
535 8TH AVENUE 12TH FLOOR
NEW YORK, NY 10018**D** Employer identification number

47-1981973

E Telephone number

(646) 970-4325

G Gross receipts \$ **11,343,534****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.COHENVETERANSBIOSCIENCE.ORG**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2014**M** State of legal domicile:
MA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BIOMEDICAL RESEARCH AND TECHNOLOGY ORGANIZATION DEDICATED TO ADVANCING BRAIN HEALTH BY FAST-TRACKING PRECISION DIAGNOSTICS AND TAILORED THERAPEUTICS.		
	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,941,055	10,755,381
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,608	223,966
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,735	364,187
		18,082,398	11,343,534
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	501,347	198,197
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,547,333	6,759,744
	16a Professional fundraising fees (Part IX, column (A), line 11e)	36,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,116		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,439,104	8,383,425
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,523,784	15,341,366
	19 Revenue less expenses. Subtract line 18 from line 12	558,614	-3,997,832
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,587,351	11,743,398
	22 Net assets or fund balances. Subtract line 21 from line 20	3,699,826	3,853,705
		11,887,525	7,889,693

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

Sign
Here

Signature of officer

2023-11-14

Date

MAGALI HAAS MD PHD CEO & PRESIDENT

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

2023-11-14

Check ☐ if
self-employed

PTIN

P01614103

Firm's name ► SMITH SULLIVAN & BROWN PC

Firm's EIN ► 43-1985162

Firm's address ► 80 FLANDERS ROAD - SUITE 302

Phone no. (508) 871-7178

WESTBOROUGH, MA 01581

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Page 2

Form 990 (2022)

Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

COHEN VETERANS BIOSCIENCE, INC. IS A NON-PROFIT 501(C)(3) BIOMEDICAL RESEARCH AND TECHNOLOGY ORGANIZATION DEDICATED TO ADVANCING BRAIN HEALTH BY FAST-TRACKING PRECISION DIAGNOSTICS AND TAILORED THERAPEUTICS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,585,394 including grants of \$ 198,197) (Revenue \$ 0)

BRAIN HEALTH TOOLS & TECHNOLOGIES:IN ORDER TO FAST-TRACK PRECISION DIAGNOSTICS AND TARGETED THERAPEUTICS AND WELLNESS APPROACHES FOR MAINTENANCE AND RESTORATION OF BRAIN HEALTH, CVB IS LEVERAGING INNOVATION AND TECHNOLOGY TO BUILD TOOLS AND PLATFORMS THAT ENABLE DISCOVERY AND DEVELOPMENT ACROSS BRAIN DISEASES. THESE TOOLS & PLATFORMS ALLOW RESEARCHERS FROM ACADEMIA AND INDUSTRY TO ACCESS AND UTILIZE BEST-IN-CLASS PRACTICES AND ALLOW EFFORTS TO BE SCALED WITH RIGOR AND REPRODUCIBILITY.(SEE SCHEDULE O FOR FULL DETAIL OF OUR PROGRAMS)PLATFORM EFFORTS FOCUS ON CAPACITY THAT ENABLES RELIABLE DISCOVERY OF BIOMARKERS AND BIOLOGICAL PATHWAYS THAT ARE TRANSLATIONALLY RELEVANT FOR THE DEVELOPMENT OF DIAGNOSTICS AND THERAPEUTIC TARGETS FOR DRUG AND OTHER MEDICAL INTERVENTIONS. EACH PLATFORM IS CREATING RESEARCH TOOLS (E.G. ANIMAL MODELS, DATA STANDARDS, COMPUTATIONAL MODELS, REFERENCE DATABASES, ETC.) THAT WILL ACCELERATE/FOSTER THESE DISCOVERIES.WITHIN THIS FRAMEWORK, CVB HAS ESTABLISHED BOTH INTRAMURAL (RESEARCH CONDUCTED BY, OR INCLUDING, CVB STAFF OR CONTRACTORS) AND EXTRAMURAL RESEARCH PROGRAMS (RESEARCH CONDUCTED VIA GRANTS OR IN COLLABORATION WITH EXTERNAL ACADEMIC, INDUSTRY, FOUNDATION AND GOVERNMENT PARTNERS) AND ALSO OPERATES SEVERAL PUBLIC-PRIVATE PARTNERSHIPS. THESE COOPERATIVE ALLIANCES ORGANIZE AND FUND A NETWORK OF PARTNERS WHO EACH CONTRIBUTE COMPLEMENTARY AND SYNERGISTIC DATA, CAPABILITIES, OR EXPERTISE TO SUPPORT A COMMON ROADMAP FOR IDENTIFYING DIAGNOSTIC BIOMARKERS, BUILDING PREDICTIVE BRAIN DISEASE MODELS, DEVELOPING ROBUST STANDARDIZED TRANSLATIONAL TOOLS, AND CATALYZING PHARMACEUTICAL DRUG DEVELOPMENT. THE EMPHASIS IS ON TEAM SCIENCE WITH COHEN VETERANS BIOSCIENCE SERVING AS ITS HUB.OUR PLATFORM PROGRAMS CURRENTLY INCLUDE THE BRAINCOMMONS (CLOUD-BASED DATA & ANALYTICS), EARLYSIGNAL (WEARABLE AND HOME SENSORS FOR MONITORING HEALTH STATUS), RAPID-DX (ESTABLISHING BEST PRACTICES FOR DISCOVERY AND VALIDATION OF BIOMARKERS), AMP-IT-UP (FOR PRECLINICAL DISCOVERY AND TRANSLATION) AND TAP (TARGET ADVANCEMENT PROGRAM).BRAINCOMMONS:THE BRAINCOMMONS (BC) IS A CLOUD-BASED RESEARCH AND DISCOVERY PLATFORM FOR THE BRAIN HEALTH COMMUNITY WHICH FEATURES DATA, TOOLS, AND COMMUNITY ACCESS IN A SECURE, SCALABLE, AND SUSTAINABLE ENVIRONMENT. IT IS DESIGNED TO FURTHER DEMOCRATIZE DATA AND ENABLE GREATER COLLABORATION GLOBALLY AMONG BRAIN SCIENTISTS WORKING IN A VARIETY OF SETTINGS.WE ARE IN A NEW ERA OF BRAIN RESEARCH, WHERE POWERFUL DATA ACQUISITION TECHNOLOGIES ARE GENERATING MULTIMODAL DATA AT INCREASING SCALES. TO ENABLE DISEASE MODELING EFFORTS, AS WELL AS THE DISCOVERY AND REPLICATION OF BIOMARKERS, THERE IS A CRITICAL NEED FOR A PLATFORM THAT CAN HOUSE MULTI-MODAL DATA TYPES, ACROSS DIAGNOSTIC CATEGORIES, IN CONJUNCTION WITH DATA PIPELINES TO ENSURE REPRODUCIBLE ANALYSIS, AND WITH AN ABILITY TO APPLY STATE-OF-THE ART MACHINE-LEARNING ALGORITHMS. IN 2022, THE BRAINCOMMONS WAS LAUNCHED TO OUR FIRST COMMUNITY OF RESEARCH PARTNERS IN PTSD, TBI AND PARKINSON'S.IN 2023, WE HAVE LAUNCHED A NEW USER INTERFACE FOR THE BRAINCOMMONS AND HAVE UPLOADED OUR NATIONAL NORMATIVE NEUROIMAGING LIBRARY DATA TO THE PLATFORM TO BE SHARED WITH THE RESEARCH COMMUNITY WITH ACCOMPANYING PIPELINES FOR DATA PROCESSING.EARLYSIGNAL:THE AIM OF OUR DIGITAL HEALTH PROGRAM, EARLY SIGNAL, IS TO RECORD AND ANALYZE A RANGE OF DATA DIRECTLY RELATED TO THE WELL-BEING OF PATIENTS LIVING WITH BRAIN DISORDERS. BEHAVIORAL, COGNITIVE, PHYSIOLOGICAL AND OTHER INFORMATION ARE COLLECTED THROUGH OUR INTEGRATED TECHNOLOGY PLATFORM.WEARABLE AND SENSOR TECHNOLOGIES HOLD PROMISE IN THE ASSESSMENT AND CONTINUOUS MONITORING OF PATIENTS IN ORDER TO BETTER SCREEN AND DIAGNOSE, MONITOR DISEASE PROGRESSION, AND OBSERVE INTERVENTION RESPONSE OR LACK THEREOF. DIGITAL HEALTH MONITORING ALSO ALLOWS US TO STUDY BRAIN HEALTH AND DISEASE IN UNPRECEDENTED WAYS, BY TRACKING VARIABLES SUCH AS SLEEP, PHYSICAL ACTIVITY, STRESS AND COGNITION, WE MAY BE ABLE TO BETTER UNDERSTAND WHAT CHANGES OVER TIME - AND TO DEVELOP EARLIER AND PREVENTIVE DIAGNOSTICS AND TREATMENTS TO MAKE A DIFFERENCE IN PATIENTS' LIVES. MEDICAL-GRADE DATA IS NEEDED FOR FDA APPROVAL OF SUCH PLATFORMS FOR USE IN MEDICAL DECISION MAKING AND DATA INTEGRATION IS NECESSARY FOR CLINICIANS' WORKFLOW. THIS PROGRAM SUPPORTS MULTIPLE PARTNERS TO TEST AND VALIDATE WEARABLES, SENSORS, APPS AND OTHER DIGITAL HEALTH TECHNOLOGIES FOR USE IN MONITORING BRAIN HEALTH. IN 2022, CVB, IN PARTNERSHIP WITH UNIVERSITY OF PENNSYLVANIA, COMPLETED A STUDY TO TEST AND VALIDATE THE PERFORMANCE OF WEARABLE AND SENSOR DEVICES FOR THE ASSESSMENT OF SLEEP COMPARED TO GOLD STANDARD POLY-SOMNOGRAPHY, USING CVB-DESIGNED SECURE AUTOMATED DEIDENTIFIED DATA COLLECTION AND CVB'S STUDY MANAGER TOOL TO SUPPORT CONDUCT OF THE TRIAL. IN 2022, WE COMPLETED THE DEVELOPMENT OF OUR "TRIAL-IN-A-BOX" FULLY AUTOMATED CLINICAL TRIAL SOLUTION FOR THE COLLECTION AND AUTOMATED PROCESSING AND ANALYSIS OF DIGITAL HEALTH DATA IN TRADITIONAL, HYBRID, AND FULLY DECENTRALIZED TRIAL FORMATS. IN THE FULLY DECENTRALIZED SETTING, THIS ALLOWS STUDY SPONSORS TO SEND WEARABLE AND HOME SENSOR TECHNOLOGY STUDY KITS DIRECTLY TO ELIGIBLE STUDY PARTICIPANTS WITHOUT REQUIRING THEM TO VISIT A STUDY CENTER, ENABLING A MORE DIVERSE AND OFTEN LESS-STUDIED POPULATION TO PARTICIPATE. THE PROVIDED DEVICES ARE PAIRED WITH A DOWNLOADABLE STUDY APP ON THE PARTICIPANT'S OWN DEVICE TO COLLECT RELATED SUBJECTIVE OUTCOMES SUCH AS TRADITIONAL SCALES OF DEPRESSION, FUNCTION, AND ACTIVITY AS WELL ECOLOGICAL MOMENTARY

ASSESSMENTS. IN 2023, WE LAUNCHED AND COMPLETED THE 40 WINKS SLEEP STUDY A CUTTING-EDGE, VOLUNTARY WEARABLES RESEARCH STUDY AIMING TO IMPROVE AND SIMPLIFY HOW WE MEASURE SLEEP. THE GOAL OF THE 40 WINKS STUDY IS TO EVALUATE AND IMPROVE METHODS OF MEASURING SLEEP AT HOME, WHICH MAY HELP INFORM THE DEVELOPMENT OF DIAGNOSTICS AND TREATMENTS THAT ARE USER-FRIENDLY, COST-EFFECTIVE, AND RELIABLE. THE STUDY RECRUITED HEALTHY ADULT VOLUNTEERS, OR ADULTS SELF-REPORTING INSOMNIA, INCLUDING VETERANS IN BOTH GROUPS. RAPID-DX: RESEARCH ALLIANCE FOR PRECISION THERAPEUTICS, INNOVATION AND DIAGNOSTICS RAPID-DX IS CVB'S FLAGSHIP BIOMARKER DISCOVERY COLLABORATIVE - FAST-TRACKING THE ADVANCEMENT OF OBJECTIVE DIAGNOSTICS FOR BRAIN DISEASES. A BIOMARKER IS A CHARACTERISTIC THAT IS OBJECTIVELY MEASURED AND EVALUATED AS AN INDICATOR OF A NORMAL OR PATHOLOGIC BIOLOGICAL PROCESS OR A RESPONSE TO A THERAPEUTIC INTERVENTION. DEVELOPING BIOMARKER-BASED DIAGNOSTICS IS ESSENTIAL TO SHIFTING DIAGNOSIS AND TREATMENT OF PSYCHIATRIC AND NEUROLOGIC CONDITIONS (SUCH AS PTSD AND TBI) FROM A SYMPTOM-BASED APPROACH TO A BIOLOGICAL, MECHANISTICALLY-BASED ONE THAT TARGETS THE EFFECTS OF TRAUMA AT THEIR MOLECULAR ROOTS. MANY POTENTIAL BRAIN-RELATED BIOMARKERS PUBLISHED IN THE LITERATURE HAVE NOT BEEN INDEPENDENTLY REPLICATED OR ADVANCED THROUGH A QUALIFICATION PROCESS FOR REGULATORY APPROVAL AND USE. RAPID-DX IS A PUBLIC-PRIVATE PARTNERSHIP PROGRAM INCLUDING GOVERNMENT, FOUNDATIONS, AND LEADING ACADEMIC CENTERS ESTABLISHED FOR COLLECTING DATA AND PERFORMING STUDIES NECESSARY TO DISCOVER AND REPLICATE BIOMARKERS AND QUALIFY SUCCESSFUL AND RELEVANT CANDIDATES FOR DEVELOPMENT AS CLINICAL DIAGNOSTICS. THROUGH THIS PROGRAM CVB HAS ESTABLISHED THE CVB BIOREPOSITORY IN PARTNERSHIP WITH INDIANA UNIVERSITY. THE GOAL OF THE BIOREPOSITORY IS TO ESTABLISH A CENTRALIZED RESOURCE FOR TISSUE AND BIOSAMPLE STORAGE FOR ENABLING BIOMARKER DISCOVERY, REPLICATION, AND VALIDATION ACROSS A NUMBER OF BRAIN CONDITIONS, INCLUDING POST-TRAUMATIC STRESS DISORDER ("PTSD"), TRAUMATIC BRAIN INJURY ("TBI"), SUICIDE, DEMENTIA, MAJOR DEPRESSIVE DISORDER AND OTHER MENTAL HEALTH DISORDERS, AMONG OTHERS. THE CVB BRAIN BIOREPOSITORY HOUSES BLOOD AND SALIVA SAMPLES THAT WERE COLLECTED AS PART OF BIOMARKER STUDIES DIRECTLY SPONSORED BY COHEN VETERANS BIOSCIENCE OR THROUGH KEY PARTNERSHIP PROGRAMS. OUR BIOREPOSITORY BANKS A VARIETY OF BIOLOGIC SAMPLES INCLUDING, PLASMA, SERUM, AND SALIVA, AND WILL ENCOURAGE FUTURE COLLABORATIONS WITH RESEARCHERS FROM ACADEMIA, INDUSTRY, GOVERNMENT, AND FOUNDATIONS. BRAIN TRAUMA PROGRAMS: POST TRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY. THIS CVB PROGRAM WAS FOUNDED IN 2015 TO ESTABLISH A NATIONAL RESEARCH ROADMAP FOR PTSD, TBI AND RELATED CONDITIONS (E.G. SUICIDALITY). BRAIN TRAUMA BLUEPRINT - STATE OF THE SCIENCE SUMMITS: THE BRAIN TRAUMA BLUEPRINT ([HTTPS://WWW.BRAINTRAUMABLUEPRINT.ORG/](https://www.braintraumablueprint.org/)) IS A FRAMEWORK TO ESTABLISH ROADMAPS TO ADVANCE PRECISION DIAGNOSTICS AND THERAPEUTICS FOR SURVIVORS OF BRAIN TRAUMA BY OUTLINING RESEARCH GOALS & PRIORITIES, ESTABLISHING CONSENSUS AROUND FAILURE MODES & KNOWLEDGE GAPS, AND DEVELOPING STRATEGIES TO MOVE THE FIELD FORWARD FOR TRAUMA-RELATED CONDITIONS BY FOSTERING COLLABORATION AND RESOURCE ALLOCATION ACROSS THE BROADER STAKEHOLDER COMMUNITY.

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<p>THE STATE OF THE SCIENCE SUMMITS ARE THE BASIS FOR BUILDING THE ROADMAPS AND ARE DESIGNED AS RETREATS FOR 100 TO 200 STAKEHOLDERS TO COME TOGETHER TO REALIZE TRUE IMPACT. THE STAKEHOLDERS ENCOMPASS A BROAD SWATH OF THE COMMUNITY FROM ACADEMIC INSTITUTIONS TO GOVERNMENT AGENCIES, FOUNDATIONS SUPPORTING TRANSLATIONAL RESEARCH, INDUSTRY AND INDIVIDUALS WITH LIVED EXPERIENCE. EACH SUMMIT SERVES AS A LAUNCHPAD FOR ONGOING WORKING GROUPS TO DEVELOP EVIDENCE-BASED STRATEGIES AND RECOMMENDATIONS ON HOW TO FILL THOSE GAPS, IDENTIFY NEW GAPS AS OTHERS ARE FILLED, AND DISSEMINATE THESE FINDINGS BACK TO THE COMMUNITY AT LARGE THROUGH WHITE PAPERS AND PROCEEDINGS. THE INAUGURAL STATE OF THE SCIENCE SUMMIT ("SOSS"), HELD IN 2018, FOCUSED ON DIAGNOSIS OF TRAUMA-RELATED BRAIN DISORDERS WITH A MAJOR FOCUS ON POST-TRAUMATIC STRESS DISORDER. THE TRAUMA-RELATED BRAIN DISORDERS RESEARCH COMMUNITY HAS IDENTIFIED A NEED TO ESTABLISH A MECHANISM-BASED TAXONOMY FOR THESE CONDITIONS TO ADVANCE BIOMARKER DISCOVERY AS WELL AS DIAGNOSIS AND THERAPEUTIC DEVELOPMENT. A SHIFT FROM A SYNDROMIC CLASSIFICATION SYSTEM TO A MECHANISTIC ONE NECESSITATES A REVIEW OF THE CURRENT SCIENTIFIC KNOWLEDGE, ADOPTION OF NEW SCIENTIFIC MODELS, AND IDENTIFICATION OF RESEARCH AND KNOWLEDGE GAPS. THE SOSS BROUGHT TOGETHER MULTIDISCIPLINARY STAKEHOLDERS WITH DEEP SCIENTIFIC AND CLINICAL EXPERTISE TO ADDRESS THIS PRESSING NEED. THE THEME OF THE SECOND STATE OF THE SCIENCE SUMMIT, HELD IN 2019 WAS PATHS TO TREATMENT FOR TRAUMATIC BRAIN INJURY(S) WITH A FOCUS ON THE TAXONOMY AND NOSOLOGY OF THE CHRONIC SEQUELAE, CHALLENGES AND OPPORTUNITIES IN CLINICAL PRACTICE AND DEVELOPMENT, AND ETIOLOGY AND MECHANISM OF PERSISTENT SYMPTOMS. AS MEASUREMENT TOOLS ADVANCE, RESEARCH HAS BEEN ABLE TO FOCUS ON DIFFERENT TYPES OF INJURY, BEYOND THE MILD, MODERATE, AND SEVERE CLASSIFICATIONS OF TBI. TO AUGMENT AND SUPPORT THE MANY EFFORTS ACROSS FIELDS AND ORGANIZATIONS OVER THE PAST DECADE, IN 2020 WE WORKED WITH THOUGHT LEADERS ACROSS TBI TO PREPARE A CONSENSUS BLUEPRINT TO DRIVE TRANSLATIONAL SCIENCE FOR TBI. IN 2021, WE PUBLISHED RECOMMENDATIONS IN SUPPORT OF THE NATIONAL TBI PRECISION RESEARCH ROADMAP. IN 2022, WE LAUNCHED THE TBI ACTION ALLIANCE IN SUPPORT OF A NATIONAL TBI PRECISION RESEARCH ROADMAP. THE ROADMAP, BASED ON RECOMMENDATIONS FROM THE BRAIN TRAUMA EXPERT COMMUNITY, OUTLINES A SERIES OF CRITICAL PROJECTS WITH SPECIFIED MILESTONES THAT WILL MATERIALLY ADVANCE PROGRESS TOWARDS THE STATED GOALS OF "ADVANCING A FIRST GENERATION OF TBI DIAGNOSTICS AND TREATMENTS". THE TBI PRECISION RESEARCH ROADMAP FOCUSES ON 7 LINES OF EFFORT: 1. INJURY BURDEN: IDENTIFY THE BURDEN OF DISEASE ACROSS ALL POPULATIONS AND INJURY SEVERITIES AS DETERMINED BY INCIDENCE, PREVALENCE AND LONG-TERM TRAJECTORIES OF PATIENTS SUFFERING FROM TBI. 2. DISEASE MODELS: DEVELOP AN ARRAY OF TRANSLATIONALLY VALID DISEASE MODELS (PRECLINICAL AND COMPUTATIONAL) BASED ON BIOLOGICAL UNDERSTANDING OF TRAUMA PATHOGENESIS AND DISEASE PHENOTYPES THAT SUPPORT EVALUATION OF NOVEL THERAPIES. 3. PRECISION DIAGNOSIS: IDENTIFY, DEVELOP AND VALIDATE DIAGNOSTIC, PROGNOSTIC AND PREDICTIVE BIOMARKERS FOR TBI TO DEVELOP FIRST GENERATION DIAGNOSTIC TESTS. 4. TARGETED THERAPEUTICS: VALIDATE THERAPEUTIC TARGETS & FAST TRACK A FIRST-GENERATION OF TBI (WELLNESS, DEVICE, DIGITAL, DRUG) THERAPEUTICS TARGETED TO THE RIGHT PERSON AT THE RIGHT TIME. 5. CLINICAL PRACTICE IMPLEMENTATION: ACCELERATE ADOPTION OF BEST PRACTICES, CLINICAL PRACTICE GUIDELINES, AND PRECISION THERAPEUTIC APPROACHES TO OPTIMIZE BRAIN HEALTH OUTCOMES. 6. TRANSLATIONAL INFRASTRUCTURE AND ENABLING TECHNOLOGIES: IDENTIFY AND ADDRESS INFRASTRUCTURE, INCENTIVES, REGULATORY AND TECHNOLOGY GAPS TO ADVANCE THE TBI ROADMAP. 7. AWARENESS AND ADVOCACY: PLACE TBI AT THE TOP OF THE U.S. PUBLIC POLICY AGENDA AND RAISE AWARENESS TO REDUCE STIGMA OF BRAIN INJURY, ENCOURAGE TREATMENT-SEEKING, AND ENABLE ACCESS AND REIMBURSEMENT OF CARE. IN 2023 WE LAUNCHED THE TBI ACTION ALLIANCE TO SUPPORT THE EXECUTION OF THE NATIONAL TBI ROADMAP THROUGH A PUBLIC-PRIVATE PARTNERSHIP MODEL THAT ENGAGES MULTIPLE SECTORS TO ADVANCE THE OBJECTIVES OUTLINED IN THE ROADMAP. (TBI ACTION.ORG) RAPID-DIAGNOSTICS (RAPID-DX) - RESEARCH STUDIES: BEST BIOMARKER PTSD STUDY: DESPITE THE EFFICACY OF PSYCHOTHERAPY AS FIRST-LINE TREATMENT FOR PTSD, LARGE INTER-INDIVIDUAL DIFFERENCES IN OUTCOMES EXIST, WITH ROUGHLY 50% OF PATIENTS RESPONDING TO TREATMENT AND FEWER THAN THAT FULLY REMITTING. THIS GRANT SUPPORTED THE DEVELOPMENT OF A RESPONSE DIAGNOSTIC TEST BASED ON PRELIMINARY FINDINGS FOR A COMBINATION COGNITIVE/IMAGING MARKER RESULTING FROM CVB'S INVESTMENT IN THE COHEN VETERANS CENTER STUDY AT NYU/STANFORD. THE PROGRAM INCLUDED A CLINICAL STUDY AT TWO CENTERS OF OVER 200 SUBJECTS TO REPLICATE THE INITIAL FINDING, AND IS SEEKING QUALIFICATION VIA THE FOOD AND DRUG ADMINISTRATION ("FDA") GUIDANCE TO SUPPORT THE COMMERCIALIZATION AND/OR AVAILABILITY OF THE TEST FOR CLINICAL PRACTICE AND RESEARCH AND DEVELOPMENT. THIS STUDY COMPLETED RECRUITMENT IN DECEMBER 2019 AND SEMINAL RESULTS WHICH DEMONSTRATE THAT AN EEG BASED BIOMARKER CAN PREDICT TREATMENT RESPONSE FOR INDIVIDUALS WITH PTSD OR MDD WERE PUBLISHED IN 2020 AND 2021. IN 2023, WE HAVE COMPLETED OUR ANALYSIS OF C BIOMARKER ASSAYS ON BLOOD SAMPLES COLLECTED IN THE BEST STUDY PROGRAM TO LOOK FOR GENETIC AND INFLAMMATORY MARKERS THAT MAY BE PREDICTIVE OF RESPONSE AND/OR DISEASE AND INITIATED DISSEMINATION OF THESE RESULTS AT MULTIPLE CONFERENCES. PTSD GENETICS PROGRAM: THE PSYCHIATRIC GENETICS CONSORTIUM-PTSD WORKING GROUP - BROAD INSTITUTE COLLABORATION IS SUPPORTING THE LARGEST GLOBAL GENOME WIDE ASSOCIATION STUDY ("GWAS") OF PTSD TO DATE WITH DATA FROM OVER 200,000 INDIVIDUALS ANALYZED. THE MAIN GOAL IS TO UNCOVER THE GENETIC UNDERPINNINGS OF PTSD RISK AND PUBLISH ALL RESULTS. SEMINAL FINDINGS OF THE FIRST PTSD GENETIC RISK LOCI FROM THIS PROGRAM WERE PUBLISHED IN NATURE COMMUNICATIONS IN OCTOBER 2019. IN 2022, THE GWAS PROGRAM HAS EXPANDED TO INCLUDE OVER 350,000 INDIVIDUALS WITH TRAUMA AND 2 MILLION HEALTH CONTROLS YIELDING OVER 95 IDENTIFIED GENETIC RISK LOCI. IN 2023, THE RESULTS FOR THIS ANALYSIS WERE PUBLISHED. PRISM2 (PSYCHIATRIC RATINGS USING INTERMEDIATE STRATIFIED MARKERS 2): IN 2021, WE JOINED THE INNOVATIVE MEDICINES INITIATIVE AND EUROPEAN FEDERATION OF PHARMACEUTICAL INDUSTRIES AND ASSOCIATIONS (EFPIA) AS A FUNDER AND COLLABORATOR IN THE PRISM2 STUDY PROGRAM. BUILDING ON THE SUCCESS OF INNOVATIVE RESEARCH BY THE PRISM PROJECT, THE INNOVATIVE MEDICINE INITIATIVE 2, A JOINT UNDERTAKING BETWEEN THE EU AND THE EFPIA, HAS BACKED THE PROGRAM WITH FUNDING FOR A NEW PROJECT TO EXPLORE THE UNDERLYING BIOLOGY OF ALZHEIMER'S DISEASE, SCHIZOPHRENIA AND MAJOR DEPRESSIVE DISORDER (MDD). THE NEW PRISM 2 (PSYCHIATRIC RATINGS USING INTERMEDIATE STRATIFIED MARKERS 2) PROJECT AIMS TO IDENTIFY QUANTITATIVE BIOLOGICAL FEATURES COMMON ACROSS THE DISEASES, OPENING THE POSSIBILITY OF DEVELOPING TARGETED TREATMENTS IRRESPECTIVE OF TRADITIONAL DIAGNOSIS. PRISM WAS A PAN-EUROPEAN RESEARCH PROJECT THAT RAN FROM 2016 TO 2021 AND RECEIVED \$16.5 MILLION IN FUNDING FROM THE INNOVATIVE MEDICINES INITIATIVE 2 JOINT UNDERTAKING, SUPPORTED BY THE EUROPEAN UNION'S HORIZON 2020 RESEARCH AND INNOVATION PROGRAMME AND EFPIA. THE RESULTS OF PRISM CONSTITUTE THE FOUNDATION FOR THE CURRENT PRISM 2 PROJECT. THE PRISM2 PROJECT LAUNCHED IN 2022, INCLUDING PATIENT ENROLLMENT OF INDIVIDUALS WITH SCHIZOPHRENIA, DEMENTIA OR MAJOR DEPRESSION ACROSS THREE CENTERS IN EUROPE. STUDY RECRUITMENT FOR PRISM2 IS TARGETED FOR COMPLETED IN 2023. NATIONAL NORMATIVE NEUROIMAGING LIBRARY PROGRAM: CVB HAS CREATED AN IMAGING REFERENCE LIBRARY ESSENTIAL TO THE DEVELOPMENT OF EFFECTIVE CLINICAL IMAGING TOOLS FOR DIAGNOSING AND MANAGING PATIENTS WITH BRAIN DISORDERS. ADVANCED NEUROIMAGING CAN NOW DETECT MICROSCOPIC CHANGES IN BRAIN STRUCTURE CAUSED BY TRAUMA OR DISEASE. THESE ADVANCED IMAGING APPROACHES INCLUDE DIFFUSION TENSOR IMAGING ("DTI"), FUNCTIONAL CONNECTIVITY, PERFUSION WEIGHTED IMAGING, AND VOLUMETRIC IMAGING. DESPITE THEIR PROMISE, THESE ADVANCED APPROACHES ARE CURRENTLY PRIMARILY CONFINED TO RESEARCH USE. THE NUMERICAL NATURE OF THE INFORMATION THESE ADVANCED IMAGING APPROACHES YIELD IS DIFFICULT TO TRANSLATE FROM THE STUDY OF GROUPS OF INDIVIDUALS TO A SINGLE PATIENT WITHOUT A REFERENCE. THE IMAGING DATABASE IS BASED ON THE RESULTS OF A NATIONAL STUDY OF NORMATIVE INDIVIDUALS, SPONSORED BY CVB AT UNIVERSITY OF VIRGINIA, BAYLOR UNIVERSITY AND UNIVERSITY OF UTAH AND TWO MILITARY SITES.</p>

(Code:)	(Expenses \$ including grants or \$)	(Revenue \$)
<p>STANDARDIZED ADVANCED NEUROIMAGING SCANS ON 3,000 ADULT VOLUNTEERS, THE RESULTING IMAGING DATA, ALONG WITH DEMOGRAPHIC INFORMATION AND THE RESULTS OF NEUROCOGNITIVE ASSESSMENTS, IS FORMING A LIBRARY DOCUMENTING POPULATION VARIATION IN BRAIN STRUCTURE AND FUNCTION AS MEASURED BY THESE ADVANCED IMAGING METHODS. THROUGH THIS IMAGING DATABASE, IT IS OUR GOAL TO ADVANCE NEUROIMAGING TO DRAMATICALLY IMPROVE THE IDENTIFICATION OF AFFECTED INDIVIDUALS AND ALLOW PHYSICIANS TO OBJECTIVELY AND EFFICIENTLY DIAGNOSE CONDITIONS SUCH AS TBI, DEMENTIA AND OTHER BRAIN DISORDERS WHERE BRAIN STRUCTURE IS DETECTED VIA MRI. IN 2022, WE CONTINUED RECRUITMENT INTO THE LIBRARY, REACHING OVER 1,800 ENROLLED SUBJECTS AND ALSO ADDED BLOOD SAMPLE COLLECTION FOR NEWLY RECRUITED INDIVIDUALS. COMPUTATIONAL MODELING & DATA SCIENCES: CVB HAS ESTABLISHED AN INTRAMURAL DATA SCIENCES PROGRAM TO BUILD MACHINE-LEARNING AND ARTIFICIAL INTELLIGENCE BASED PREDICTIVE MODELS OF DISEASE. THESE PROGRAMS BUILD ON OUR ORIGINAL ORION MS BIO-MODELLING PROGRAM AND FOCUSES ON MODELS OF PTSD, TBI, PARKINSONS AND DEMENTIA AND OTHER CONDITIONS. POST-TRAUMATIC STRESS DISORDER ("PTSD") 1.0: OUR MAIN PRIORITY IS TO BUILD A MULTI-MODAL MODEL OF PTSD USING DEEPLY-PHENOTYPED COHORTS SUCH AS THE BEST STUDY AND COHEN VETERANS CENTER STUDIES. IN 2022, WE HAVE BUILT ANALYSIS PIPELINES FOR EPIGENETIC, EEG, INFLAMMATORY MARKER AND CLINICAL DATA AND WE ARE ON TRACK TO BUILD OUR FIRST MODEL BY YEAR END. PARKINSON'S PROGRESSION MARKERS INITIATIVE ("PPMI") DATA SCIENCE MODELING GROUP: EXISTING DIAGNOSES FOR COMPLEX BRAIN DISORDERS SUCH AS PARKINSON'S DISEASE FOCUS ON UNDERSTANDING CLUSTERS OF MAJOR SYMPTOMS. IN ORDER TO DRIVE PROGRESS IN THE DEVELOPMENT OF NEW TREATMENTS, IT IS IMPORTANT TO UNDERSTAND THE ROLE OF SPECIFIC BIOLOGICAL PROCESSES IN DETERMINING PATIENT OUTCOMES. IN THIS PROGRAM, WE MODEL THE MICHAEL J. FOX FOUNDATION ("MJFF") SPONSORED PARKINSON'S PROGRESSION MODEL INITIATIVE STUDY. THE STUDY HAS EVALUATED PARTICIPANTS' CLINICAL STATUS WHILE COLLECTING IMAGING, BEHAVIORAL, 'OMICS AND OTHER ASSESSMENTS LONGITUDINALLY SINCE 2010. IN OUR ALIGNED MISSIONS TO ADVANCE BRAIN HEALTH, MJFF SELECTED CVB'S DATA SCIENCE TEAM TO LEVERAGE THIS COHORT TOGETHER WITH A MULTI-DISCIPLINARY APPROACH TO QUANTITATIVELY EXPLORE, EVALUATE, AND PREDICT DISEASE TRAJECTORY, RISK FACTORS, AND SUBTYPES. GIVEN THE BREADTH AND DEPTH OF THE PPMI DATA AND RICH OPPORTUNITIES TO DEVELOP IMPACTFUL DISEASE MODELS, THE TEAM USE THEIR SUBJECT MATTER EXPERTISE ACROSS TRANSLATIONAL SCIENCE TO GENERATE INSIGHTS FROM 'OMICS, IMAGING, GENETIC AND CLINICAL DATA BY INTEGRATING TECHNIQUES ACROSS ADVANCED STATISTICS, MACHINE LEARNING, AND COMPUTATIONAL MODELING TO FACILITATE PD BIOMARKER DISCOVERY AND DEEPEN OUR UNDERSTANDING OF DISEASE PROGRESSION. MULTIPLE SCLEROSIS ("MS") 1.0: THE ORION BIONETWORKS FLAGSHIP PROGRAM SUCCESSFULLY PILOTED THE ESTABLISHMENT OF A MULTIPLE SCLEROSIS BIONETWORK COMPRISED OF ACADEMIC (NEUROSCIENCE INSTITUTE OF THE BRIGHAM AND WOMEN'S HOSPITAL), ADVOCACY (ACCELERATED CURE PROJECT FOR MS), COMPUTATIONAL (GNS HEALTHCARE, METACELL, THOMSON REUTERS), INFORMATICS (CONVERGE BY DELOITTE, RANCHO BIOSCIENCES, EXAPTIVE), AND ONLINE PATIENT COMMUNITY PARTNERS (PATIENTSLIKEME [PLM]). DE-IDENTIFIED HIPPA-COMPLIANT DATA FROM THREE DATABASES WERE CURATED AND LOADED INTO A CLOUD-BASED DATA KNOWLEDGE MANAGEMENT SYSTEM. THE INTEGRATED REPOSITORY INCLUDES 9,000 SUBJECTS WITH MS AND RELATED CONDITIONS. THE ALLIANCE DEVELOPED A ROADMAP FOR JOINT EXECUTION WITH SPECIFIC SCIENTIFIC AIMS. THE ALLIANCE HAS GENERATED MULTIPLE MODELS BASED ON THE DATA REPOSITORY USING DIFFERENT ALGORITHMIC APPROACHES: PHENOTYPIC PROGNOSTIC MODEL AND TWO MOLECULAR PROGNOSTIC MODELS. PTSD AND TBI PRECLINICAL MODELING PROGRAM: ANIMAL MODELS OF PSYCHIATRIC DISORDERS OFFER A COMPLEMENTARY RESEARCH MODALITY THAT SUPPORTS CLINICAL RESEARCH. IN ORDER TO ACHIEVE A SATISFACTORY DEGREE OF VALIDITY AND RELIABILITY, ANIMAL MODELS OF COMPLEX AND INTRICATE PSYCHIATRIC DISORDERS, SUCH AS PTSD, MUST FULFILL CERTAIN CRITERIA: PATHOGENIC PROCESSES MUST BE OBSERVABLE AND MEASURABLE, AND MUST RELIABLY REFLECT CLINICAL SYMPTOMATOLOGY, AND PHARMACOLOGICAL AGENTS THAT ARE KNOWN TO AFFECT SYMPTOMS IN HUMAN SUBJECTS, SHOULD MODULATE THESE PROCESSES. CVB HAS ESTABLISHED THE ALLIANCE FOR MODELS OF PTSD, INNOVATIVE TECHNOLOGIES AND UNIFORM PRACTICES ("AMP-IT-UP") TO SUPPORT PRECLINICAL MODEL DEVELOPMENT. MULTIPLE SUB-GRANT AWARDS COMPLETED AND PUBLISHED THEIR FINDING THIS YEAR IN SUPPORT THE MISSION OF THIS PROGRAM. PEERS - THE PLATFORM FOR THE EXCHANGE OF EXPERIMENTAL RESEARCH STANDARDS: PEERS IS A PLATFORM THAT ENABLES SHARING OF INFORMATION ON PARAMETERS THAT AFFECT THE ROBUSTNESS OF PRECLINICAL DATA. PEERS IS LIKE A WIKI ON HOW TO DESIGN, CONDUCT AND ANALYZE EXPERIMENTS TO INCREASE DATA ROBUSTNESS. PEERS ALLOWS USERS TO SEARCH FOR FACTORS AND PARAMETERS THAT ARE OF RELEVANCE TO THEIR EXPERIMENTS AND GIVES GUIDANCE AND ADVICE ON HOW TO LEVERAGE THESE FACTORS TO INCREASE THE QUALITY, ROBUSTNESS AND REPRODUCIBILITY OF RESEARCH. PEERS ALLOWS USERS TO: (1) SEARCH FOR FACTORS AND PARAMETERS THAT ARE OF RELEVANCE TO THEIR EXPERIMENTS (2) FIND RECOMMENDATIONS AND BEST PRACTICES ON EXPERIMENTAL DESIGN, EXECUTION AND DATA ANALYSIS FOR SPECIFIC IN VITRO METHODS OR IN VIVO MODELS (3) SHARE EXPERIENCES AND KNOWLEDGE TO HELP OTHERS BUILD HIGH-QUALITY, REPRODUCIBLE DATA SETS (4) CITE CONTRIBUTIONS (5) INCREASE THE QUALITY, ROBUSTNESS AND REPRODUCIBILITY OF RESEARCH. ADDRESSING SEX AS A BIOLOGICAL VARIABLE IN PRECLINICAL RESEARCH: DIFFERENCES BETWEEN MALES AND FEMALES EXTEND WELL BEYOND REPRODUCTION, WITH SIGNIFICANT IMPLICATIONS FOR HUMAN HEALTH AND DISEASE. THIS IS PARTICULARLY THE CASE IN THE FIELD OF NEUROSCIENCE, WHERE DIFFERENCES IN BASIC BIOLOGY BETWEEN MEN AND WOMEN CAN LEAD TO SEX DIFFERENCES IN THE PREVALENCE, PROGRESSION, AND RESPONSES TO TREATMENT OF MANY BRAIN DISORDERS. THIS VIDEO TRAINING SERIES WAS DEVELOPED AND LAUNCHED BY COHEN VETERANS BIOSCIENCE IN 2022, TO ENSURE THAT EARLY-STAGE RESEARCH IS CONDUCTED TO THE HIGHEST AND MOST RIGOROUS STANDARDS POSSIBLE. ONE SOLUTION IS TO ENSURE THAT THE RESEARCH COMMUNITY - INCLUDING GRADUATE STUDENTS, POSTDOCS, AND OTHER EARLY CAREER RESEARCHERS - HAVE THE TOOLS THEY NEED TO ENABLE THE IMPLEMENTATION OF BEST PRACTICES ACROSS THE EXPERIMENTAL PROCESS. THE GOAL OF THE VIDEO TRAINING SERIES, WHICH CONTAINS THREE MODULES, WAS TO PROVIDE PRACTICAL GUIDANCE TO PRECLINICAL RESEARCHERS ON HOW TO NAVIGATE THE NIH'S 2015 POLICY ON INCORPORATING SEX AS A BIOLOGICAL VARIABLE INTO THEIR CURRENT AND FUTURE RESEARCH. GLOBAL PRECLINICAL DATA FORUM: THE GLOBAL PRECLINICAL DATA FORUM ("GPDF") IS A JOINTLY SPONSORED U.S. AND EUROPEAN INITIATIVE THAT ENCOURAGES GLOBAL COLLABORATION TO ADDRESS THE CHALLENGE OF ENSURING THAT PRECLINICAL RESEARCH IS REPRODUCIBLE, ROBUST AND TRANSLATABLE TO SUPPORT DISEASE RESEARCH UTILITY FOR CLINICAL RESEARCH & DEVELOPMENT ("R&D"). IT SUPPORTS BEST RESEARCH PRACTICES, THE DEVELOPMENT AND IMPLEMENTATION OF DATA QUALITY STANDARDS, PRECLINICAL DATA & TECHNOLOGICAL PLATFORMS, AND TRAINING PROGRAMS FOR THE NEUROSCIENCE COMMUNITY WITH THE GOAL OF ENHANCING THE DATA UTILITY DERIVED FROM PRECLINICAL MODELS. THIS IS OUR FIFTH YEAR SUPPORTING, WITH THE EUROPEAN COLLEGE OF NEUROPHARMACOLOGY ("ECNP"), THE WORLD'S FIRST NEGATIVE DATA PRIZE AS AN INCENTIVE FOR PRECLINICAL RESEARCHERS TO PUBLISH "NEGATIVE DATA" RESULTS TO ENSURE ALL NEUROSCIENCE STUDIES PROPERLY ADVANCE KNOWLEDGE. THE PRIZE IS AWARDED TO THE RESEARCHER OR RESEARCH GROUP WHOSE NEUROSCIENCE STUDY BEST EXEMPLIFIES DATA WHERE THE OUTCOMES DO NOT CONFIRM THE EXPECTED RESULTS OR WORKING HYPOTHESIS. THE PRECLINICAL AWARD WAS PRESENTED DURING THE 2020 VIRTUAL ECNP CONFERENCE. IN 2023 WE CONTINUED TO AWARD THE BEST NEGATIVE PRIZE AWARDS PROGRAM TO CLINICAL RESEARCHERS WHOSE NEUROSCIENCE STUDY BEST EXEMPLIFIES DATA WHERE THE OUTCOMES DO NOT CONFIRM THE EXPECTED RESULTS OR WORKING HYPOTHESIS. EQUIPD QUALITY SYSTEM: THE GPDF AND COHEN VETERANS BIOSCIENCE ARE BOTH MAJOR CONTRIBUTORS TO THE EUROPEAN UNION INNOVATIVE MEDICINE INITIATIVE-FUNDED CONSORTIUM CALLED EQUIPD (EQIPD.ORG). THE EQUIPD CONSORTIUM HAS DEVELOPED A NOVEL PRECLINICAL RESEARCH QUALITY SYSTEM THAT CAN BE APPLIED IN BOTH PUBLIC AND PRIVATE SECTORS AND IS FREE FOR ANYONE TO USE. THE EQUIPD QUALITY SYSTEM WAS DESIGNED TO BE SUITED TO BOOST INNOVATION BY ENSURING THE GENERATION OF ROBUST AND RELIABLE PRECLINICAL DATA WHILE BEING LEAN, EFFECTIVE AND NOT BECOMING A BURDEN THAT COULD NEGATIVELY IMPACT THE FREEDOM TO EXPLORE SCIENTIFIC QUESTIONS. EQUIPD DEFINES RESEARCH QUALITY AS THE EXTENT TO WHICH RESEARCH DATA ARE FIT FOR THEIR INTENDED USE.</p>		
(Code:)	(Expenses \$ including grants or \$)	(Revenue \$)
<p>FITNESS, IN THIS CONTEXT, IS DEFINED BY THE STAKEHOLDERS, WHO ARE THE SCIENTISTS DIRECTLY INVOLVED IN THE RESEARCH, BUT ALSO THEIR FUNDERS, SPONSORS, PUBLISHERS, RESEARCH TOOL MANUFACTURERS AND COLLABORATION PARTNERS SUCH AS PEERS IN A MULTI-SITE RESEARCH PROJECT. THE ESSENCE OF THE EQUIPD QUALITY SYSTEM IS THE SET OF 18 CORE REQUIREMENTS THAT CAN BE ADDRESSED FLEXIBLY, ACCORDING TO USER-SPECIFIC NEEDS AND FOLLOWING A USER-DEFINED TRAJECTORY. THE EQUIPD QUALITY SYSTEM PROPOSES GUIDANCE ON EXPECTATIONS FOR QUALITY-RELATED MEASURES, DEFINES CRITERIA FOR ADEQUATE PROCESSES (I.E., PERFORMANCE STANDARDS) AND PROVIDES EXAMPLES OF HOW SUCH MEASURES CAN BE DEVELOPED AND IMPLEMENTED. IN 2023, EQUIPD WAS AWARDED A MAJOR GRANT (ISTAND) BY THE INNOVATIVE MEDICINES INITIATIVE IN EUROPE. THERE IS CURRENTLY NO ESTABLISHED FRAMEWORK READILY AVAILABLE OUTSIDE OF SELECTED COMPANIES AND RESEARCH ORGANIZATIONS THAT APPLY INTERNALLY-DEVELOPED STANDARDS AND CRITERIA TO SUPPORT ADEQUATE RESEARCH RIGOR THAT IS COMMENSURATE WITH THE PURPOSE AND APPROPRIATELY ACHIEVABLE. THE GRANT PROGRAM WILL ESTABLISH AND TEST SUCH A FRAMEWORK TO SUPPORT THE PROCESSES OF GENERATING AND REPORTING NONREGULATED RESEARCH RESULTS, AND TO SYSTEMATIZE DECISION-MAKING BASED ON SUCH RESULTS. IT COULD BE APPLIED TO NONREGULATED RESEARCH IN ANY DOMAIN (I.E., RESEARCH NOT CONDUCTED UNDER GOOD PRACTICE GXP STANDARDS SUCH AS GLP), INCLUDING THE DEVELOPMENT OF BIOMARKERS. POLICY & ADVOCACY INITIATIVES: WE ARE COMMITTED TO ADVOCATING FOR POLICY REFORMS AT THE FEDERAL LEVEL THAT BUILD UPON EVIDENCE-BASED PRECISION MEDICINE APPROACHES AND HAVE THE POWER TO BRING NEW SOLUTIONS FOR PTSD AND TBI IN YEARS, NOT DECADES. AS PART OF OUR ADVOCACY EFFORTS, WE CO-FOUNDED THE COALITION TO HEAL INVISIBLE WOUNDS (THE "COALITION"), A COLLABORATIVE INITIATIVE AIMED AT ADVOCATING FOR POLICY REFORMS TO WIDEN AND EXPEDITE THE PIPELINE FOR NEW THERAPIES AND DIAGNOSTICS FOR PTSD AND TBI - WHICH CAN BOTH DRASTICALLY INCREASE THE RISK OF SUICIDE AMONG VETERANS. IN 2023, WE CONTINUE TO GROW MEMBERSHIP IN THE ALLIANCE AS WELL AS CONTRIBUTE TO THE ADVANCEMENT OF SEMINAL LEGISLATION TO SUPPORT VETERANS AND BRAIN RESEARCH.</p>		






















4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants or \$) (Revenue \$)

4e Total program service expenses **13,585,394**

Form 990 (2022)

Page 3

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 Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	2 Yes	
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	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	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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 Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
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 Yes	
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	No
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. See instructions.	17	No
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	No
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	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Form 990 (2022)

Page 4

Part IV Checklist of Required Schedules (continued)

	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	No
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	Yes
24a 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	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d 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	No
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	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
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	No
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	Yes
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1a	32
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2022)

Page 5

Form 990 (2022)

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 36			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a		No
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		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a		No
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a 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			
11 Section 501(c)(12) organizations. Enter:				
a 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		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2022)

Form 990 (2022)

Page 6

Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

Section 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?	No
10b	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?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	Yes
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?	
15a	The organization's CEO, Executive Director, or top management official	Yes
15b	Other officers or key employees of the organization	Yes
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	No
16b	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 exempt	

status with respect to such arrangements?

16b

Section C. Disclosure**17** List the states with which a copy of this Form 990 is required to be filed▶

MA, NY, AL, AR, CA, DC, FL, GA, HI, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.☐ Own website ☒ Another's website ☒ 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 financial 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:

▶GELMAN ROSENBERG AND FREEDMAN CPA 4550 MONTGOMERY AVENUE SUITE 650N BETHESDA, MD 20814 (301) 951-9090

Form **990** (2022)

Page 7

Form 990 (2022)

Page **7****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 ☐**Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MAGALI HAAS MD PHD CEO & PRESIDENT	40.00	X		X				547,435	0	18,300
(2) THERESA FRANGIOSA SECRETARY	9.00	X		X				0	0	0
(3) MICHAEL SULLIVAN TREASURER	1.00	X		X				0	0	0
(4) DAVID BIONDI BOARD MEMBER	1.00	X						0	0	0
(5) DAVE DEMARCO BOARD MEMBER	1.00	X						0	0	0
(6) LEE LANCASHIRE CHIEF INFORMATION OFFICER	40.00				X			310,941	0	57,367
(7) ALLYSON GAGE PHD CHIEF MEDICAL OFFICER	40.00				X			481,736	0	22,635
(8) AMANDA NICOLE HARMON	40.00									

CHIEF OPERATIONS OFFICER					X			364,717	0	36,449
(9) EVGENY RAKHMATULIN	40.00				X			305,572	0	38,944
CHIEF TECHNOLOGY OFFICER										
(10) PETER HOEHN	40.00				X			183,750	0	0
EXECUTIVE VP, MARKING STRATEGY, DEVELOP, & IMPACT										
(11) LAUREN GOLDSMITH	40.00					X		229,944	0	22,610
SENIOR DIRECTOR, CONTRACTS										
(12) MARK ZERVAS	40.00					X		217,246	0	36,101
DEPUTY DIRECTOR, TRANSLATI										
(13) MARYAN ZIRKLE	40.00					X		281,688	0	25,337
EXECUTIVE DIRECTOR, BRAINC										
(14) RENEE DAVIS	40.00					X		208,434	0	18,344
EXECUTIVE DIRECTOR, DEVELO										
(15) ANDREW THOMPSON	40.00					X		159,579	0	18,005
ASSOCIATE DIRECTOR, DATA SCIENCE										

Form 990 (2022)

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,291,042	0	294,092

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **20**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 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
WAVEACCESS USA 10161 WEST RUN PARK DRIVE SUITE 15 LAS VEGAS, NV 89145	PROVIDE RESOURCES FOR BRAIN COMMONS AND	596,186
ICONIC EVENT STUDIOS INC 1861 SUNSET PLAZA DRIVE LOS ANGELES, CA 90069	EVENT COORDINATION	477,417
HITACHI VANTARA LLC 2535 AUGUSTINE DRIVE SANTA CLARA, CA 950543003	REAN AND BC	420,000
GRF CPA'S & ADVISORS 4550 MONTGOMERY AVENUE SUITE 800 N BETHESDA, MD 20814	ACCOUNTING SERVICES	342,803
TONE CREATIVE LLC 63 PUTNAM STREET SUITE 202 SARASOTA SPRINGS, NY 12866	MARKETING AND DESIGN SERVICES	273,270

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **20**

Form **990** (2022)


Page 9

Form 990 (2022)

Page **9**

Part VIII

Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
 Federated campaigns	1a			
Contributions, Gifts, Grants, and Membership dues	1b			
OtherAmt Similar Amounts				
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
10,755,381				
g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f	10,755,381			
Business Code				

Program Service Revenue						
f All other program service revenue.						
9 Total. Add lines 2a-2f. ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		223,966			223,966
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	Less: cost or other basis and sales expenses	7b				
	Gain or (loss)	7c				
	d Net gain or (loss) ▶					
	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory . . . ▶						
11a GRANT REFUNDS		Business Code				
		900099	326,982	326,982		
b OTHER REFUNDS		900099	37,205	37,205		
c All other revenue						
d All other revenue						
e Total. Add lines 11a-11d ▶			364,187			
12 Total revenue. See instructions ▶			11,242,524	264,187	0	223,966

Form 990 (2022)

Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	108,171	108,171		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	90,026	90,026		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,748,100	2,461,672	136,427	150,001
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	3,171,915	2,798,978	178,570	194,367
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	183,596	164,976	8,912	9,708
9 Other employee benefits	339,311	304,762	16,524	18,025
10 Payroll taxes	316,822	284,374	15,503	16,945
11 Fees for services (non-employees):				
a Management				
b Legal	317,900	229,420	88,480	
c Accounting	414,998	6,320	408,678	
d Lobbying	120,000	120,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,827,370	4,584,048	222,134	21,188
12 Advertising and promotion				
13 Office expenses	496,972	319,644	169,622	7,706
14 Information technology	518,142	510,664	5,049	2,429
15 Royalties				
16 Occupancy	524,989	500,366	24,560	63
17 Travel	461,481	441,230	17,090	3,161
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	251,896	249,121	2,775	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	344,987	340,599	2,097	2,291
23 Insurance	104,690	71,023	29,435	4,232
24 Other expenses. Itemize expenses not covered 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 O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,341,366	13,585,394	1,325,856	430,116
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

reported in column (b) joint costs from a combined educational campaign and fundraising solicitation.

Check here ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2022)

Page 11

Form 990 (2022)

Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	999,648	1	828,606
	2 Savings and temporary cash investments	3,831,713	2	5,471,810
	3 Pledges and grants receivable, net	8,295,108	3	1,762,522
	4 Accounts receivable, net	21,300	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	123,073	9	98,344
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,508,484		
	b Less: accumulated depreciation	10b 541,027	10c	1,967,457
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	883,589	15	1,614,659
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,587,351	16	11,743,398	
Liabilities	17 Accounts payable and accrued expenses	2,682,753	17	1,818,611
	18 Grants payable	137,446	18	
	19 Deferred revenue	740,285	19	740,285
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	139,342	25	1,294,809
	26 Total liabilities. Add lines 17 through 25	3,699,826	26	3,853,705
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,257,190	27	5,480,842
	28 Net assets with donor restrictions	4,630,335	28	2,408,851
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,887,525	32	7,889,693
33 Total liabilities and net assets/fund balances	15,587,351	33	11,743,398	

Form 990 (2022)

Page 12

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,343,534
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,341,366
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,997,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,887,525
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,889,693

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Form **990** (2022)**Additional Data**[Return to Form](#)**Software ID:****Software Version:****Form 990, Special Condition Description:**

Special Condition Description

efile Public Visual Render		ObjectID: 202333189349303168 - Submission: 2023-11-14	TIN: 47-1981973
SCHEDULE A (Form 990) 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 2022 Open to Public Inspection
	Name of the organization COHEN VETERANS BIOSCIENCE INC		Employer identification number 47-1981973

Part I 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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ 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:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support
Calendar year

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,795,052	16,316,026	16,160,581	17,941,055	10,755,381	81,968,095
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	20,795,052	16,316,026	16,160,581	17,941,055	10,755,381	81,968,095
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						73,456,632
6 Public support. Subtract line 5 from line 4.						8,511,463

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	20,795,052	16,316,026	16,160,581	17,941,055	10,755,381	81,968,095
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	98,872	154,639	59,585	28,608	223,966	565,670
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .			32,104	112,735	364,187	509,026
11 Total support. Add lines 7 through 10						83,042,791
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	10.250 %
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	9.480 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022**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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business . . .						

under section 513					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .					
5 The value of services or facilities furnished by a governmental unit to the organization without charge					
6 Total. Add lines 1 through 5					
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c Add lines 7a and 7b. .					
8 Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990) 2022**Part IV Supporting Organizations**

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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.		
3b		

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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
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 on 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 on 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 line 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).			

Schedule A (Form 990) 2022

Page 5

Schedule A (Form 990) 2022

Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

Yes No

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2 Activities Test. **Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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.

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	

d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2022

Page 7

Schedule A (Form 990) 2022

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			

a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018. . . .		
b	Excess from 2019. . . .		
c	Excess from 2020. . . .		
d	Excess from 2021. . . .		
e	Excess from 2022. . . .		

Schedule A (Form 990) (2022)

Page 8

Schedule A (Form 990) 2022

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

COHEN VETERANS BIOSCIENCE, INC. ("CVB") IS A PUBLIC CHARITY BIOMEDICAL RESEARCH AND TECHNOLOGY ORGANIZATION DEDICATED TO ADVANCING BRAIN HEALTH BY FAST-TRACKING PRECISION DIAGNOSTICS AND TAILORED THERAPEUTICS. WE ARE LEADING THE WAY TO CURE INVISIBLE WOUNDS FOR THE MILLIONS OF VETERANS, SERVICE MEMBERS, FIRST RESPONDERS, AND CIVILIANS WHO SUFFER FROM TRAUMA-RELATED CONDITIONS, SUCH AS PTSD, TBI AND SUICIDE. GLOBALLY, 2 BILLION INDIVIDUALS ARE DIRECTLY AFFECTED BY BRAIN DISORDERS. THE WORLD HEALTH ORGANIZATION ATTRIBUTES 38% OF THE TOTAL YEARS LOST TO DEATH AND DISABILITY TO BRAIN DISORDERS, A FIGURE WELL AHEAD OF THE NEXT-CLOSEST AND HIGHER-PROFILE DISEASES OF CANCER (12.7%) AND CARDIOVASCULAR DISEASE (11.8%). CVB IS CATALYZING RESEARCH TO ADVANCE BRAIN HEALTH AT ALL STAGES OF SCIENTIFIC DISCOVERY-FROM THEORY TO THERAPEUTIC. THIS MEMO PROVIDES EVIDENCE OF QUANTITATIVE AND QUALITATIVE MEASURES WHICH SUPPORT CONTINUED PUBLIC CHARITY STATUS. CVB MET THE QUANTITATIVE PERCENTAGE TEST CRITERION FOR SUPPORTING FACTS AND CIRCUMSTANCES IN FY23. CVB ENGAGES WITH AND MAKES AVAILABLE TO RESEARCHERS, POLICY MAKERS, AND THE GENERAL PUBLIC A BROAD ARRAY OF PROGRAMS, TOOLS, SERVICES, AND INFORMATION WHICH ADVANCE THE STATE OF BRAIN SCIENCE, GUIDED BY AN INDEPENDENT BOARD AND ADVISORY COUNSELS IN CONJUNCTION WITH CVB'S RENOWNED EXPERTS IN RELEVANT FIELDS OF NEUROSCIENCE, DATA SCIENCE AND PHARMACEUTICAL RESEARCH AND DEVELOPMENT. FOLLOWING ARE MORE DETAILED EVIDENCE OF THESE FACTS AND CIRCUMSTANCES. COHEN VETERANS BIOSCIENCE, INC. EARLY ORIGINS WERE AS AN ORGANIZATION UNDER THE FISCAL SPONSORSHIP OF THE MARIN COUNTY COMMUNITY FOUNDATION, LATER ESTABLISHED AS A STAND-ALONE 501(C)3 IN 2014 UNDER THE NAME ORION BIONETWORKS. CVB'S FOUNDER AND CEO HAS A PERSONAL CONNECTION TO THE PUBLIC WORK THE ORGANIZATION CARRIES OUT BY VIRTUE OF HER HUSBAND BEING A VETERAN OF THE US AIRFORCE SERVICE AND HER SISTER SERVING AS AN AIRFORCE COLONEL, WITH ACTIVE DEPLOYMENTS TO OEF/OIF. THE FORMAL NAME CHANGE TO COHEN VETERANS BIOSCIENCE TOOK PLACE IN 2015 IN CONCERT WITH GENEROUS SEED FUNDING FROM STEVEN A. COHEN. CVB QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING: CVB IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS AND BONA FIDE BASIS; CVB'S CURRENT FUNDRAISING PLANS ARE TARGETED AT A BROAD BASE OF DONORS, INCLUDING FOUNDATIONS, INDIVIDUALS, AND GOVERNMENT AGENCIES. - ONLINE GIVING: CVB HAS HAD A DONATION BUTTON ON ITS WEBSITE AND ALL SOCIAL MEDIA SINCE INCEPTION. AS OF FY22, WE ESTABLISHED REGISTERED STATUS ACROSS ALL 50 STATES. THE ORGANIZATION RUNS SEVERAL ONLINE DONATION CAMPAIGNS THROUGHOUT THE YEAR (E.G. MEMORIAL DAY, VETERANS DAY, GIVING DAY). - FUNDRAISING EVENTS: WE CONTINUE TO GROW OUR REACH TO THE GENERAL PUBLIC THROUGH FUNDRAISING EVENTS, SOME SPONSORED DIRECTLY AND OTHERS ON OUR BEHALF THROUGH OUR AMBASSADOR'S PROGRAM AND ALSO A CROWDRISE CAMPAIGN CAPABILITY WE ADDED TO OUR WEBSITE IN FY23. STARTING IN 2020, WE ENGAGED IN PARTNERSHIPS WITH VETERANS SERVICE ORGANIZATIONS WHO HAVE COMMITTED TO RAISE AWARENESS OF INDIVIDUALLY DRIVEN FUNDRAISING CAMPAIGNS FOR VETERANS PTSD, TBI AND SUICIDE. - MEMBERSHIP PROGRAMS: - IN 2022, WE LAUNCHED AN ANNUAL MEMBERSHIP PROGRAM WITH OTHER NONPROFIT FOUNDATIONS, UNDER OUR COALITION TO HEAL INVISIBLE WOUNDS, TO SUPPORT ADVOCACY AND EDUCATION INITIATIVES. - IN 2023, WE LAUNCHED THE TBI ACTION ALLIANCE PROGRAM WHICH INCLUDES BOTH MEMBERSHIP AND SPONSORSHIP OPPORTUNITIES FOR INDIVIDUALS, PROFESSIONALS, AND INSTITUTIONS TO SUPPORT OUR RESEARCH PROGRAMS TO ADVANCE DIAGNOSTICS AND THERAPEUTICS FOR TRAUMATIC BRAIN INJURIES (TBI). WE HAVE OVER 50 MEMBERS AND INSTITUTIONS ENROLLED TO DATE. - GOVERNMENT & FOUNDATION RESEARCH GRANTS: CVB HAS RECEIVED SUPPORT US GOVERNMENT AGENCIES SUCH AS THE NATIONAL INSTITUTES OF HEALTH AND THE DEPARTMENT OF DEFENSE; A NUMBER OF NONPROFIT ORGANIZATIONS AND FOUNDATIONS INTERESTED IN MEDICAL RESEARCH AND ISSUES IMPACTING VETERANS. AS EVIDENCED BY THE EXTENSIVE PROGRAMS SPONSORED BY CVB SUPPORTING RESEARCH COLLABORATIONS AND SCIENTIFIC BEST PRACTICE ADOPTION, CVB REMAINS AN ORGANIZATION COMMITTED TO SERVING THE PUBLIC THROUGH ITS WORK. EXAMPLES WHICH DEMONSTRATE OUR COMMITMENT TO THE PUBLIC BENEFIT AND PUBLIC PARTICIPATION IN OUR EFFORTS INCLUDE CVB'S VETERANS ADVISORY COUNCIL, STATE OF THE SCIENCE SUMMITS, NUMEROUS EXPERT WORKSHOPS, ENSURING OUR RESEARCH IS PUBLISHED IN OPEN ACCESS PUBLICATIONS, AND DATA SHARING POLICIES ENCOURAGING RESEARCH COLLABORATION ACROSS ORGANIZATIONAL BOUNDARIES. CVB PROGRAM ACTIVITIES. WITH TEAM SCIENCE AND

COLLABORATION AS A CORE BELIEF, PROVIDES DIRECT PUBLIC BENEFIT THROUGH ITS RESEARCH AND EDUCATIONAL ACTIVITIES. CVB SPEARHEADS RESEARCH WITH MULTI-SECTOR PARTNERS INCLUDING ACADEMIA, GOVERNMENT, FOUNDATION RESEARCH, AND INDUSTRY ORGANIZATIONS TO ADVANCE COLLECTIVE UNDERSTANDING OF AND APPROACHES TO IMPROVING BRAIN HEALTH. FOR EXAMPLE, CVB SPONSORED THE BRAIN TRAUMA BLUEPRINT IN PARTNERSHIP WITH THE VETERANS ADMINISTRATION, NATIONAL INSTITUTES OF HEALTH AND DEPARTMENT OF DEFENSE TO ESTABLISH A RESEARCH ROADMAP FOR THE ADVANCEMENT OF PRECISION THERAPEUTIC SOLUTIONS FOR TRAUMATIC BRAIN INJURY ([HTTPS://WWW.BRAINTRAUMABLUEPRINT.ORG/](https://www.braintraumablueprint.org/)). CVB ALSO BROADLY DISSEMINATES RESEARCH AND EDUCATIONAL INFORMATION ABOUT PTSD, TRAUMATIC BRAIN INJURY (TBI) AND SUICIDE DIRECTLY TO THE PUBLIC THROUGH ITS WEBSITE AND SOCIAL MEDIA. THE INFORMATION IS PROVIDED IN AN ACCESSIBLE AND UNDERSTANDABLE FORMAT FOR ANY NON-MEDICAL READER, HELPING VETERANS AND OTHERS SUFFERING FROM PTSD OR TBI TO UNDERSTAND THEIR CONDITIONS AND THE SYMPTOMS AND CAUSES ASSOCIATED WITH THEM. THESE MATERIALS ALSO SERVE TO EDUCATE THE PUBLIC ABOUT PTSD AND TBI AND THE EFFECTS OF THESE CONDITIONS ON OUR VETERANS AND FAMILIES. THESE EVENTS, PROCEEDINGS, AND OTHER EDUCATIONAL OUTREACH SERVE TO ADVANCE BRAIN SCIENCE IN THE PUBLIC INTEREST. SEE WWW.COHENVETERANSBIOSCIENCE.ORG AND THE FORM 990 PROGRAM DESCRIPTIONS FOR MORE DETAILS ON THE EXPANSIVE NATURE OF THESE PROGRAMS. CVB ALSO ENLISTS THE ACTIVE SUPPORT AND PARTICIPATION OF EXPERTS, PUBLIC OFFICIALS, AND COMMUNITY LEADERS. CVB'S VETERANS ADVISORY COUNCIL ("VAC") INCLUDES SENIOR LEADERS WHO SERVED IN MILITARY LEADERSHIP ROLES AND/OR HAVE VETERAN FAMILY MEMBERS AND HAVE A DEEP PERSONAL COMMITMENT TO VETERANS' CONCERNS RELATED TO BRAIN HEALTH. VAC HELPS REPRESENT, ADVOCATE AND SUPPORT MILITARY AND VETERANS' INTERESTS TO CVB TO AID CVB IN DELIVERING MEANINGFUL RESULTS FOR VETERANS THROUGH DATA-DRIVEN SCIENCE AND ADVOCACY. MORE INFORMATION ABOUT VAC IS AVAILABLE HERE: [HTTPS://WWW.COHENVETERANSBIOSCIENCE.ORG/VETERANS-ADVISORY-COUNCIL/](https://www.cohenveteransbioscience.org/veterans-advisory-council/) IN 2020, CVB EXPANDED ITS GLOBAL FOOTPRINT BY FORGING A PARTNERSHIP WITH THE EUROPEAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY TO ESTABLISH THE GLOBAL PRECLINICAL DATA FORUM, IN SUPPORT OF REPRODUCIBLE RESEARCH EFFORTS ([HTTPS://WWW.PRECLINICALDATAFORUM.ORG/](https://www.preclinicaldataforum.org/)). CVB ALSO JOINED THE EUROPEAN FEDERATION OF PHARMACEUTICAL INDUSTRIES AND ASSOCIATIONS TO CO-SPONSOR RESEARCH WITH THE INNOVATIVE MEDICINES INITIATIVE ([HTTPS://WWW.IMI.EUROPA.EU/PROJECTS-RESULTS/PROJECT-FACTSHEETS/PRISM-2](https://www.imi.europa.eu/projects-results/project-factsheets/prism-2)) AT AN INTERNATIONAL LEVEL. IN 2022, WE HAVE EXPANDED THESE INTERNATIONAL PARTNERSHIPS THROUGH THE ESTABLISHMENT OF OUR BRAIN HEALTH NEXUS PROGRAM THAT ENGAGES LEADERS FROM THE WORLD HEALTH ORGANIZATION, OECD, EUROPEAN BRAIN COUNCIL, CANADIAN AND UK ORGANIZATIONS. IN 2023, WE RECEIVED MAJOR FUNDING FROM THE CANADIAN ONTARIO BRAIN INSTITUTE IN SUPPORT OF OUR BRAIN HEALTH INITIATIVES. FINALLY, CVB HAS A REPRESENTATIVE GOVERNING BODY THROUGH ITS UNCOMPENSATED BOARD OF DIRECTORS CONSISTING OF FOUR MEMBERS WITH EQUAL VOTING RIGHTS. THREE OF THE FOUR MEMBERS ARE INDEPENDENT OF THE LARGEST DONOR. ALL OF THE BOARD MEMBERS ARE INDIVIDUALS WITH SPECIAL KNOWLEDGE AND EXPERTISE RELEVANT TO THE ORGANIZATION'S CHARITABLE ACTIVITIES IN BRAIN SCIENCE AND HEALTH, AS WELL AS MEMBERS WITH LONGSTANDING DEDICATION TO THE NEEDS OF VETERANS AND OTHERS WHO SUFFER FROM BRAIN DISEASES THROUGH BOTH PAID AND UNPAID WORK WITH GOVERNMENT AND OTHER NONPROFIT AGENCIES. THE QUALIFICATIONS OF THE BOARD MEMBERS INCLUDE: BOARD CHAIR AND CEO, MAGALI HAAS, MD, PHD FOUNDED ORION BIONETWORKS (RENAMED TO COHEN VETERANS BIOSCIENCE IN 2015) WITH SPONSORSHIP FROM JANSSEN RESEARCH & DEVELOPMENT TO UNLOCK THE POWER OF SHARED DATA AND PREDICTIVE MODELING TO HELP TRANSFORM OUR UNDERSTANDING OF BRAIN DISEASES AND ACCELERATE THE SEARCH FOR CURES.

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	HRA FORFEITURES - 2020 AMOUNT: \$ 28,475. STIMULUS/COVID CREDITS - 2020 AMOUNT: \$ 3,629. 2021 AMOUNT: \$ 2,480. OTHER REFUNDS - 2021 AMOUNT: \$ 110,255. OTHER INCOME - 2022 AMOUNT: \$ 37,205. GRANT REFUNDS - 2022 AMOUNT: \$ 326,982.
PART II SECT C LINE 17A FACTS & CIRCUMSTANCES TEST (CONT):	DR. HAAS HAS OVER 20 YEARS OF PHARMACEUTICAL EXECUTIVE AND CLINICAL RESEARCH EXPERIENCE INCLUDING DEVELOPMENT LEADERSHIP ROLES IN MEDICAL MARKETING, FULL CLINICAL DEVELOPMENT, EARLY DEVELOPMENT, AND TRANSLATIONAL AND BIOMARKER SCIENCES IN PSYCHIATRY AND NEUROLOGY. DURING HER TENURE AT JOHNSON & JOHNSON, SHE SUCCESSFULLY FILED NDAS IN THE US AND EUROPE FOR RISPERIDONE INDICATIONS IN AUTISM, ADOLESCENT SCHIZOPHRENIA, JUVENILE BIPOLAR DISORDER AND CONDUCT DISORDERS. SHE ALSO LED DEVELOPMENT TEAMS EVALUATING COMPOUNDS FOR DEPRESSION, NEUROPATHIC PAIN, EPILEPSY, AND MIGRAINE DISORDER. SHE SERVED 3 YEARS AS CHIEF SCIENCE AND TECHNOLOGY OFFICER FOR ONE MIND FOR RESEARCH, A NONPROFIT ORGANIZATION LAUNCHED IN MAY 2012 BY PATRICK J KENNEDY. SHE ORCHESTRATED THE LAUNCH OF ONE MIND'S SEMINAL PROGRAMS, APOLLO, AN INFORMATICS RESEARCH PORTAL AND, GEMINI, AN INTERNATIONAL TBI/PTSD RESEARCH PROGRAM. AS AN "INTRAPRENEUR" AT J&J SHE ESTABLISHED THE FIRST NEUROSCIENCE TRANSLATIONAL MEDICINE & INTEGRATIVE SOLUTIONS DEPARTMENT, AND CO-FOUNDED THE FIRST COMPANION DIAGNOSTICS CENTER OF EXCELLENCE AS WELL AS J&J'S HEALTHCARE INNOVATION TEAM. SHE SERVES ON SEVERAL ADVISORY BOARDS INCLUDING ALTO NEUROSCIENCE, KREMBIL CENTRE FOR NEUROINFORMATICS, VIRTUALBRAIN CLOUD, PARTNERSHIP FOR ASSESSMENT AND ACCREDITATION OF SCIENTIFIC PRACTICE (PAASP) AND INTERUNIVERSITY MICROELECTRONICS CENTRE (IMEC) AN INTERNATIONAL RESEARCH & DEVELOPMENT AND INNOVATION HUB. DR. HAAS EARNED HER BS IN BIOENGINEERING FROM THE UNIVERSITY OF PENNSYLVANIA, AN MS IN BIOMEDICAL ENGINEERING FROM RUTGERS UNIVERSITY, NEW JERSEY, AND HER MD PHD WITH DISTINCTION IN NEUROSCIENCE FROM ALBERT EINSTEIN COLLEGE OF MEDICINE, NEW YORK. BOARD MEMBER, SECRETARY, THERESA FRANGIOSA HAS EXTENSIVE EXECUTIVE EXPERIENCE BASED ON HER 25 YEAR CAREER WITH THE PHARMACEUTICAL SECTOR. IN HER ROLES WITHIN PHARMA, SHE WAS A GLOBAL LAUNCH LEADER AS WELL AS OVERSEEING EARLY COMMERCIAL STRATEGY IN NEUROSCIENCES. SHE LED LARGE SCALE TEAMS, CROSS-FUNCTIONAL TEAMS TO DEFINE DISEASE AND THERAPEUTIC AREA STRATEGIES FOR JANSSEN AND GLAXOSMITHKLINE. SHE HAS ALSO LED INDICATION PRIORITIZATION EFFORTS AND DEVELOPMENT OF OVER 200 TARGET PRODUCT PROFILES OVER A VARIETY OF DISEASE STATES, LEVERAGING WELL-ESTABLISHED PROCESSES AND FRAMEWORKS, INCLUDING DEEPER UNDERSTANDING OF PATIENT JOURNEYS TO CREATE KEY INSIGHTS. SHE HAS APPLIED HER PROFESSIONAL CAREER EXPERIENCE AND HER PASSION FOR ADVOCACY TO HELP CREATE A CHANNEL FOR FEEDBACK FROM THOSE DIAGNOSED WITH OR AT RISK FOR ALZHEIMER'S DISEASE OR DEMENTIA, THEIR CARE PARTNERS AND INDIVIDUALS WHO ARE 'WORRIED WELL', CALLED THE A-LIST. SHE IS THE LEAD INVESTIGATOR FOR THIS RESEARCH STUDY WITH IRB OVERSIGHT. MS. FRANGIOSA OBTAINED HER BACHELOR OF ADMINISTRATION, ACCOUNTING CONCENTRATION FROM URSINUS COLLEGE (COLLEGEVILLE, PA) IN 1988 AND HER MASTERS OF BUSINESS ADMINISTRATION, PHARMACEUTICAL MARKETING FROM ST. JOSEPH'S UNIVERSITY IN 1996. BOARD MEMBER, TREASURER, MICHAEL C. SULLIVAN IS THE CHIEF OF STAFF AND HEAD OF EXTERNAL AFFAIRS OF POINT72 ASSET MANAGEMENT. MR. SULLIVAN PREVIOUSLY SERVED AS A SENIOR AIDE IN THE UNITED STATES SENATE, FOCUSING ON TELECOM, TECHNOLOGY, AND FINANCE ISSUES. MR. SULLIVAN ALSO SERVED AS A STAFF MEMBER IN THE U.S. HOUSE OF REPRESENTATIVES WORKING ON SIMILAR ISSUES. BEFORE COMING TO CAPITOL HILL, MR. SULLIVAN WAS THE HEAD OF STRATEGIC DEVELOPMENT FOR A

TELECOMMUNICATIONS FOCUSED TRADE ASSOCIATION. MR. SULLIVAN IS INVOLVED WITH SEVERAL VETERANS' MENTAL HEALTH-RELATED NONPROFIT ORGANIZATIONS. HE HELPED ESTABLISH AND SERVES ON THE BOARD AND AS TREASURER OF THE COHEN VETERANS NETWORK, WHICH OPERATES A NATIONAL NETWORK OF CLINICS TO TREAT VETERANS AND THEIR FAMILY MEMBERS AFFECTED BY POST-TRAUMATIC STRESS. MR. SULLIVAN IS AN ASSOCIATE AT THE NYU-STERN ENDLESS FRONTIER LABS, WHERE HE MENTORS START-UP COMPANIES IN ARTIFICIAL INTELLIGENCE, MACHINE LEARNING, AND RELATED FIELDS. HE IS ALSO A MEMBER OF THE EXECUTIVE COMMITTEE OF STUDENTS FIRST NEW YORK, A NONPROFIT ORGANIZATION ADVOCATING FOR EDUCATIONAL REFORM IN NEW YORK STATE. MR. SULLIVAN IS A GRADUATE OF VANDERBILT UNIVERSITY. BOARD MEMBER, DAVID BIONDI, MD HAS OVER 20 YEARS OF CLINICAL EXPERIENCE IN MEDICAL PRACTICE AND HELD MEDICAL DIRECTORSHIPS AT THE US NAVAL HOSPITAL IN OKINAWA JAPAN, THE PAIN MANAGEMENT PROGRAM & HEADACHE INSTITUTE AT MARYVIEW MEDICAL CENTER IN PORTSMOUTH VA, THE PAIN DIVISION OF THE MICHIGAN HEAD PAIN & NEUROLOGICAL INSTITUTE IN ANN ARBOR MI, AND THE INTERDISCIPLINARY HEADACHE & PAIN REHABILITATION PROGRAM AT SPAULDING REHABILITATION HOSPITAL IN BOSTON MA. HE WAS PREVIOUSLY AN ASSISTANT NEUROLOGIST AT THE MASSACHUSETTS GENERAL HOSPITAL AND AN INSTRUCTOR IN NEUROLOGY AT HARVARD MEDICAL SCHOOL. DR. BIONDI SERVED AS A TRUSTEE FOR THE UNIVERSITY OF NEW ENGLAND AND WAS CHAIR OF ITS ACADEMIC AND RESEARCH AFFAIRS COMMITTEE AND VICE-CHAIR OF ITS LONG-RANGE PLANNING COMMITTEE. HE ALSO SERVED AS A DIRECTOR AND MEDICAL ADVISOR FOR THE AFTER ACTION NETWORK, A NONPROFIT VETERAN SERVICE ORGANIZATION IN KANSAS CITY MO. HE IS A FELLOW OF THE AMERICAN ACADEMY OF NEUROLOGY. DR. BIONDI HAS OVER 15 YEARS OF EXPERIENCE IN CLINICAL RESEARCH AND DEVELOPMENT OF PHARMACEUTICALS AND MEDICAL DEVICES IN THE NEUROLOGY, PSYCHIATRY, AND PAIN THERAPEUTIC AREAS. HIS EXPERIENCES INCLUDE THE DESIGN, IMPLEMENTATION, MONITORING, AND INTERPRETATION OF PHASE 2 TO PHASE 4 CLINICAL TRIALS AND IN-HOUSE AND FIELD-BASED ACTIVITIES ASSOCIATED WITH INSIGHTS GENERATION, NEW BUSINESS OPPORTUNITIES, EMERGING HEALTH POLICY, KNOWLEDGE TRANSLATION AND IMPLEMENTATION, AND ORGANIZATIONAL EFFECTIVENESS. HE PREVIOUSLY SERVED AS EXECUTIVE DIRECTOR FOR CLINICAL PROGRAMS WITH COHEN VETERANS BIOSCIENCE. DR. BIONDI RECEIVED HIS MEDICAL DEGREE FROM THE UNIVERSITY OF NEW ENGLAND, COLLEGE OF OSTEOPATHIC MEDICINE IN BIDDEFORD ME. HE COMPLETED RESIDENCY TRAINING IN NEUROLOGY AT THE NATIONAL NAVAL MEDICAL CENTER IN BETHESDA MD AND IS BOARD-CERTIFIED IN NEUROLOGY WITH SUBSPECIALTY EXPERTISE IN HEADACHE AND PAIN MEDICINE. HE RECEIVED HIS BACHELOR OF SCIENCE - MAGNA CUM LAUDE IN PHARMACY FROM THE LONG ISLAND UNIVERSITY, SCHWARTZ COLLEGE OF PHARMACY & HEALTH SCIENCE IN BROOKLYN NY. BOARD MEMBER, DR. DAVE DEMARCO IS A SENIOR ADVISOR TO C-SUITE LEADERS IN THE LIFE SCIENCES AND HEALTHCARE INDUSTRIES. HE SERVES AS CHIEF STRATEGY OFFICER FOR MATERIAL HEALTH STRATEGIES AND WORKS WITH C-SUITE EXECUTIVES ON GROWTH STRATEGIES AND TEAM PERFORMANCE IN BOTH THE FOR-PROFIT AND NOT-FOR-PROFIT INDUSTRIES. HE PREVIOUSLY SERVED AS CHAIR OF THE BOARD OF THE AMERICAN DIABETES ASSOCIATION, LED ERNST & YOUNG'S (EY'S) NORTHEAST LIFE SCIENCES PRACTICE AND WAS THE DEPUTY LEADER OF THE US HEALTHCARE PRACTICE. WITH OVER 25 YEARS OF LEADERSHIP EXPERIENCE, DAVE ADVISES, COACHES AND SHARES INSIGHTS ON STRATEGY AND TRANSFORMATION, COMMERCIAL OPERATIONS, HEALTHCARE POLICY, GOVERNANCE, PUBLIC-PRIVATE-PARTNERSHIPS, AND ENTREPRENEURIAL GROWTH. WHILE SERVING ON THE BOARD OF THE AMERICAN DIABETES ASSOCIATION, HE LED BOARD INITIATIVES INVOLVING: CEO SUCCESSION, PRINCIPAL OFFICER SUCCESSION, BOARD DEVELOPMENT, POLICY CREATION, STRATEGIC PLAN IMPLEMENTATION AND TECHNOLOGY PARTNERSHIPS. DAVE HAS HELD KEY EXECUTIVE POSITIONS, INCLUDING: GLOBAL AESTHETIC FRANCHISE LEADER, SANOFI AVENTIS; US HEALTH DEPUTY LEADER, NORTHEAST REGION LIFE SCIENCES PRACTICE LEADER AND JOHNSON & JOHNSON GLOBAL CLIENT SERVICES PARTNER, EY; RESEARCH SCIENTIST, INTERNAL VENTURE LEADER, AMOCO CHEMICAL; AND COFOUNDER, IDEA CONNECTION SYSTEMS. DAVE WORKED CLOSELY WITH THE AVENTIS NA LEADERSHIP TEAM TO DEVELOP POST-MERGER INTEGRATION GROWTH STRATEGIES AND LAUNCH KEY BLOCKBUSTER PRODUCTS AIMED AT, AND SUCCEEDING IN, DOUBLING THE SIZE OF THE BUSINESS IN FOUR YEARS. AS A SENIOR PARTNER IN EY'S GLOBAL LIFE SCIENCES TEAM, DAVE PILOTED A NEW P&L ACCOUNTABLE, GO-TO-MARKET MODEL, GROWING THE NORTHEAST PRACTICE AT 30% CAGR, RESULTING IN A \$400 MILLION BUSINESS. IN HIS SERVICE TO JOHNSON & JOHNSON, HE PARTNERED WITH J&J LEADERSHIP IN DEVELOPING JANSSEN HEALTHCARE INNOVATION, CHARGED WITH CREATING FUTURE BUSINESS UNITS. DAVE LED THE TRANSFORMATION OF EY'S US HEALTH PRACTICE, RESULTING IN A \$750 MILLION BUSINESS. AS A MEMBER OF THE SANOFI AVENTIS NA DERMATOLOGY LEADERSHIP TEAM, DAVE DEVELOPED THE GLOBAL AESTHETIC FRANCHISE STRATEGY AND SERVED AS THE COMMERCIAL HEAD FOR EUROPE. FOR THIS TURNAROUND PROJECT, HE CREATED A PLAN TO TRIPLE EBITDA, IMPLEMENT NEW GLOBAL PRICING POLICIES AND DOUBLE CUSTOMER ACQUISITION. DAVE RECEIVED HIS B.S. FROM GROVE CITY COLLEGE AND PH.D. IN CHEMISTRY FROM PURDUE UNIVERSITY.

Schedule A (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202333189349303168 - Submission: 2023-11-14	TIN: 47-1981973
Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; color: green; font-weight: bold;">2022</div>
Name of the organization COHEN VETERANS BIOSCIENCE INC		Employer identification number 47-1981973

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Name of organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number

47-1981973

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

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

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

Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022)

Page 4

Name of organization COHEN VETERANS BIOSCIENCE INC	Employer identification number 47-1981973
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2022)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202333189349303168 - Submission: 2023-11-14	TIN: 47-1981973
SCHEDULE C (Form 990) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2022
	▶ 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.	Open to Public Inspection

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 Tax) (see separate instructions), then

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

Name of the organization COHEN VETERANS BIOSCIENCE INC	Employer identification number 47-1981973
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990) 2022

Section 501(h).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	120,000													
c Total lobbying expenditures (add lines 1a and 1b)	120,000													
d Other exempt purpose expenditures	15,221,366													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,341,366													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	917,068													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:60%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	229,267													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	917,068	3,917,068
b Lobbying ceiling amount (150% of line 2a, column(e))					5,875,602
c Total lobbying expenditures	90,000	90,000	90,000	120,000	390,000
d Grassroots nontaxable amount	250,000	250,000	250,000	229,267	979,267
e Grassroots ceiling amount (150% of line 2d, column (e))					1,468,901
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
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?			

c	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	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	
------------------	-------------	--

Schedule C (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202333189349303168 - Submission: 2023-11-14

TIN: 47-1981973

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► **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.**

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number

47-1981973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Cat. No. 52283D

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		134,362	68,836	65,526
d Equipment		174,076	99,079	74,997
e Other		2,200,046	373,112	1,826,934
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,967,457

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	30,968
(2) OPERATING LEASE RIGHT-OF-USE ASSET	1,168,240
(3) DEPOSITS AND OTHER ASSETS	415,451
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,614,659

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

OPERATING LEASE LIABILITY

1,294,809

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

1,294,809

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) 2022

Page 4

Schedule D (Form 990) 2022

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,343,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,343,534
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,343,534

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,341,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	15,341,366
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,341,366

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	TAX POSITION: THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITION MADE BY THE ORGANIZATION IS THE EXISTENCE OF UNRELATED BUSINESS INCOME TAX AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT PUBLIC CHARITY UNDER IRC SECTION 501(C)(3). FOR THE YEAR PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION.

Schedule D (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:

Software Version:

► Complete if the organization answered "Yes" to 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.

2022

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

47-1981973

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program 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
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	90,026
3a Sub-total	0	0			90,026
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			90,026

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W **Schedule F (Form 990) 2022**

Cat. No. 50082W

Schedule F (Form 990) 2022

Page 2

Schedule F (Form 990) 2022

Page 2

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

[illegible]

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

References

Schedule F (Form 990) 2022

Software ID:
Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

OMB No. 1545-0047

2022

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE 0940 LA JOLLA, CA 920939040	95-6006144	501(C)3	108,171	0	N/A	N/A	ALCOHOL-PTSD COMORBIDITY: PRECLINICAL STUDIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							1
3 Enter total number of other organizations listed in the line 1 table							0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION REQUIRES GRANTEEES TO REGULARLY PROVIDE QUALITATIVE AND QUANTITATIVE REPORTS DESCRIBING HOW FUNDS ARE BEING SPENT AND THE RESULTS THE GRANTEE HAS ACHIEVED. PROGRESS IS MEASURED AGAINST ORIGINAL AND REVISED GRANT PROPOSALS. CONTINUATION OF FUNDING IS DEPENDENT ON RESULTS AND ACCURATE, TIMELY REPORTING.

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202333189349303168 - Submission: 2023-11-14	TIN: 47-1981973
Schedule J (Form 990)	Compensation Information		OMB No. 1545-0047
	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.		2022 Open to Public Inspection
Name of the organization COHEN VETERANS BIOSCIENCE INC			Employer identification number 47-1981973

Part I Questions Regarding Compensation		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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 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 contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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:		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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.								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MAGALI HAAS MD PHD CEO & PRESIDENT	(i)	473,560	73,875	0	18,300	0	565,735	0
	(ii)	0	0	0	0	0	0	0
2 ALLYSON GAGE PHD CHIEF MEDICAL OFFICER	(i)	384,589	97,147	0	14,330	8,305	504,371	0
	(ii)	0	0	0	0	0	0	0
3 AMANDA NICOLE HARMON CHIEF OPERATIONS OFFICER	(i)	283,405	81,312	0	13,008	23,441	401,166	0
	(ii)	0	0	0	0	0	0	0
4 LEE LANCASHIRE CHIEF INFORMATION OFFICER	(i)	310,941	0	0	12,438	44,929	368,308	0
	(ii)	0	0	0	0	0	0	0

5 EVGENY RAKHMATULIN
CHIEF TECHNOLOGY OFFICER

(i)	241,822	63,750	0	15,504	23,440	344,516	0
(ii)	0	0	0	0	0	0	0

6 MARYAN ZIRKLE
EXECUTIVE DIRECTOR, BRAINC

(i)	238,362	43,326	0	17,032	8,305	307,025	0
(ii)	0	0	0	0	0	0	0

7 MARK ZERVAS
DEPUTY DIRECTOR, TRANSLATI

(i)	188,176	29,070	0	12,661	23,440	253,347	0
(ii)	0	0	0	0	0	0	0

8 LAUREN GOLDSMITH
SENIOR DIRECTOR, CONTRACTS

(i)	227,944	2,000	0	12,722	9,888	252,554	0
(ii)	0	0	0	0	0	0	0

9 RENEE DAVIS
EXECUTIVE DIRECTOR, DEVELO

(i)	208,434	0	0	12,001	6,343	226,778	0
(ii)	0	0	0	0	0	0	0

10 PETER HOEHN
EXECUTIVE VP, MARKING STRATEGY, DEVE

(i)	141,346	42,404	0	0	0	183,750	0
(ii)	0	0	0	0	0	0	0

11 ANDREW THOMPSON
ASSOCIATE DIRECTOR, DATA SCIENCE

(i)	159,579	0	0	9,700	8,305	177,584	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Schedule J (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202333189349303168 - Submission: 2023-11-14

TIN: 47-1981973

SCHEDULE O
(Form 990)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.

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number

47-1981973

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED BY THE ORGANIZATION'S OUTSOURCED CFO AND THEN REVIEWED, AUTHORIZED AND SIGNED BY THE ORGANIZATION'S CEO & PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED.
FORM 990, PART VI, SECTION B, LINE 15	CVB'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE BOARD OF DIRECTORS. THE BOARD IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE BOARD MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES, AS APPROPRIATE. A PERFORMANCE EVALUATION IS CONDUCTED AND REVIEWED EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. FOLLOWING THIS REVIEW, THE BOARD REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS, AND OBJECTIVES AND GOALS UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE BOARD REVIEWS AND RECOMMENDS TO THE BOARD SALARY APPROVAL AND INCENTIVE AWARDS FOR THE CEO/PRESIDENT AND SELECTED KEY SENIOR STAFF.
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND FORMS AVAILABLE THROUGH CHARITY NAVIGATOR WEBSITE AS WELL.
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 183,849. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 183,849. RESEARCH COLLABORATION EXPENSES: PROGRAM SERVICE EXPENSES 597,783. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 597,783. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 3,986,265. MANAGEMENT AND GENERAL EXPENSES 38,285. FUNDRAISING EXPENSES 21,188. TOTAL EXPENSES 4,045,738.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data**Return to Form****Software ID:****Software Version:**

efile Public Visual Render		ObjectID: 202333189349303168 - Submission: 2023-11-14		TIN: 47-1981973	
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships			OMB No. 1545-0047
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. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			2022 Open to Public Inspection
Name of the organization COHEN VETERANS BIOSCIENCE INC				Employer identification number 47-1981973	

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EARLY SIGNAL LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	TO HOLD INTELLECTUAL PROPERTY	DE	0	0	COHEN VETERANS BIOSCIENCE INC
(2) BRAINCOMMONS LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	TO HOLD INTELLECTUAL PROPERTY	DE	0	0	COHEN VETERANS BIOSCIENCE INC

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2022

Page 2

Schedule R (Form 990) 2022

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Schedule R (Form 990) 2022

Page 3

Schedule R (Form 990) 2022

Page 3

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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2022

Page 4

Schedule R (Form 990) 2022

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

[illegible]

Schedule R (Form 990) 2022

Page 5

Schedule R (Form 990) 2022

Page 5

Part VII Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2022

Additional Data

Return to Form

Software ID:

Software Version: