Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY
November 14, 2023

The Zachary & Elizabeth M. Fisher Center
FOR ALZHEIMER'S RESEARCH FOUNDATION
750 Lexington Avenue 2400
NEW YORK, NY 10022
Attention: Kent Karosen, President and CEO

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Eva Mruk
TAX RETURN FILING INSTRUCTIONS
FORM 990
FOR THE YEAR ENDING
December 31, 2022

Prepared For:
The Zachary & Elizabeth M. Fisher Center
FOR ALZHEIMER'S RESEARCH FOUNDATION
750 Lexington Avenue 2400
NEW YORK, NY 10022

Prepared By:
PKF O'Connor Davies Advisory, LLC
245 Park Avenue, 12th Floor
New York, NY 10167

Amount Due or Refund:
Not applicable

Make Check Payable To:
Not applicable

Mail Tax Return and Check (if applicable) To:
Not applicable

Return Must be Mailed On or Before:
Not applicable

Special Instructions:
This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.
Form 8879-TE
IRS e-file Signature Authorization
for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning __________, 2022, and ending __________, 2022.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer: THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION
EIN or SSN: 13-3859563

Name and title of officer or person subject to tax: BARRY R. SLOANE CHAIRMAN & TREASURER

Part I, Type of Return and Return Information
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>X</td>
</tr>
<tr>
<td>1b</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>7,084,008</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>Total tax (Form 1120-POL, line 22)</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Tax based on investment income (Form 990-PF, Part V, line 5)</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Balance due (Form 8868, line 3c)</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Form 990-T check here</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Total tax (Form 990-T, Part III, line 4)</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Form 4720 check here</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Total tax (Form 4720, Part III, line 1)</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Form 5227 check here</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>FMV of assets at end of tax year (Form 5227, Item D)</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Form 5330 check here</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Tax due (Form 5330, Part II, line 19)</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Form 8038-CP check here</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Amount of credit payment requested (Form 8038-CP, Part III, line 22)</td>
<td></td>
</tr>
</tbody>
</table>

Part II, Declaration and Signature Authorization of Officer or Person Subject to Tax
Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ________________, (EIN) ___________ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize PKF O'CONNOR DAVIES ADVISORY, LLC to enter my PIN 10036

ERO firm name: PKF O'CONNOR DAVIES ADVISORY, LLC

Enter five numbers, but do not enter all zeros

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(regulating charities as part of the IRS Fed/State program), I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: Date

Part III, Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13562854711

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: PKF O'CONNOR DAVIES ADVISORY, LLC Date 11/14/23

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

LHA
For Privacy Act and Paperwork Reduction Act Notice, see instructions.
**Form 8868**

**Application for Automatic Extension of Time To File an Exempt Organization Return**

- File a separate application for each return.
- Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

### Type or print

Name of exempt organization or other filer, see instructions.

<table>
<thead>
<tr>
<th>THE ZACHARY &amp; ELIZABETH M. FISHER CENTER FOR ALZHEIMER’S RESEARCH FOUNDATION</th>
<th>13-3859563</th>
</tr>
</thead>
</table>

**Taxpayer identification number (TIN)**

Number, street, and room or suite no. If a P.O. box, see instructions.

<table>
<thead>
<tr>
<th>750 LEXINGTON AVENUE, 2400</th>
<th>NEW YORK, NY 10022</th>
</tr>
</thead>
</table>

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

**Enter the Return Code for the return that this application is for (file a separate application for each return) .................................................. 01**

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>06</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (corporation)</td>
<td>07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LUCRETIA HOLDEN**

- The books are in the care of **750 LEXINGTON AVENUE – NEW YORK, NY 10022**

**Telephone No.**  | **212-915-1328** | **Fax No.**  |
| --- | --- | --- |

- If the organization does not have an office or place of business in the United States, check this box ................................................. ✔

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ________. If this is for the whole group, check this box and attach a list with the names and TINs of all members the extension is for.

1. I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   - ✔ calendar year **2022** or
   - ☐ tax year beginning ___________ , and ending ____________ .

2. If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
   - ☐ Change in accounting period

3a. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  

   3a $ 0 .

b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

   3b $ 0 .

c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

   3c $ 0 .

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA  
For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
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.

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:

Name of organization

THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION

Doing business as ALZHEIMER'S RESEARCH FOUNDATION,

Number and street (or P.O. box if not delivered to street address)

750 LEXINGTON AVENUE 2400

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10022

Part II

Part II

I Tax-exempt status: 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.ALZINFO.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1995 M State of legal domicile: NY

Part I

Summary

1 Briefly describe the organization’s mission or most significant activities: TO FUND RESEARCH INTO THE CAUSE, CARE, AND CURE OF ALZHEIMER'S DISEASE AT THE ZACHARY AND ELIZABETH

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7 a Total unrelated business revenue from Part VIII, column (C), line 12

7 b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 11/15/23

Signature of officer

BARRY R. SLOANE, CHAIRMAN & TREASURER

Type or print name and title

Print/Type preparer's name

EVA MRUK

Preparer's signature

Date 11/14/23

Check if self-employed PTIN 00543254

Preparer

Firm's name

PFK O'CONNOR DAVIES ADVISORY, LLC

Firm's EIN 87-3231666

Use Only

Firm's address

245 PARK AVENUE, 12TH FLOOR

NEW YORK, NY 10167

Phone no. 212-286-2600

May the IRS discuss this return with the preparer shown above? Yes No

Form 990 (2022)
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ZACHARY AND ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION IS DEDICATED TO ATTACKING THE SCOURGE OF ALZHEIMER’S DISEASE THROUGH A 3-PRONGED ASSAULT FOCUSED ON UNDERSTANDING THE CAUSE OF ALZHEIMER'S DISEASE (AD), IMPROVING THE CARE OF PEOPLE LIVING WITH...(continued on Schedule O)

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

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

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 $5,440,524. including grants of $5,000,000.) (Revenue $0.)

FISHER DRUG DISCOVERY RESOURCE CENTER:

A GRANT WAS MADE TO THE ROCKEFELLER UNIVERSITY FOR THE FISHER DRUG DISCOVERY RESOURCE CENTER LOCATED AT THE ROCKEFELLER UNIVERSITY'S BRONK LABORATORY BUILDING TO HELP DRIVE TRANSFORMATIONAL SCIENCE AND FUEL THE DEVELOPMENT OF INNOVATIVE THERAPEUTICS WITH HIGH-THROUGHPUT AND SPECTROSCOPY RESOURCE CENTER (HTSRC). HIGH-THROUGHPUT SCREENING AND OTHER TECHNOLOGIES ENABLE THE IDENTIFICATION OF THERAPEUTIC TARGETS FOR POTENTIAL PREVENTIONS OR EFFECTIVE TREATMENTS OF VIRTUALLY ANY HUMAN DISEASE.

4b (Code: ) (Expenses $3,808,367. including grants of $3,500,000.) (Revenue $0.)

THE ZACHARY AND ELIZABETH M. FISHER CENTER FOR RESEARCH ON ALZHEIMER'S DISEASE (THE FISHER CENTER LAB):

THE PRINCIPAL ACTIVITY OF THE FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION IS TO PROVIDE FUNDING TO THE FISHER CENTER LAB AT THE ROCKEFELLER UNIVERSITY, ONE OF THE LARGEST AND MOST MODERN FACILITIES IN THE WORLD DEDICATED TO SOLVING THE PUZZLE OF ALZHEIMER'S DISEASE. CURRENTLY LED BY NEWLY APPOINTED DIRECTOR, DR. NATHANIEL HEINTZ, THE JAMES AND MARILYN SIMONS PROFESSOR AT THE ROCKEFELLER UNIVERSITY. THE FISHER CENTER HAS PROVIDED RESEARCHERS AROUND THE GLOBE WITH A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING THE DISEASE PROCESS AND CONTINUES TO BE AT THE FOREFRONT OF ONE DAY FINDING A CURE FOR...

4c (Code: ) (Expenses $1,088,105. including grants of $1,000,000.) (Revenue $0.)

4C. CASANOVA SARS-COV-2 INFECTION:

A GRANT WAS MADE TO DR. CASANOVA’S RESEARCH ON UNDERSTANDING THE LIFE-THREATENING MANIFESTATION OF SARS-COV-2 INFECTION. HIS LABORATORY DISCOVERED THE HUMAN DETERMINANTS OF LIFE-THREATENING COVID-19 PNEUMONIA IN AT LEAST 20% OF PATIENTS, WITH INBORN ERRORS OF AND AUTO-ANTIBODIES TO TYPE I INTERFERONS. SARS-COV-2 WILL CONTINUE TO INFECT UNVACCINATED INDIVIDUALS FOR THE FORESEEABLE FUTURE AND WILL INCREASINGLY INFECT VACCINATED INDIVIDUALS AS IMMUNITY WANES OR AS VIRAL VARIANTS APPEAR THAT EVADE EXISTING VACCINE TARGETS. THE EMERGENCE OF VIRAL VARIANTS WITH GREATER FITNESS/TRANSMISSIBILITY AND IMMUNE EVASION POTENTIAL EXACERBATES THE THREAT TO HUMAN HEALTH, AS...

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

(Expenses $677,826. including grants of $622,943.) (Revenue $1,215.)

4e Total program service expenses $11,014,822.

Form 990 (2022)
<table>
<thead>
<tr>
<th>1</th>
<th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete Schedule A</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
</tr>
<tr>
<td>4</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
</tr>
<tr>
<td>11</td>
<td>If the organization’s answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.</td>
</tr>
<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
</tr>
<tr>
<td>c</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
</tr>
<tr>
<td>d</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td>f</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
</tbody>
</table>

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b 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

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 17? If "Yes," complete Schedule I, Parts I and II

**FOR ALZHEIMER'S RESEARCH FOUNDATION**

**THE ZACHARY & ELIZABETH M. FISHER CENTER**

**13-3859563**
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td><strong>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</strong> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a</td>
<td>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O

### 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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part V
Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>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</td>
<td>7</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>X</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>7b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td>11a</td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
</tr>
<tr>
<td>13b</td>
<td>Enter the amount of reserves the organization is required to maintain in the states in which the organization is licensed to issue qualified health plans</td>
<td>13b</td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
<td>13c</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Form 990 (2022) 6 2022.05000 THE ZACHARY &amp; ELIZABETH M 11762251</td>
<td></td>
</tr>
</tbody>
</table>
### Part VI Governance, Management, and Disclosure

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

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

#### Section A. Governing Body and Management

1. **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 on Schedule O.

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?**

3. **Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?**

4. **Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?**

5. **Did the organization become aware during the year of a significant diversion of the organization’s assets?**

6. **Did the organization have members or stockholders?**

7. **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?**

8. **Did the organization regularly and consistently monitor and enforce compliance with the policy?**

9. **Describe on Schedule O the process, if any, used by the organization to review this Form 990.**

#### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10. **Did the organization have local chapters, branches, or affiliates?**

11. **Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?**

12. **Did the organization have a written conflict of interest policy?**

13. **Did the organization have a written whistleblower policy?**

14. **Did the organization have a written document retention and destruction policy?**

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?**

16. **Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?**

#### Section C. Disclosure

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

18. **Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.**

19. **Describe on 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**

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**Form 990 (2022)**

**Page 6**

**LUCRETIA HOLDEN - 212-915-1328**

**750 LEXINGTON AVENUE, NEW YORK, NY 10022**

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**THE ZACHARY & ELIZABETH M. FISHER CENTER**

**FOR ALZHEIMER’S RESEARCH FOUNDATION**

**13-3859563**

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**12-13-22**

---

**Table:**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Response</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization have members or stockholders?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15b</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

##### 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.

- 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 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LUCRETIA HOLDEN</td>
<td>40.00</td>
<td>X</td>
<td>280,901.</td>
<td>0.</td>
<td>33,537.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) CHRISTINA HALL</td>
<td>40.00</td>
<td>X</td>
<td>102,741.</td>
<td>0.</td>
<td>9,834.</td>
</tr>
<tr>
<td>SENIOR DIRECTOR, STRATEGIC DEV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) BARRY R. SLOANE</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>CHAIRMAN/STREASURER</td>
<td></td>
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<tr>
<td>(4) MARTIN EDELMAN</td>
<td>0.75</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIRMAN</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(5) DAVID H.W. TURNER, SECRETARY (THRU DEC 2022), VICE CHAIRMAN</td>
<td>0.75</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) HADLEY M. FISHER, TRUSTEE (THRU DEC 2022), SECRETARY</td>
<td>0.75</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) DR. MANNY ALVAREZ</td>
<td>0.75</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>TRUSTEE</td>
<td></td>
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<tr>
<td>(8) GERRY BYRNE</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>TRUSTEE</td>
<td></td>
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</tr>
<tr>
<td>(9) BETSY GOTBAUM</td>
<td>0.25</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(10) JAMES L. NEDERLANDER</td>
<td>0.25</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
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</tr>
<tr>
<td>(11) RICHARD J. SALEM</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
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</tr>
<tr>
<td>(12) DR. MOSHE SHIKE</td>
<td>0.25</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
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</tbody>
</table>

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THE ZACHARY & ELIZABETH M. FISHER CENTER
FOR ALZHEIMER'S RESEARCH FOUNDATION 13-3859563

232007 12-13-22

Form 990 (2022)
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Officer</td>
<td>Key Employee</td>
<td>Former</td>
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</tr>
</tbody>
</table>

1b Subtotal: 383,642. 0. 43,371.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.
d Total (add lines 1b and 1c): 383,642. 0. 43,371.

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: 2

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes X

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 X

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: Yes X

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE STAFFING SERVICES, INC., 463 SEVENTH AVE, STE 1800, NEW YORK, NY 10018</td>
<td>TEMPORARY STAFFING</td>
<td>365,240.</td>
</tr>
<tr>
<td>THE STAYWELL COMPANY LLC, PO BOX 90477, CHICAGO, IL 60696-0477</td>
<td>PUBLISHING SERVICES</td>
<td>263,853.</td>
</tr>
<tr>
<td>ELITE ACCOUNTING SERVICES, LLC, 500 MAMARONECK AVE, HARRISON, NY 10528</td>
<td>BOOKKEEPING SERVICES</td>
<td>114,187.</td>
</tr>
</tbody>
</table>

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: 3
<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax Under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Federated campaigns</td>
<td>1a 180,304</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 7,204,379</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 139,917</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>7,384,683</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a MAGAZINE SUBSCRIPTIONS</td>
<td>900099</td>
<td>1,215</td>
<td>1,215.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
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<tr>
<td>c</td>
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<tr>
<td>e</td>
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<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td>1,215</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a Investment income (including dividends, interest, and other similar amounts)</td>
<td>3 497,623</td>
<td>497,623</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Income from investment of tax-exempt bond proceeds</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>c Royalties</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d Gross rents</td>
<td>6a (i) Real</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Less: rental expenses</td>
<td>6b (ii) Personal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Rental income (or loss)</td>
<td>6c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Net rental income (or loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Gross amount from sales of assets other than inventory</td>
<td>7a 9,918,719</td>
<td>9,918,719</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Less: cost or other basis and sales expenses</td>
<td>7b 10,718,232</td>
<td></td>
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</tr>
<tr>
<td>j Gain or (loss)</td>
<td>7c -799,513</td>
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<tr>
<td>k Net gain or (loss)</td>
<td></td>
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</tr>
<tr>
<td>l Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td>8a</td>
<td></td>
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<tr>
<td>m Less: direct expenses</td>
<td>8b</td>
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<tr>
<td>n Net income or (loss) from fundraising events</td>
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<tr>
<td>o Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
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<tr>
<td>p Less: direct expenses</td>
<td>9b</td>
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<tr>
<td>q Net income or (loss) from gaming activities</td>
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<tr>
<td>r Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
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<tr>
<td>s Less: cost of goods sold</td>
<td>10b</td>
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<tr>
<td>t Net income or (loss) from sales of inventory</td>
<td>10c</td>
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<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
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<td>a</td>
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<td>c</td>
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<tr>
<td>d All other revenue</td>
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<tr>
<td>e Total, Add lines 11a-11d</td>
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</tbody>
</table>

| Total Revenue, See instructions                        | 7,084,008        | 1,215                                | 0,000                         | -301,890.                                    |

Form 990 (2022)
Page 9
232009 12-13-22
00011116 756359 1176225.000 2022.050000 THE ZACHARY & ELIZABETH M 11762251
### 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).

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>10,072,943</td>
<td>10,072,943</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>50,000</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>314,438</td>
<td>204,385</td>
<td>62,888</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>505,406</td>
<td>236,123</td>
<td>83,605</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>21,989</td>
<td>9,689</td>
<td>3,527</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>25,072</td>
<td>11,835</td>
<td>4,170</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>54,661</td>
<td>29,133</td>
<td>9,722</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>34,381</td>
<td></td>
<td>34,381</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>150,539</td>
<td></td>
<td>150,539</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>172,538</td>
<td></td>
<td>172,538</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)</td>
<td>279,916</td>
<td>42,988</td>
<td>79,164</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>155,575</td>
<td></td>
<td>147,461</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>80,921</td>
<td>37,622</td>
<td>12,527</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>36,292</td>
<td></td>
<td>27,876</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>16,246</td>
<td></td>
<td>16,246</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>6,617</td>
<td></td>
<td>6,617</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>4,402</td>
<td></td>
<td>4,402</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>17,768</td>
<td></td>
<td>17,768</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PRINTING AND PUBLISHING</td>
<td>317,234</td>
<td>317,234</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>CREDIT CARD PROCESSING</td>
<td>62,860</td>
<td></td>
<td>62,860</td>
</tr>
<tr>
<td>c</td>
<td>DUES &amp; SUBSCRIPTIONS</td>
<td>54,585</td>
<td>2,870</td>
<td>39,154</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24</td>
<td>12,434,383</td>
<td>11,014,822</td>
<td>935,445</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if following SOP 96-2 (ASC 958-720) 

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Printed: 12-13-22

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00111167 756359 1176225.000

2022.05000 THE ZACHARY & ELIZABETH M 11762251
### Part X: Balance Sheet

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

- **(A)** Beginning of year
- **(B)** End of year

#### Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th><strong>(A)</strong></th>
<th><strong>(B)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>4,661,576.0</td>
<td>2,553,764.0</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>7,021,888.0</td>
<td>2,191,200.0</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,507,752.2</td>
<td>958,539.8</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>5,182.8</td>
<td>5,154.9</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>26,851.9</td>
<td>40,759.1</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>36,807.0</td>
<td>20,143.0</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>16,664.0</td>
<td>0.0</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>27,567,024.11</td>
<td>24,089,136.12</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>53,615.0</td>
<td>0.0</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>40,802,431.0</td>
<td>30,196,268.0</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>143,669.17</td>
<td>156,698.18</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>10,192,274.18</td>
<td>9,565,217.0</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>10,335,943.0</td>
<td>9,721,915.0</td>
</tr>
</tbody>
</table>

#### Liabilities

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th><strong>(A)</strong></th>
<th><strong>(B)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>30,267,901.27</td>
<td>20,294,049.28</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>198,587.28</td>
<td>180,304.29</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>30,466,488.32</td>
<td>20,474,353.33</td>
</tr>
<tr>
<td>32</td>
<td><strong>Total net assets or fund balances</strong></td>
<td>40,802,431.33</td>
<td>30,196,268.34</td>
</tr>
<tr>
<td>33</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td>70,140,384.0</td>
<td>39,543,130.0</td>
</tr>
</tbody>
</table>

Form 990 (2022)
### Part XI | Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$7,084,008</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$12,434,383</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>$-5,350,375</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>$30,466,488</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$-5,627,186</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>$-14,574</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>$20,474,353</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Yes</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>No</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>
### Part I - Reason for Public Charity Status

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:
   - [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
   - [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
   - [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
   - [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
   - [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
   - [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
   - [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
   - [ ] 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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total

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*For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.* 232021 12-09-22
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>5365421</td>
<td>6868429</td>
<td>7444215</td>
<td>8297600</td>
<td>7384683</td>
<td>35360348</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>5365421</td>
<td>6868429</td>
<td>7444215</td>
<td>8297600</td>
<td>7384683</td>
<td>35360348</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>5365421</td>
<td>6868429</td>
<td>7444215</td>
<td>8297600</td>
<td>7384683</td>
<td>35360348</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>324,830</td>
<td>480,283</td>
<td>383,515</td>
<td>422,331</td>
<td>497,623</td>
<td>2108582</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>670</td>
<td>3,000</td>
<td>385</td>
<td>2,643</td>
<td>0</td>
<td>6,698</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2021 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2022
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. Subtract line 7c from line 6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10a, 11, and 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

### 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 % |

#### Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### First 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

#### First 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
Part IV
Supporting Organizations

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

Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.

   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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line ?? 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.)

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Schedule A (Form 990) 2022
THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION 13-3859563 Page 4

2022.05000 THE ZACHARY & ELIZABETH M 11762251
00011116 756359 1176225.000

232024 12-09-22

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Schedule A (Form 990) 2022
FOR ALZHEIMER'S RESEARCH FOUNDATION 13-3859563 Page 5

Part IV Supporting Organizations (continued)

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 line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers, 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 officers, 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

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).

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 on 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.

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 2 below.

b The organization is the parent of each of its supported organizations. Complete 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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.

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

FOR ALZHEIMER'S RESEARCH FOUNDATION

THE ZACHARY & ELIZABETH M. FISHER CENTER

13-3859563

THE ZACHARY & ELIZABETH M. FISHER CENTER

232025 12-09-22

00011116 756359 1176225.000 2022.05000 THE ZACHARY & ELIZABETH M 11762251
### Part VI

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**Section D - Distributions**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - <em>provide details in Part VI</em>)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (<em>describe in Part VI</em>). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (<em>provide details in Part VI</em>). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

**Section E - Distribution Allocations**

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2022 (reasonable cause required - <em>explain in Part VI</em>). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2017 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2022 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2023. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous

2018 Amount: $670.
2019 Amount: $3,000.
2020 Amount: $385.
2021 Amount: $2,643.
** Do Not File **
*** Not Open to Public Inspection ***

<table>
<thead>
<tr>
<th>Contributor’s Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,169,818.</td>
<td>420,305.</td>
</tr>
<tr>
<td></td>
<td>1,212,500.</td>
<td>462,987.</td>
</tr>
</tbody>
</table>

Schedule B (Form 990)  
Department of the Treasury, Internal Revenue Service  
223451  11-15-22

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

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

2022

Name of the organization: THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER’S RESEARCH FOUNDATION

Employer identification number: 13-3859563

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,169,818.</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$375,000.</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$318,376.</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$212,500.</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$204,750.</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$183,246.</td>
<td>Person Payroll</td>
</tr>
</tbody>
</table>
Name of organization: THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION

Employer identification number: 13-3859563

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$183,229.00</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$180,304.00</td>
<td>Person Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
**Part II  Noncash Property** *(see instructions). Use duplicate copies of Part II if additional space is needed.*

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) <em>(See instructions.</em>)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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 info. once.) $  

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

(a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
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</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Supplemental Financial Statements

## Part I

### Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

- **(a) Donor advised funds**
- **(b) Funds and other accounts**

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**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?**

**Yes** |**No**

**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?**

**Yes** | **No**

## Part II

### Conservation Easements

- **Purpose(s) of conservation easements held by the organization (check all that apply).**
  - Preservation of land for public use (for example, recreation or education)
  - Preservation of a historically important land area
  - Protection of natural habitat
  - Protection of open space
  - Preservation of a certified historic structure

**Complete if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(a) Total number of conservation easements</strong></td>
<td><strong>(b) Total acreage restricted by conservation easements</strong></td>
</tr>
<tr>
<td><strong>(c) Number of conservation easements on a certified historic structure included in (a)</strong></td>
<td><strong>(d) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register</strong></td>
</tr>
<tr>
<td><strong>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4 Number of states where property subject to conservation easement is located</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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)?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

## 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.**

**1 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:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i) Revenue included on Form 990, Part VIII, line 1</strong></td>
<td><strong>(ii) Assets included in Form 990, Part X</strong></td>
</tr>
</tbody>
</table>

**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**
### 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 make significant use of its collection items (check all that apply):

a. Public exhibition
b. Scholarly research
c. Preservation for future generations

d. Loan or exchange program
e. Other

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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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 on Part XIII.

### Part V Endowment Funds

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

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 line 3a(ii), are the related organizations listed as required on Schedule R?

### 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d. Equipment</td>
<td></td>
<td></td>
<td>36,807.</td>
<td>16,664.</td>
</tr>
<tr>
<td>1e. Other</td>
<td></td>
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</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 20,143.
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
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<tr>
<td>(3) Other</td>
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<td>(H)</td>
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</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.**

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX Other Assets.**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<td></td>
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<td>(9)</td>
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</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.**

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
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<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X
THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO 2019.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF UNCOLLECTABLE PLEDGES 14,574.
**Statement of Activities Outside the United States**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**

THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION

**Employer identification number**

13-3859563

**Part I  General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1  **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   **[X] Yes  [ ] No**

2  **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>0</td>
<td>0</td>
<td>GRANT TO RECIPIENT LOCATED IN THE REGION</td>
<td></td>
<td>50,000.</td>
</tr>
</tbody>
</table>

| 3a Subtotal | | | | | 50,000. |
| 3b Total from continuation sheets to Part I | | | | | 0. |
| 3c Totals (add lines 3a and 3b) | | | | | 50,000. |

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

Schedule F (Form 990) 2022
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.

<table>
<thead>
<tr>
<th></th>
<th>Name of organization</th>
<th>IRS code section and EIN (if applicable)</th>
<th>Region</th>
<th>Purpose of grant</th>
<th>Amount of cash grant</th>
<th>Manner of cash disbursement</th>
<th>Amount of noncash assistance</th>
<th>Description of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THE ZACHARY &amp; ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION 13-3859563</td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>ALZHEIMER’S RESEARCH</td>
<td>50,000.</td>
<td>CHECK</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

---

Schedule F (Form 990) 2022
### Part III
Grants and Other Assistance to Individuals Outside the United States.

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

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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<td>Part IV Foreign Forms</td>
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</tr>
<tr>
<td>1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Did the organization have an interest in a foreign trust during the tax year? If “Yes,” the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don’t file with Form 990) ☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Did the organization have an ownership interest in a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If “Yes,” the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Did the organization have an ownership interest in a foreign partnership during the tax year? If “Yes,” the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization have any operations in or related to any boycotting countries during the tax year? If “Yes,” the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990) ☐ Yes ☒ No</td>
<td></td>
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</tr>
</tbody>
</table>

Schedule F (Form 990) 2022
PART I, LINE 2:

A SINGLE GRANT WAS GIVEN TO A RESEARCH INSTITUTE IN EUROPE FOR PROGRAM-RELATED RESEARCH. THE GRANTEE ORGANIZATION PROVIDED THE ORGANIZATION WITH AN INTERIM SIX MONTH REPORT ON THE PROGRESS OF THEIR INVESTIGATIONS, AS WELL AS A FINAL REPORT AT THE END OF THE AGREEMENT.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURES.
**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?  
   - Yes [X]  
   - No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

**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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC section (if applicable)</td>
<td>Amount of cash grant</td>
<td>Amount of noncash assistance</td>
<td>Method of valuation</td>
<td>Description of noncash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>THE ROCKEFELLER UNIVERSITY</td>
<td>13-1624158</td>
<td>501(C)(3)</td>
<td>9,762,943</td>
<td>0</td>
<td></td>
<td></td>
<td>TO FUND ALZHEIMER'S DISEASE RESEARCH. SEE PART IV FOR DETAILS.</td>
</tr>
<tr>
<td>NEW YORK, NY 10065</td>
<td></td>
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</tr>
<tr>
<td>NEW YORK UNIVERSITY</td>
<td>13-5562308</td>
<td>501(C)(3)</td>
<td>300,000</td>
<td>0</td>
<td></td>
<td></td>
<td>TO FUND ALZHEIMER'S DISEASE RESEARCH.</td>
</tr>
<tr>
<td>ONE PARK AVENUE</td>
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</tr>
<tr>
<td>NEW YORK, NY 10016</td>
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</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

   2.

3. Enter total number of other organizations listed in the line 1 table

   0.

LHA  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Grants and Other Assistance to Domestic Individuals

#### Part III

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</table>

#### Part IV

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

**PART I, LINE 2:**

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS IN THE U.S. BY RECEIVING

PERIODIC PROGRESS REPORTS ON THE RESEARCH CONDUCTED AND ANY FINDINGS

PUBLISHED AS A RESULT OF THE FUNDING.

THE GRANT DECISIONS ARE MADE UNDER THE SOLE AND ABSOLUTE DISCRETION OF THE

BOARD PURSUANT TO A MAJORITY VOTE. A SCIENCE ADVISORY BOARD COMPRISED OF

MEDICAL AND SCIENTIFIC EXPERTS IN THE FIELD OF ALZHEIMER'S DISEASE AND

RELATED DISEASES ADVISES AND ASSISTS THE ORGANIZATION IN CONNECTION WITH
FUNDING GRANT REQUESTS.

ADDITIONALLY, NEW YORK UNIVERSITY PREPARES A RESEARCH PRESENTATION DURING AT LEAST ONE OF THE BOARD MEETINGS DURING THE CALENDAR YEAR. NYU ALSO PROVIDES THE FOUNDATION WITH A WRITTEN REPORT.

FORM 990, SCHEDULE I, PART II, COLUMN (H):

PURPOSES OF GRANTS TO THE ROCKEFELLER UNIVERSITY:

THE ROCKEFELLER UNIVERSITY FISHER CENTER FOR ALZHEIMER'S RESEARCH LAB:

THIS GRANT FUNDS NEUROLOGICAL RESEARCH INTO THE CAUSE(S) OF ALZHEIMER'S, AND POTENTIAL NEW PHARMACOLOGICAL TREATMENT OPTIONS, AND TO SUPPORT PROFESSORSHIPS TO CONDUCT RESEARCH ACTIVITIES.

THE ZACHARY AND ELIZABETH M. FISHER PROFESSORSHIP IN ALZHEIMER'S AND NEURODEGENERATIVE DISEASE:

THIS GRANT FUNDS A PROFESSORSHIP NAMED FOR THE ORGANIZATION'S FOUNDERS THAT ADVANCES THE UNDERSTANDING OF AND TREATMENT FOR ALZHEIMER'S AND OTHER DEBILITATING DISEASES. THIS PROFESSORSHIP IS CURRENTLY HELD BY DR. SIDNEY STRICKLAND WHO HEADS THE UNIVERSITY'S PATRICIA AND JOHN ROSENWALD LABORATORY OF NEUROBIOLOGY AND GENETICS.

THE ROCKEFELLER UNIVERSITY GREENGARD PROFESSORSHIP IN NEUROSCIENCE:

THIS GRANT HONORS NOBEL LAUREATE DR. PAUL GREENGARD AND THE NEARLY 25 YEARS HE SPENT AS DIRECTOR FOR THE ZACHARY AND ELIZABETH M. FISHER CENTER ON ALZHEIMER'S RESEARCH LAB AT THE ROCKEFELLER UNIVERSITY BEFORE HIS DEATH IN 2019. THE NAMED CHAIR WILL BE SOMEONE WHO HONORS GREENGARD'S LEGACY IN CONDUCTING RESEARCH TO FIND A CURE FOR

THE ROCKEFELLER UNIVERSITY FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION 13-3859563
ALZHEIMER'S DISEASE.
## Part I: Questions Regarding Compensation

### 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.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (such as maid, chauffeur, chef)

### 1b 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.

### 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

### 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [X] Compensation committee
- [ ] Written employment contract
- [X] Independent compensation consultant
- [X] Compensation survey or study
- [X] Form 990 of other organizations
- [X] 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?

#### b Participate in or receive payment from a supplemental nonqualified retirement plan?

#### 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

### 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

#### a The organization?

#### b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

### 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?

#### b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

### 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

### 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

### 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

---

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

---

**Schedule J (Form 990) 2022**

**Employer identification number:** 13-3859563

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**LHA**

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LUCRETIA HOLDEN</td>
<td>(i) 210,477.</td>
<td>(ii) 70,000.</td>
<td>(iii) 424.</td>
<td>(i) 17,350.</td>
<td>(ii) 16,187.</td>
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<td>EXECUTIVE DIRECTOR</td>
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PART I, LINE 7:

THE ORGANIZATION PAID DISCRETIONARY BOARD-APPROVED BONUSES IN 2022. THE AMOUNTS ARE REPORTED IN PART II, COLUMN B(II).
## Part I | Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
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<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<td>4</td>
<td>Books and publications</td>
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<tr>
<td>5</td>
<td>Clothing and household goods</td>
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<td>6</td>
<td>Cars and other vehicles</td>
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<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
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<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 15 139,917. AVG SELLING PRICE</td>
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<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
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<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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<tr>
<td>18</td>
<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>Scientific specimens</td>
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<td>Archeological artifacts</td>
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<td>Other ( )</td>
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<td>28</td>
<td>Other ( )</td>
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</table>

### Part II

#### 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

#### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?

Yes  X

#### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes  X

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes  X

#### 33 If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).
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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

Name of the organization: THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION

Employer identification number: 13-3859563

FORM 990, ITEM C, DOING BUSINESS AS:
ALZHEIMER'S RESEARCH FOUNDATION, FISHER CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
M. FISHER CENTER FOR RESEARCH ON ALZHEIMER'S DISEASE AT THE ROCKEFELLER UNIVERSITY IN NEW YORK THAT WAS UNDER THE DIRECTION OF NOBEL LAUREATE DR. PAUL GREENGARD WHOSE FINDINGS HAVE BEEN THE BASIS FOR MUCH OF TODAY'S ALZHEIMER'S INVESTIGATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE DISEASE TO ENHANCE THEIR QUALITY OF LIFE AND THAT OF THEIR CAREGIVERS AND FAMILIES, AND FINDING A CURE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ALZHEIMER'S DISEASE (AD).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
TRAGICALLY ILLUSTRATED WITH LIFE-THREATENING "BREAKTHROUGH CASES".
THEIR APPROACH IS TO COUNTERATTACK THE VIRAL CHALLENGE USING SYNERGISTIC GENOMIC AND IMMUNOLOGIC APPROACHES. THEIR STUDIES INCLUDE DEEP ANALYSIS OF INTER-INDIVIDUAL GENETIC VARIABILITY, BUILDING ON DISCOVERY OF GERMLINE HUMAN GENETIC VARIANTS AND THEIR AUTOIMMUNE PHENOCOPIES PREDISPOSING TO POOR OUTCOME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE ROCKEFELLER UNIVERSITY GREENGARD PROFESSORSHIP IN NEUROSCIENCE.
THE ORGANIZATION PROVIDED FUNDING FOR THE PAUL GREENGARD PROFESSORSHIP IN NEUROSCIENCE AT ROCKEFELLER UNIVERSITY IN HONOR OF THE LATE NOBEL LAUREATE AND HIS 35 YEAR TENURE WITH THE UNIVERSITY.

EXPENSES $ 262,943. INCLUDING GRANTS OF $ 262,943. REVENUE $ 0.

THE FISHER CENTER FOUNDATION INFORMATION PROGRAM:

OUR INFORMATION PROGRAM PROMOTES DISEASE AWARENESS, EDUCATION AND RESOURCES FOR PEOPLE WITH ALZHEIMER'S, THEIR FAMILY, FRIENDS AND CAREGIVERS. INFORMATION IS DISPERSED THROUGH SOCIAL NETWORKS, ELECTRONIC AND PHYSICAL MAILINGS, AND THE INTERNET. OUR WEBSITE, ALZINFO.ORG, IS UPDATED REGULARLY TO PROVIDE COMPREHENSIVE DATA ABOUT ALZHEIMER'S DISEASE, RECENT RESEARCH STUDIES AND FINDINGS, TREATMENT, AND DISEASE MANAGEMENT. THE SITE HAS OVER 434,000 UNIQUE VISITORS A YEAR. OUR MAGAZINE, PRESERVING YOUR MEMORY, CIRCULATES OVER 50,000 COPIES PER ISSUE AND CONTINUES TO WIN AWARDS BASED ON ITS EDITORIAL CONTENT AS IT ADDRESSES READERS' CONCERNS OVER DIAGNOSIS AND PROGRESSION OF ALZHEIMER'S DISEASE. OUR FREE BI-WEEKLY E-NEWSLETTER, ALZHEIMER'S RESEARCH NEWS YOU CAN USE, CONTINUES TO BE THE MOST REVIEWED ALZHEIMER'S AND DEMENTIA NEWSLETTER ON THE INTERNET WITH OVER 10,000 SUBSCRIBERS. OUR SOCIAL MEDIA PRESENCE CONTINUES TO GROW, DRIVING FOLLOWERS TO OUR WEBSITE TO SEEK OUT OTHER INFORMATION PROGRAM MATERIALS.

EXPENSES $ 364,883. INCLUDING GRANTS OF $ 310,000. REVENUE $ 1,215.

A GRANT WAS GIVEN TO A EUROPEAN CENTER OF RESEARCH, CARE AND EDUCATION ON GENETIC DISEASES TO INVESTIGATE WHETHER STRUCTURE OF AMYLOID PROTEINS ARE CHANGED PARTICULARLY IF PROTEINS AGGREGATES, WHICH ARE
TOXIC FOR SYNAPSES, ARE DECREASED. IN THIS HYPOTHESIS, MASITINIB MAY
DECREASE PROTEASE RELEASE BY MAST CELLS, WHICH MAY BE RESPONSIBLE FOR
GENERATION OF PROTEINS AGGREGATE, AND TEST WHETHER MASITINIB IS ABLE TO
BLOCK LESIONS SPREADING AFTER PRIONS LIKE PROTEINS INOCULATION. THIS
PROJECT WILL REVEAL ROLE OF MAST CELL AND KINASES IN THE
PATHOPHYSIOLOGY OF ALZHEIMER DISEASE. A BETTER UNDERSTANDING OF ITS
MECHANISMS MAY DEFINE THE BEST STRATEGY TO IMPROVE ALZHEIMER'S DISEASE.
EXPENSES $ 50,000. INCLUDING GRANTS OF $ 50,000. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS INITIALLY REVIEWED BY MEMBERS OF THE AUDIT COMMITTEE THAT
CONSISTS OF 3 INDEPENDENT TRUSTEES. A COPY IS THEN FORWARDER ELECTRONICALLY
TO ALL BOARD MEMBERS AND RELEVANT MANAGEMENT PERSONNEL FOR THEIR REVIEW AND
COMMENT. ANY REQUIRED REVISIONS ARE MADE AND THE REVISED 990 IS RESUBMITTED
TO ALL BOARD MEMBERS FOR FINAL REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH IS ANNUALLY
MONITORED REQUIRING ALL TRUSTEES TO DISCLOSE ANY POSSIBLE CONFLICT OF
INTEREST VIA EMAIL RESPONSE TO THE EXECUTIVE DIRECTOR. THE FOUNDATION
REQUIRES THAT ALL TRUSTEES, OFFICERS, KEY EMPLOYEES AND STAFF PERSONNEL
PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF ANY ACTUAL OR POTENTIAL
CONFLICT OF INTEREST THAT MAY EXIST AT THE TIME THE TRUSTEE IS APPOINTED OR
STAFF PERSONNEL IS HIRED, OR AS THEY MAY ARISE WHILE THE TRUSTEE IS SERVING
ON THE BOARD OR THE STAFF PERSONNEL IS EMPLOYED BY THE FOUNDATION. SUCH
DISCLOSURES INVOLVING A TRANSACTION, ARRANGEMENT OR DECISION BEING
CONSIDERED BY THE BOARD ARE MADE KNOWN TO ALL TRUSTEES. THE BOARD THEN
DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS WITH THE INTERESTED PARTY
ABSTAINING FROM THE DECISION. IF IT IS DETERMINED THAT A CONFLICT EXISTS, THEN THE BOARD VOTES ON THE TRANSACTION BUT WITH THE INTERESTED PARTY RECUSING HIMSELF FROM THE DISCUSSION AND VOTE ON SAID MATTER.

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


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

THE FOUNDATION MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION BY POSTING ON THEIR WEBSITE. IN ADDITION, THE ORGANIZATION’S GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
WRITE-OFF OF UNCOLLECTABLE PLEDGES

-14,574.

FORM 990, PART XI, LINE 8:

DURING 2022, THE FOUNDATION IDENTIFIED $1,000,000 OF GRANT EXPENSE ON RESEARCH THAT WAS OVERSTATED IN 2021. THE NECESSARY CORRECTIVE ADJUSTMENT RESULTED IN A DECREASE IN GRANTS PAYABLE AT DECEMBER 31, 2021 AND AN INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS AS OF DECEMBER 31, 2021.

FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.