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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COHEN VETERANS BIOSCIENCE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1 BROADWAY 14TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02142

D Employer identification number
47-1981973

E Telephone number
(646) 970-4325

G Gross receipts $ 16,470,665

F Name and address of principal officer:
MAGALI HAAS MD PHD
1 BROADWAY 14TH FLOOR
CAMBRIDGE, MA 02142

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.COHENVETERANSBIOSCIENCE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2014

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
FAST-TRACKING PRECISION DIAGNOSTICS AND PERSONALIZED THERAPEUTICS FOR ADVANCING BRAIN HEALTH

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)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	2
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	35
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,795,052	16,316,026
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,872	154,639
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,524	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,039,448	16,470,665
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,786,841	1,112,861
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,994,068	7,099,520
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶27,526		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,390,028	9,950,539
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,170,937	18,162,920
19	Revenue less expenses. Subtract line 18 from line 12	868,511	-1,692,255

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,190,269	18,865,456
21	Total liabilities (Part X, line 26)	12,988,921	8,431,760
22	Net assets or fund balances. Subtract line 21 from line 20	11,201,348	10,433,696

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.

Sign Here

****** 2020-10-26
Signature of officer Date

MAGALI HAAS MD PHD CEO & PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-10-26		P01614103

Firm's name ▶ SMITH SULLIVAN & BROWN PC — Firm's EIN ▶ 43-1985162

Firm's address ▶ 80 FLANDERS ROAD - SUITE 200
WESTBOROUGH, MA 01581 — Phone no. (508) 871-7178

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

COHEN VETERANS BIOSCIENCE IS DEDICATED TO FAST-TRACKING THE DEVELOPMENT OF DIAGNOSTIC TESTS AND PERSONALIZED THERAPEUTICS FOR THE MILLIONS OF VETERANS AND CIVILIANS WHO SUFFER THE DEVASTATING EFFECTS OF TRAUMA-RELATED AND OTHER BRAIN DISORDERS.

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 $ 15,387,411 including grants of $ 1,112,861) (Revenue $ 0)
See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 15,387,411

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ MA , NY

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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶GELMAN ROSENBERG AND FREEDMAN CPA 4550 MONTGOMERY AVENUE SUITE 650N BETHESDA, MD 20814 (301) 951-9090

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAGALI HAAS MD PHD CEO & PRESIDENT	60.00	X		X				635,876	0	18,315
(2) THERESA FRANGIOSA SECRETARY	9.00	X		X				0	0	0
(3) MICHAEL SULLIVAN TREASURER	1.00	X		X				0	0	0
(4) DAVID BIONDI BOARD MBR/FORMER EXECUTIVE DIR.,CLINICAL PROGRAMS	40.00	X						310,381	0	28,337
(5) DOUGLAS HAYNES BOARD MEMBER	1.00	X						0	0	0
(6) DANIEL PLOWDEN CHIEF FINANCIAL OFFICER	40.00			X				49,221	0	5,568
(7) ANDREAS JEROMIN PHD CHIEF SCIENTIFIC OFFICER	40.00				X			467,198	0	15,766
(8) ALLYSON GAGE PHD CHIEF MEDICAL OFFICER	40.00				X			502,457	0	23,900
(9) DANIELA BRUNNER PHD FORMER EXEC. DIR. OF DIGITAL HEALTH	40.00					X		317,293	0	10,182
(10) DEEPTI COLE ASSOCIATE DIRECTOR, DATA SCIENCE	40.00					X		140,990	0	8,583
(11) LINDA DYSON FORMER EXECUTIVE DIRECTOR, PUBLIC AFFAIRS	40.00					X		191,178	0	4,977
(12) AMANDA NICOLE HARMON EXECUTIVE DIRECTOR, EXTERNAL AFFAIRS	40.00					X		231,920	0	32,407
(13) FRISO POSTMA FORMER SENIOR DIRECTOR, EARLY SIGNAL	40.00					X		202,304	0	12,747

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,048,818	0	160,782

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 ▶ 22

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN LEWIS AND BOCKIUS LLP 1701 MARKET STREET PHILADELPHIA, PA 19103	LEGAL SERVICES	654,428
GRF CPA'S & ADVISORS 4550 MONTGOMERY AVENUE SUITE 800 NORTH BETHESDA, MD 20814	ACCOUNTING AND BOOKKEEPING	367,411
DEEP NET AI LTD 12 MANOR FIELDS ALREWAS BURTON ON STRAFFORD DEDA UK	CHIEF INFORMATION OFFICER	314,557
ADVANCED STRATEGIC TECHNOLOGY LLC 6 DIGITAL DRIVE UNIT 302 NASHUA, NH 03062	STRATEGIC IT ADVISOR	190,108
TONE CREATIVE LLC 63 PUTNUM STREET SUITE 2020 SARATOGA SPRINGS, NY 12866	MARKETING AND DESIGN SERVICES	179,815

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 ▶ 16

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	**1a**			
	b Membership dues . .	**1b**			
	c Fundraising events . .	**1c**			
	d Related organizations	**1d**			
	e Government grants (contributions)	**1e**	1,994,444		
	f All other contributions, gifts, grants, and similar amounts not included above	**1f**	14,321,582		
	g Noncash contributions included in lines 1a - 1f:$	**1g**			
	h Total. Add lines 1a-1f . . . . . ▶		16,316,026		
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		154,639		154,639
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**				
	b Less: cost or other basis and sales expenses **7b**				
	c Gain or (loss) **7c**				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See instructions . . . . . ▶		16,470,665	0	0	154,639

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,043,394	1,043,394		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	69,467	69,467		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,230,230	1,791,228	432,175	6,827
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,990,660	3,586,290	403,318	1,052
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	229,268	200,336	28,764	168
9 Other employee benefits	278,835	238,418	40,021	396
10 Payroll taxes	370,527	320,048	50,011	468
11 Fees for services (non-employees):				
a Management	289,832		289,832	
b Legal	673,696	254,639	419,057	
c Accounting	515,166		515,166	
d Lobbying	90,000	90,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,664,905	6,514,137	132,754	18,014
12 Advertising and promotion				
13 Office expenses	326,849	198,468	128,289	92
14 Information technology	200,906	139,845	61,006	55
15 Royalties				
16 Occupancy	580,439	470,196	110,243	
17 Travel	404,045	296,367	107,338	340
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	104,052	95,784	8,268	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,776	37,943	6,778	55
23 Insurance	55,798	40,851	14,888	59
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	75		75	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	18,162,920	15,387,411	2,747,983	27,526
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	465,961	1	690,470
	2	Savings and temporary cash investments	16,036,550	2	15,130,098
	3	Pledges and grants receivable, net	7,527,477	3	2,302,389
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	61,526	9	88,022
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 319,955			
	b	Less: accumulated depreciation — 10b: 35,637	50,226	10c	284,318
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	48,529	15	370,159
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	24,190,269	16	18,865,456
Liabilities	17	Accounts payable and accrued expenses	2,672,945	17	2,942,644
	18	Grants payable	10,118,262	18	5,348,290
	19	Deferred revenue	197,714	19	9,022
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	131,804
	26	**Total liabilities.** Add lines 17 through 25	12,988,921	26	8,431,760
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	840,992	27	3,045,971
	28	Net assets with donor restrictions	10,360,356	28	7,387,725
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	11,201,348	32	10,433,696
	33	Total liabilities and net assets/fund balances	24,190,269	33	18,865,456

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,470,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,162,920
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,692,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,201,348
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	924,603
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,433,696

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 47-1981973

Name: COHEN VETERANS BIOSCIENCE INC

Form 990, Part III, Line 4a:

BRAIN HEALTH PLATFORMSIN ORDER TO FAST-TRACK PRECISION DIAGNOSTICS AND PERSONALIZED THERAPEUTICS AND WELLNESS APPROACHES FOR MAINTENANCE AND RESTORATION OF BRAIN HEALTH, CVB IS LEVERAGING INNOVATION AND TECHNOLOGY TO BUILD PLATFORMS THAT ENABLE DISCOVERY AND DEVELOPMENT ACROSS BRAIN DISEASES. THESE PLATFORMS ALLOW RESEARCHERS FROM ACADEMIA AND INDUSTRY TO ACCESS AND UTILIZE BEST-IN-CLASS TOOLS AND ALLOW EFFORTS TO BE SCALED WITH RIGOR AND REPRODUCIBILITY.(SEE SCHEDULE O FOR FULL DETAIL OF OUR PROGRAMS)PLATFORM EFFORTS FOCUS ON CAPACITY THAT ENABLES RELIABLE DISCOVERY OF BIOMARKERS AND BIOLOGICAL PATHWAYS THAT ARE TRANSLATIONALLY RELEVANT FOR THE DEVELOPMENT OF DIAGNOSTICS AND THERAPEUTIC TARGETS FOR DRUG AND OTHER MEDICAL INTERVENTIONS. EACH PLATFORM IS CREATING RESEARCH TOOLS (E.G. ANIMAL MODELS, DATA STANDARDS, COMPUTATIONAL MODELS, REFERENCE DATABASES, ETC.) THAT WILL ACCELERATE/FOSTER THESE DISCOVERIES. WITHIN THIS FRAMEWORK, CVB HAS ESTABLISHED BOTH INTRAMURAL (RESEARCH CONDUCTED BY, OR INCLUDING, CVB STAFF OR CONTRACTORS) AND EXTRAMURAL RESEARCH PROGRAMS (RESEARCH CONDUCTED VIA GRANTS OR IN COLLABORATION WITH EXTERNAL ACADEMIC, INDUSTRY, FOUNDATION AND GOVERNMENT PARTNERS) AND ALSO OPERATES SEVERAL PUBLIC-PRIVATE PARTNERSHIPS. THESE COOPERATIVE ALLIANCES ORGANIZE AND FUND A NETWORK OF PARTNERS WHO EACH CONTRIBUTE COMPLEMENTARY AND SYNERGISTIC DATA, CAPABILITIES, OR EXPERTISE TO SUPPORT A COMMON ROADMAP FOR IDENTIFYING DIAGNOSTIC BIOMARKERS, BUILDING PREDICTIVE BRAIN DISEASE MODELS, DEVELOPING ROBUST STANDARDIZED TRANSLATIONAL TOOLS, AND CATALYZING PHARMACEUTICAL DRUG DEVELOPMENT. THE EMPHASIS IS ON TEAM SCIENCE WITH COHEN VETERANS BIOSCIENCE SERVING AS ITS HUB.OUR PLATFORM PROGRAMS CURRENTLY INCLUDE THE BRAIN COMMONS (CLOUD-BASED DATA SHARING), EARLYSIGNAL (WEARABLE AND HOME SENSORS FOR MONITORING HEALTH STATUS), RAPID-DX (ESTABLISHING BEST PRACTICES FOR DISCOVERY AND VALIDATION OF BIOMARKERS) AND BRAIN-NET (A CLINICAL TRIAL INFRASTRUCTURE TO EXECUTE TURN-KEY EARLY PHASE CLINICAL STUDIES).BRAIN COMMONS (TRADEMARKED):BUILDING ON PREVIOUS WORK WITH THE OPEN COMMONS CONSORTIUM AND UNIVERSITY OF CHICAGO, CVB HAS CREATED A CLOUD-ACCESSIBLE AND SECURE DIGITAL ECOSYSTEM TO ENABLE AND STIMULATE DATA SHARING AND ANALYSIS IN BOTH PUBLIC AND PRIVATE DOMAINS, FUELING DISCOVERY AND COLLABORATION ACROSS THE MULTIDISCIPLINARY RESEARCH COMMUNITY, AND DRIVING DIAGNOSTIC AND THERAPEUTIC INNOVATION TO REDUCE THE BURDEN OF BRAIN-BASED DISORDERS. LEADING BRAIN-RELATED DISEASE FOUNDATIONS HAVE ACCESS TO THE PLATFORM TO HOUSE THEIR OWN DATA WITHIN THE COMMONS. EARLYSIGNAL (TRADEMARKED): WEARABLE AND SENSOR TECHNOLOGIES HOLD PROMISE IN THE ASSESSMENT AND CONTINUOUS MONITORING OF PATIENTS IN ORDER TO BETTER SCREEN AND DIAGNOSE, MONITOR DISEASE PROGRESSION, AND OBSERVE INTERVENTION RESPONSE OR LACK THEREOF. DIGITAL HEALTH MONITORING ALSO ALLOWS US TO STUDY BRAIN HEALTH AND DISEASE IN UNPRECEDENTED WAYS, BY TRACKING VARIABLES SUCH AS SLEEP, PHYSICAL ACTIVITY, STRESS AND COGNITION, WE MAY BE ABLE TO BETTER UNDERSTAND WHAT CHANGES OVER TIME - AND TO DEVELOP EARLIER AND PREVENTIVE DIAGNOSTICS AND TREATMENTS TO MAKE A DIFFERENCE IN PATIENTS' LIVES. MEDICAL-GRADE DATA IS NEEDED FOR FDA APPROVAL OF SUCH PLATFORMS FOR USE IN MEDICAL DECISION MAKING AND DATA INTEGRATION IS NECESSARY FOR CLINICIANS' WORKFLOW. THIS PROGRAM SUPPORTS MULTIPLE PARTNERS TO TEST AND VALIDATE WEARABLES, SENSORS, APPS AND OTHER DIGITAL HEALTH TECHNOLOGIES FOR USE IN MONITORING BRAIN HEALTH. A CURRENT EXAMPLE OF SUCH WORK IS CVB'S PARTNERSHIP WITH UNIVERSITY OF PENNSYLVANIA, CONDUCTING A STUDY TO TEST AND VALIDATE THE PERFORMANCE OF WEARABLE AND SENSOR DEVICES, USING CVB DESIGNED SECURE AUTOMATED DEIDENTIFIED DATA COLLECTION AND CVB'S STUDY MANAGER TOOL TO SUPPORT CONDUCT OF THE TRIAL.RAPID-DIAGNOSTICS (RAPID-DX (TRADEMARKED)):A BIOMARKER IS A CHARACTERISTIC THAT IS OBJECTIVELY MEASURED AND EVALUATED AS AN INDICATOR OF A NORMAL OR PATHOLOGIC BIOLOGICAL PROCESS OR A RESPONSE TO A THERAPEUTIC INTERVENTION DEVELOPING BIOMARKER-BASED DIAGNOSTICS IS ESSENTIAL TO SHIFTING DIAGNOSIS AND TREATMENT OF PSYCHIATRIC AND NEUROLOGIC CONDITIONS (SUCH AS PTSD AND TBI) FROM A SYNDROMIC OR SYMPTOM-BASED APPROACH TO A BIOLOGICAL, MECHANISTICALLY-BASED ONE THAT TARGETS THE EFFECTS OF TRAUMA AT THEIR MOLECULAR ROOTS. MANY POTENTIAL BRAIN-RELATED BIOMARKERS PUBLISHED IN THE LITERATURE HAVE NOT BEEN INDEPENDENTLY REPLICATED OR ADVANCED THROUGH A QUALIFICATION PROCESS FOR REGULATORY APPROVAL AND USE.RAPID-DX IS A PUBLIC-PRIVATE PARTNERSHIP PROGRAM INCLUDING GOVERNMENT, FOUNDATIONS, AND LEADING ACADEMIC CENTERS ESTABLISHED FOR COLLECTING DATA AND PERFORMING STUDIES NECESSARY TO DISCOVER AND REPLICATE BIOMARKERS AND QUALIFY SUCCESSFUL AND RELEVANT CANDIDATES FOR DEVELOPMENT AS CLINICAL DIAGNOSTICS.THROUGH THIS PROGRAM CVB HAS ESTABLISHED THE CVB BRAIN BIOREPOSITORY IN PARTNERSHIP WITH INDIANA UNIVERSITY. THE GOAL OF THE BIOREPOSITORY IS TO ESTABLISH A CENTRALIZED RESOURCE FOR TISSUE AND BIOSAMPLE STORAGE FOR ENABLING BIOMARKER DISCOVERY, REPLICATION, AND VALIDATION ACROSS A NUMBER OF BRAIN CONDITIONS, INCLUDING POST-TRAUMATIC STRESS DISORDER (PTSD), TRAUMATIC BRAIN INJURY (TBI), SUICIDE, DEMENTIA, MAJOR DEPRESSIVE DISORDER AND OTHER MENTAL HEALTH DISORDERS, AMONG OTHERS.THE CVB BRAIN BIOREPOSITORY HOUSES BLOOD AND SALIVA SAMPLES THAT WERE COLLECTED AS PART OF BIOMARKER STUDIES DIRECTLY SPONSORED BY COHEN VETERANS BIOSCIENCE OR THROUGH KEY PARTNERSHIP PROGRAMS. OUR BIOREPOSITORY BANKS A VARIETY OF BIOLOGIC SAMPLES INCLUDING, PLASMA, SERUM, AND SALIVA, AND WILL ENCOURAGE FUTURE COLLABORATIONS WITH RESEARCHERS FROM ACADEMIA, INDUSTRY, GOVERNMENT AND FOUNDATIONS.IN 2020, CVB COMPLETED AND PUBLISHED OUR CROSS-PLATFORM COMPARISON OF HIGHLY SENSITIVE IMMUNOASSAY TECHNOLOGIES FOR CYTOKINE MARKERS. THIS 'BAKE-OFF' STUDY IS THE FIRST IN A SERIES THAT EVALUATES THE PERFORMANCE OF FLUID-BASED ASSAYS. THE ROLE OF INFLAMMATION AND THE IMMUNE SYSTEM ACROSS NEUROPSYCHIATRIC AND NEURODEGENERATIVE DISEASES IS IMPORTANT TO UNDERSTAND, AND DEPENDS ON AN ABILITY TO MEASURE, WITH PRECISION, CYTOKINES IN THE VARIOUS FLUIDS INCLUDING BLOOD, CEREBRO-SPINAL FLUID (CSF), AND SALIVA.OUR PROGRAM BLINDLY EVALUATED FIVE LEADING IMMUNOASSAY PLATFORM'S ABILITY TO ACCURATELY AND REPRODUCIBLY MEASURE SELECTIVE ANALYTES IN PLASMA AND SERUM WERE OBTAINED FROM HEALTHY CONTROLS AND CLINICAL POPULATIONS (PTSD AND PARKINSONS). WE FOUND THAT PLATFORM PERFORMANCE WAS HIGHLY VARIABLE, PARTICULARLY FOR LOW-ABUNDANT CYTOKINES. THESE FINDINGS HIGHLIGHT WHAT METRICS SHOULD BE TAKEN INTO ACCOUNT IN SELECTING IMMUNOASSAYS IN FUTURE RESEARCH. THE PROGRAM WAS CO-FUNDED BY THE MICHAEL J FOX FOUNDATION.BRAIN-NET (TRADEMARKED):DRUG DEVELOPMENT IS COSTLY, TIME-CONSUMING, AND INEFFICIENT. MANY OPPORTUNITIES EXIST TO IMPROVE OPERATIONAL EXCELLENCE, TRIAL DESIGN, AND PATIENT RECRUITMENT. CVB IS ESTABLISHING A WELL-FUNDED, WELL-TRAINED, FAST-START, STANDING NETWORK OF BRAIN-RELATED CLINICAL TRIAL SITES WOULD PROMOTE THE DEVELOPMENT OF NEW AGENTS FOR BRAIN CONDITIONS SUCH AS PTSD, MDD, ANXIETY, CHRONIC EFFECTS OF TBI TO REDUCE TIME AND COSTS ASSOCIATED WITH DRUG DEVELOPMENT. THIS NETWORK WILL HAVE A FOCUS ON PRECISION THERAPEUTICS APPROACHES AND WILL IMPLEMENT CAPABILITIES FROM OUR OTHER PLATFORMS.BRAIN TRAUMA PROGRAMS: POST TRAUMATIC STRESS DISORDER ("PTSD") AND TRAUMATIC BRAIN INJURY ("TBI"):IN 2015, THIS CVB PROGRAM WAS FOUNDED TO ESTABLISH A NATIONAL RESEARCH ROADMAP FOR PTSD, TBI AND RELATED CONDITIONS (E.G. SUICIDALITY). BRAIN TRAUMA BLUEPRINT - STATE OF THE SCIENCE SUMMITS:THE BRAIN TRAUMA BLUEPRINT IS A SERIES OF STATE OF THE SCIENCE SUMMITS AIMED TO BUILD CONSENSUS AROUND KNOWLEDGE GAPS AND DEVELOP STRATEGIES TO MOVE THE FIELD FORWARD FOR TRAUMA-RELATED CONDITIONS BY LEVERAGING THE COMBINED INTELLECTUAL RESOURCES OF THE FULL RESEARCH COMMUNITY.THE STATE OF THE SCIENCE SUMMITS ARE DESIGNED AS RETREATS FOR 100 TO 200 STAKEHOLDERS TO COME TOGETHER TO REALIZE TRUE IMPACT. THE STAKEHOLDERS ENCOMPASS A BROAD SWATH OF THE COMMUNITY FROM ACADEMIC INSTITUTIONS TO GOVERNMENT AGENCIES, FOUNDATIONS SUPPORTING TRANSLATIONAL RESEARCH, AND INDUSTRY.EACH SUMMIT SERVES AS A LAUNCHPAD FOR ONGOING WORKING GROUPS TO DEVELOP EVIDENCE-BASED STRATEGIES AND RECOMMENDATIONS ON HOW TO FILL THOSE GAPS, IDENTIFY NEW GAPS AS OTHERS ARE FILLED, AND DISSEMINATE THESE FINDINGS BACK TO THE COMMUNITY AT LARGE THROUGH WHITE PAPERS AND PROCEEDINGS.THE INAUGURAL STATE OF THE SCIENCE, HELD IN 2018, FOCUSED ON DIAGNOSIS OF TRAUMA-RELATED BRAIN DISORDERS WITH A MAJOR FOCUS ON POST-TRAUMATIC STRESS DISORDER. THE TRAUMA-RELATED BRAIN DISORDERS RESEARCH COMMUNITY HAS IDENTIFIED A NEED TO ESTABLISH A MECHANISM-BASED TAXONOMY FOR THESE CONDITIONS TO ADVANCE BIOMARKER DISCOVERY AS WELL AS DIAGNOSIS AND THERAPEUTIC DEVELOPMENT.

Form 990, Part III, Line 4b:

A SHIFT FROM A SYNDROMIC CLASSIFICATION SYSTEM TO A MECHANISTIC ONE NECESSITATES A REVIEW OF THE CURRENT SCIENTIFIC KNOWLEDGE, ADOPTION OF NEW SCIENTIFIC MODELS, AND IDENTIFICATION OF RESEARCH AND KNOWLEDGE GAPS. THE SOSS BROUGHT TOGETHER MULTIDISCIPLINARY STAKEHOLDERS WITH DEEP SCIENTIFIC AND CLINICAL EXPERTISE TO ADDRESS THIS PRESSING NEED.THE THEME OF THE SECOND STATE OF THE SCIENCE SUMMIT, HELD IN 2019 WAS PATHS TO TREATMENT FOR TRAUMATIC BRAIN INJURY(S) WITH A FOCUS ON THE TAXONOMY AND NOSOLOGY OF THE CHRONIC SEQUELAE, CHALLENGES AND OPPORTUNITIES IN CLINICAL PRACTICE AND DEVELOPMENT, AND ETIOLOGY AND MECHANISM OF PERSISTENT SYMPTOMS. AS MEASUREMENT TOOLS ADVANCE, RESEARCH HAS BEEN ABLE TO FOCUS ON DIFFERENT TYPES OF INJURY, BEYOND THE MILD, MODERATE, AND SEVERE CLASSIFICATIONS OF TBI. TO AUGMENT AND SUPPORT THE MANY EFFORTS ACROSS FIELDS AND ORGANIZATIONS OVER THE PAST DECADE, IN 2020 WE WORKED WITH THOUGHT LEADERS ACROSS TBI TO PREPARE A CONSENSUS BLUEPRINT TO DRIVE TRANSLATIONAL SCIENCE FOR TBI, WHICH WE EXPECT TO PUBLISH IN EARLY 2021.CVB CONTINUES TO DEVELOP INNOVATIVE WAYS TO CONVENE AND ENGAGE THOUGHT LEADERS DESPITE THE LIMITATIONS ON LARGE IN-PERSON EVENTS DUE TO COVID-19. OUR EDUCATION AND ADVOCACY WORK HAS CONTINUED ON A FULLY REMOTE BASIS RESULTING IN THE ADVANCEMENT OF IMPORTANT RESEARCH AREAS, AND PLANS ARE BEING MADE FOR AN EVENT IN SUMMER 2021. ADAPTIVE PLATFORM TRIALS:CVB IS SPEARHEADING THE DESIGN AND APPLICATION OF "SMART- OR "ADAPTIVE-" CLINICAL TRIALS FOR NEUROPSYCHIATRIC AND NEURODEGENERATIVE CONDITIONS. THESE STUDIES INCLUDE A PROSPECTIVELY PLANNED OPPORTUNITY FOR MODIFICATION OF ONE OR MORE SPECIFIED ASPECTS OF THE STUDY DESIGN BASED ON DATA (USUALLY INTERIM DATA) COLLECTED FROM SUBJECTS IN THE STUDY. TO EXECUTE SUCH PROGRAMS, OUR CENTRALLY-MANAGED PLATFORM CLINICAL TRIAL INFRASTRUCTURE (BRAIN-NET) WILL BE LEVERAGED TO CONDUCT STUDIES ACROSS BRAIN CONDITIONS AND POPULATIONS INCLUDING ACADEMIC, PRIVATE, VA, AND POTENTIALLY MILITARY RESEARCH CENTERS.CURRENTLY, ONLY TWO DRUGS ARE APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF PTSD, ALTHOUGH BOTH ARE ONLY MODESTLY EFFECTIVE IN TREATING MILITARY-RELATED PTSD. OVER THE PAST 18 YEARS, INDIVIDUAL ACADEMIC INVESTIGATORS AND COMPANIES HAVE NOT DELIVERED ALTERNATIVE FDA-APPROVED DRUGS. IN RESPONSE TO THIS UNMET NEED, OUR PROGRAM IS DESIGNED TO TEST MULTIPLE DRUGS TO ADVANCE THEM THROUGH REGULATORY APPROVAL. IN THE FUTURE, WE ENVISION EXPANDING OUR EFFORTS TO OTHER THERAPEUTIC SOLUTIONS (E.G. DEVICES, ALTERNATIVE THERAPIES), THROUGH OUR EVIDENCE-DRIVEN CLINICAL TRIAL NETWORK INFRASTRUCTURE.BEST BIOMARKER PTSD STUDY:DESPITE THE EFFICACY OF PSYCHOTHERAPY AS FIRST-LINE TREATMENT FOR PTSD, LARGE INTER-INDIVIDUAL DIFFERENCES IN OUTCOMES EXIST, WITH ROUGHLY 50% OF PATIENTS RESPONDING TO TREATMENT AND FEWER THAN THAT FULLY REMITTING. THIS GRANT SUPPORTED THE DEVELOPMENT OF A RESPONSE DIAGNOSTIC TEST BASED ON PRELIMINARY FINDINGS FOR A COMBINATION COGNITIVE/IMAGING MARKER RESULTING FROM CVB'S INVESTMENT IN THE COHEN VETERANS CENTER STUDY AT NYU/STANFORD. THE PROGRAM INCLUDED A CLINICAL STUDY AT TWO CENTERS OF OVER 200 SUBJECTS TO REPLICATE THE INITIAL FINDING, AND IS SEEKING QUALIFICATION VIA THE FOOD AND DRUG ADMINISTRATION ("FDA") GUIDANCE TO SUPPORT THE COMMERCIALIZATION AND/OR AVAILABILITY OF THE TEST FOR CLINICAL PRACTICE AND RESEARCH AND DEVELOPMENT. THIS STUDY COMPLETED RECRUITMENT IN DECEMBER 2019 AND SEMINAL RESULTS WHICH DEMONSTRATE THAT AN EEG BASED BIOMARKER CAN PREDICT TREATMENT RESPONSE FOR INDIVIDUALS WITH PTSD OR MDD WERE PUBLISHED IN 2020.PTSD GENETICS PROGRAM:THE PSYCHIATRIC GENETICS CONSORTIUM-PTSD WORKING GROUP - BROAD INSTITUTE COLLABORATION IS SUPPORTING THE LARGEST GLOBAL GENOME WIDE ASSOCIATION STUDY ("GWAS") OF PTSD TO DATE WITH DATA FROM OVER 200,000 INDIVIDUALS ANALYZED. THE MAIN GOAL IS TO UNCOVER THE GENETIC UNDERPINNINGS OF PTSD RISK AND PUBLISH ALL RESULTS. SEMINAL FINDINGS OF THE FIRST PTSD GENETIC RISK LOCI FROM THIS PROGRAM WERE PUBLISHED IN NATURE COMMUNICATIONS IN OCTOBER 2019.IN 2020, MULTIPLE SECONDARY ANALYSES OF THIS SEMINAL DATABASED HAVE BEEN PUBLISHED:NEUROPSYCHOPHARMACOLOGY - 1/11/20 - POLYGENIC PREDICTION AND GWAS OF DEPRESSION, PTSD, AND SUICIDAL IDEATION/SELF-HARM IN A PERUVIAN COHORT.TRANSLATIONAL PSYCHIATRY - 1/20/20 - GENOMIC INFLUENCES ON SELF-REPORTED CHILDHOOD MALTREATMENT.NEUROPSYCHOPHARMACOLOGY - 3/16/20 - DISSECTING THE GENETIC ASSOCIATION OF C-REACTIVE PROTEIN WITH PTSD, TRAUMATIC EVENTS, AND SOCIAL SUPPORTCELL REPORTS - 6/2/60 - ANALYSIS OF GENETICALLY REGULATED GENE EXPRESSION IDENTIFIES A PREFRONTAL PTSD GENE, SNRNP35, SPECIFIC TO MILITARY COHORTS.SLEEP - 4/15/20 - MOLECULAR GENETIC OVERLAP BETWEEN POSTTRAUMATIC STRESS DISORDER AND SLEEP PHENOTYPESIN 2020, WE CONTINUED OUR PROGRAM WITH THE BROAD INSTITUTE TO CONDUCT FUNCTIONAL GENOMICS STUDIES OF IDENTIFIED GENETIC MARKERS AS WELL AS GENETIC EXPRESSION ANALYSIS OF AMYGDALA CELLULAR CIRCUITS IN ORDER TO INITIATE THE IDENTIFICATION OF POTENTIAL TARGETS FOR THERAPEUTIC INTERVENTION IN PTSD.NATIONAL NEUROIMAGING NORMATIVE LIBRARY PROGRAM:CVB HAS CREATED AN IMAGING REFERENCE LIBRARY ESSENTIAL TO THE DEVELOPMENT OF EFFECTIVE CLINICAL IMAGING TOOLS FOR DIAGNOSING AND MANAGING PATIENTS WITH BRAIN DISORDERS. ADVANCED NEUROIMAGING CAN NOW DETECT MICROSCOPIC CHANGES IN BRAIN STRUCTURE CAUSED BY TRAUMA OR DISEASE. THESE ADVANCED IMAGING APPROACHES INCLUDE DIFFUSION TENSOR IMAGING (DTI), FUNCTIONAL CONNECTIVITY, PERFUSION WEIGHTED IMAGING, AND VOLUMETRIC IMAGING. DESPITE THEIR PROMISE, THESE ADVANCED APPROACHES ARE CURRENTLY PRIMARILY CONFINED TO RESEARCH USE. THE NUMERICAL NATURE OF THE INFORMATION THESE ADVANCED IMAGING APPROACHES YIELD IS DIFFICULT TO TRANSLATE FROM THE STUDY OF GROUPS OF INDIVIDUALS TO A SINGLE PATIENT WITHOUT A REFERENCE. THE IMAGING DATABASE IS BASED ON THE RESULTS OF A NATIONAL STUDY OF NORMATIVE INDIVIDUALS, SPONSORED BY CVB AT UNIVERSITY OF VIRGINIA, BAYLOR UNIVERSITY AND UNIVERSITY OF UTAH AND TWO MILITARY SITES. STANDARDIZED ADVANCED NEUROIMAGING SCANS ON 3,000 ADULT VOLUNTEERS, THE RESULTING IMAGING DATA, ALONG WITH DEMOGRAPHIC INFORMATION AND THE RESULTS OF NEUROCOGNITIVE ASSESSMENTS, IS FORMING A LIBRARY DOCUMENTING POPULATION VARIATION IN BRAIN STRUCTURE AND FUNCTION AS MEASURED BY THESE ADVANCED IMAGING METHODS.THROUGH THIS IMAGING DATABASE, IT IS OUR GOAL TO ADVANCE NEUROIMAGING TO DRAMATICALLY IMPROVE THE IDENTIFICATION OF AFFECTED INDIVIDUALS AND ALLOW PHYSICIANS TO OBJECTIVELY AND EFFICIENTLY DIAGNOSE CONDITIONS SUCH AS TBI, DEMENTIA AND OTHER BRAIN DISORDERS WHERE BRAIN STRUCTURE IS DETECTED VIA MRI.PTSD AND TBI PRECLINICAL MODELING PROGRAM:ANIMAL MODELS OF PSYCHIATRIC DISORDERS OFFER A COMPLEMENTARY RESEARCH MODALITY THAT SUPPORTS CLINICAL RESEARCH. IN ORDER TO ACHIEVE A SATISFACTORY DEGREE OF VALIDITY AND RELIABILITY, ANIMAL MODELS OF COMPLEX AND INTRICATE PSYCHIATRIC DISORDERS, SUCH AS PTSD, MUST FULFILL CERTAIN CRITERIA: PATHOGENIC PROCESSES MUST BE OBSERVABLE AND MEASURABLE, AND MUST RELIABLY REFLECT CLINICAL SYMPTOMATOLOGY, AND PHARMACOLOGICAL AGENTS THAT ARE KNOWN TO AFFECT SYMPTOMS IN HUMAN SUBJECTS, SHOULD MODULATE THESE PROCESSES. CVB HAS ESTABLISHED THE ALLIANCE FOR MODELS OF PTSD, INNOVATIVE TECHNOLOGIES AND UNIFORM PRACTICES ("AMP-IT- UP") TO SUPPORT PRECLINICAL MODEL DEVELOPMENT. MULTIPLE SUB-GRANT AWARDS COMPLETED AND PUBLISHED THEIR FINDING THIS YEAR IN SUPPORT THE MISSION OF THIS PROGRAM. IN ONE OF THESE, NEW MOLECULAR PATHWAYS HAVE BEEN IDENTIFIED THAT UNDERLIE FEAR-CONDITIONING, A KEY COMPONENT OF TRAUMA-RESPONSE:NATURE COMMUNICATIONS - 10/14/20 - GENOME-WIDE TRANSLATIONAL PROFILING OF AMYGDALA CRH-EXPRESSING NEURONS REVEALS ROLE FOR CREB IN FEAR EXTINCTION LEARNING.COMPUTATIONAL MODELING & DATA SCIENCES:CVB HAS ESTABLISHED AN INTRAMURAL DATA SCIENCES PROGRAM TO BUILD MACHINE-LEARNING AND ARTIFICIAL INTELLIGENCE BASED PREDICTIVE MODELS OF DISEASE. THESE PROGRAMS BUILD ON OUR ORIGINAL ORION MS BIO-MODELLING PROGRAM AND FOCUSES ON MODELS OF PTSD, TBI, PARKINSONS AND DEMENTIA AND OTHER CONDITIONS.MULTIPLE SCLEROSIS (MS) 1.0:THE ORION BIONETWORKS FLAGSHIP PROGRAM SUCCESSFULLY PILOTED THE ESTABLISHMENT OF A MULTIPLE SCLEROSIS ("MS") BIONETWORK COMPRISED OF ACADEMIC (NEUROSCIENCE INSTITUTE OF THE BRIGHAM AND WOMEN'S HOSPITAL), ADVOCACY (ACCELERATED CURE PROJECT FOR MS), COMPUTATIONAL (GNS HEALTHCARE, METACELL, THOMSON REUTERS), INFORMATICS (CONVERGE BY DELOITTE, RANCHO BIOSCIENCES, EXAPTIVE), AND ONLINE PATIENT COMMUNITY PARTNERS (PATIENTSLIKEME [PLM]). DE-IDENTIFIED HIPPA-COMPLIANT DATA FROM THREE DATABASES WERE CURATED AND LOADED INTO A CLOUD-BASED DATA KNOWLEDGE MANAGEMENT SYSTEM. THE INTEGRATED REPOSITORY INCLUDES 9,000 SUBJECTS WITH MS AND RELATED CONDITIONS. THE ALLIANCE DEVELOPED A ROADMAP FOR JOINT EXECUTION WITH SPECIFIC SCIENTIFIC AIMS.

Form 990, Part III, Line 4c:

THE ALLIANCE HAS GENERATED MULTIPLE MODELS BASED ON THE DATA REPOSITORY USING DIFFERENT ALGORITHMIC APPROACHES: PHENOTYPIC PROGNOSTIC MODEL AND TWO MOLECULAR PROGNOSTIC MODELS.PARKINSON'S PROGRESSION MARKERS INITIATIVE (PPMI) DATA SCIENCE MODELING GROUPEXISTING DIAGNOSES FOR COMPLEX BRAIN DISORDERS SUCH AS PARKINSON'S DISEASE (PD) FOCUS ON UNDERSTANDING CLUSTERS OF MAJOR SYMPTOMS. IN ORDER TO DRIVE PROGRESS IN THE DEVELOPMENT OF NEW TREATMENTS IT IS IMPORTANT TO UNDERSTAND THE ROLE OF SPECIFIC BIOLOGICAL PROCESSES IN DETERMINING PATIENT OUTCOMES. IN THIS PROGRAM WE MODEL THE MICHAEL J. FOX FOUNDATION (MJFF) SPONSORED PARKINSON'S PROGRESSION MODEL INITIATIVE (PPMI) STUDY. THE STUDY HAS EVALUATED PARTICIPANTS' CLINICAL STATUS WHILE COLLECTING IMAGING, BEHAVIORAL, 'OMICS AND OTHER ASSESSMENTS LONGITUDINALLY SINCE 2010. IN OUR ALIGNED MISSIONS TO ADVANCE BRAIN HEALTH, MJFF SELECTED CVB'S DATA SCIENCE TEAM TO LEVERAGE THIS COHORT TOGETHER WITH A MULTI-DISCIPLINARY APPROACH TO QUANTITATIVELY EXPLORE, EVALUATE, AND PREDICT DISEASE TRAJECTORY, RISK FACTORS, AND SUBTYPES. GIVEN THE BREADTH AND DEPTH OF THE PPMI DATA AND RICH OPPORTUNITIES TO DEVELOP IMPACTFUL DISEASE MODELS, THE TEAM USE THEIR SUBJECT MATTER EXPERTISE ACROSS TRANSLATIONAL SCIENCE TO GENERATE INSIGHTS FROM 'OMICS, IMAGING, GENETIC AND CLINICAL DATA BY INTEGRATING TECHNIQUES ACROSS ADVANCED STATISTICS, MACHINE LEARNING, AND COMPUTATIONAL MODELING TO FACILITATE PD BIOMARKER DISCOVERY AND DEEPEN OUR UNDERSTANDING OF DISEASE PROGRESSION. IN 2020, WE COMPLETED THE FIRST ANALYSES OF THESE DATA THAT WILL BE PUBLISHED SOON.PTSD & TBI KNOWLEDGEMAP (TRADEMARKED):THE BRAINTRAUMA KNOWLEDGEMAP PROJECT IS USING INFORMATION TECHNOLOGY AND VISUALIZATION TO BUILD AN INNOVATIVE NEW INTERACTIVE TOOL TO EXTRACT INFORMATION FROM PUBLISHED PAPERS FOR THE RESEARCH COMMUNITY. THE WORK INCLUDES EXTRACTION OF PTSD BIOMARKER AND TBI LITERATURE. THIS PROJECT IS PART OF OUR 'KNOWLEDGE ENGINEERING' PROGRAMMING EFFORTS TO MOVE FROM 'BIG DATA' TO 'SMART DATA'.GLOBAL PRECLINICAL DATA FORUM (TRADEMARKED):THE GLOBAL PRECLINICAL DATA FORUM (GPDF) IS A JOINTLY SPONSORED U.S. AND EUROPEAN INITIATIVE THAT ENCOURAGES GLOBAL COLLABORATION TO ADDRESS THE CHALLENGE OF ENSURING THAT PRECLINICAL RESEARCH IS REPRODUCIBLE, ROBUST AND TRANSLATABLE TO SUPPORT DISEASE RESEARCH UTILITY FOR CLINICAL RESEARCH & DEVELOPMENT (R&D). IT SUPPORTS BEST RESEARCH PRACTICES, THE DEVELOPMENT AND IMPLEMENTATION OF DATA QUALITY STANDARDS, PRECLINICAL DATA & TECHNOLOGICAL PLATFORMS, AND TRAINING PROGRAMS FOR THE NEUROSCIENCE COMMUNITY WITH THE GOAL OF ENHANCING THE DATA UTILITY DERIVED FROM PRECLINICAL MODELS. THIS IS OUR THIRD YEAR SUPPORTING WITH THE EUROPEAN COLLEGE OF NEUROPHARMACOLOGY (ECNP) THE WORLD'S FIRST NEGATIVE DATA PRIZE AS AN INCENTIVE FOR PRECLINICAL RESEARCHERS TO PUBLISH "NEGATIVE DATA" RESULTS TO ENSURE ALL NEUROSCIENCE STUDIES PROPERLY ADVANCE KNOWLEDGE. THE PRIZE IS AWARDED TO THE RESEARCHER OR RESEARCH GROUP WHOSE NEUROSCIENCE STUDY BEST EXEMPLIFIES DATA WHERE THE OUTCOMES DO NOT CONFIRM THE EXPECTED RESULTS OR WORKING HYPOTHESIS. THE AWARD WAS PRESENTED DURING THE 2020 VIRTUAL ECNP CONFERENCE.EQIPD QUALITY SYSTEM:THE GPDF AND COHEN VETERANS BIOSCIENCE ARE BOTH MAJOR CONTRIBUTORS TO THE EUROPEAN UNION INNOVATIVE MEDICINE INITIATIVE-FUNDED CONSORTIUM CALLED EQIPD (EQIPD.ORG). THE EQIPD CONSORTIUM HAS DEVELOPED A NOVEL PRECLINICAL RESEARCH QUALITY SYSTEM THAT CAN BE APPLIED IN BOTH PUBLIC AND PRIVATE SECTORS AND IS FREE FOR ANYONE TO USE. THE EQIPD QUALITY SYSTEM WAS DESIGNED TO BE SUITED TO BOOST INNOVATION BY ENSURING THE GENERATION OF ROBUST AND RELIABLE PRECLINICAL DATA WHILE BEING LEAN, EFFECTIVE AND NOT BECOMING A BURDEN THAT COULD NEGATIVELY IMPACT THE FREEDOM TO EXPLORE SCIENTIFIC QUESTIONS. EQIPD DEFINES RESEARCH QUALITY AS THE EXTENT TO WHICH RESEARCH DATA ARE FIT FOR THEIR INTENDED USE. FITNESS, IN THIS CONTEXT, IS DEFINED BY THE STAKEHOLDERS, WHO ARE THE SCIENTISTS DIRECTLY INVOLVED IN THE RESEARCH, BUT ALSO THEIR FUNDERS, SPONSORS, PUBLISHERS, RESEARCH TOOL MANUFACTURERS AND COLLABORATION PARTNERS SUCH AS PEERS IN A MULTI-SITE RESEARCH PROJECT. THE ESSENCE OF THE EQIPD QUALITY SYSTEM IS THE SET OF 18 CORE REQUIREMENTS THAT CAN BE ADDRESSED FLEXIBLY, ACCORDING TO USER-SPECIFIC NEEDS AND FOLLOWING A USER-DEFINED TRAJECTORY. THE EQIPD QUALITY SYSTEM PROPOSES GUIDANCE ON EXPECTATIONS FOR QUALITY-RELATED MEASURES, DEFINES CRITERIA FOR ADEQUATE PROCESSES (I.E., PERFORMANCE STANDARDS) AND PROVIDES EXAMPLES OF HOW SUCH MEASURES CAN BE DEVELOPED AND IMPLEMENTED. THE CONSORTIUM'S FIRST HANDBOOK PUBLISHED THIS YEAR:BESPALOV A, MICHEL MC, STECKLER T (EDS) HANDBOOK OF EXPERIMENTAL PHARMACOLOGY - GOOD RESEARCH PRACTICE IN NON-CLINICAL PHARMACOLOGY AND BIOMEDICINE, SPRINGER OPEN, CHAM, SWITZERLAND. ISBN 978-3-030-33655-4, EBOOK ISBN 978-3-030-33656-1 (2020). POLICY & ADVOCACY INITIATIVES:IN 2020, WE FORMALLY ESTABLISHED OUR DEPARTMENT OF POLICY AND ADVOCACY UNDER THE DIRECTION OF DR. CHANTELLE FERLAND-BECKHAM. WE ARE COMMITTED TO ADVOCATING FOR POLICY REFORMS AT THE FEDERAL LEVEL THAT BUILD UPON EVIDENCE-BASED PRECISION MEDICINE APPROACHES AND HAVE THE POWER TO BRING NEW SOLUTIONS FOR PTSD AND TBI IN YEARS, NOT DECADES. AS PART OF OUR ADVOCACY EFFORTS, WE CO-FOUNDED THE COALITION TO HEAL INVISIBLE WOUNDS (THE COALITION), A COLLABORATIVE INITIATIVE AIMED AT ADVOCATING FOR POLICY REFORMS TO WIDEN AND EXPEDITE THE PIPELINE FOR NEW THERAPIES AND DIAGNOSTICS FOR PTSD AND TBI-WHICH CAN BOTH DRASTICALLY INCREASE THE RISK OF SUICIDE AMONG VETERANS. THIS YEAR, WE MADE SIGNIFICANT PROGRESS ON THE COALITION'S LARGEST ADVOCACY PUSH-IMPROVING VETERANS' ACCESS TO CLINICAL TRIALS. VA CLINICAL TRIALS HAVE THE POTENTIAL TO BRING NEW PRECISION MEDICINE THERAPIES FOR PTSD AND TBI TO VETERANS, BUT VA FACILITIES OFTEN FACE CHALLENGES INITIATING AND COMPLETING CLINICAL TRIALS, MEANING THAT MANY CLINICAL TRIAL SPONSORS DO NOT ATTEMPT TO BRING TRIALS TO THE VA AND HAVE NOT DONE SO FOR YEARS. WE, LIKE MANY OTHERS, BELIEVE THAT THE VA CAN BE A LEADER IN CLINICAL RESEARCH AND HAVE COMMITTED TO SUPPORTING THE VA THROUGH THE "100 DAYS FASTER" INITIATIVE, AN INITIATIVE SPEARHEADED THROUGH OUR ADVOCACY EFFORTS WITH THE COALITION AND SUPPORTED AND ENDORSED BY BOTH THE NATIONAL ASSOCIATION OF VETERANS RESEARCH AND EDUCATION FOUNDATIONS (NAVREF) AND THE VA OFFICE OF RESEARCH AND DEVELOPMENT (ORD). EARLIER THIS YEAR, TWO OF THE COALITIONS TOP PRIORITIES OF THE "100 DAYS FASTER" INITIATIVE WERE INCORPORATED INTO A LARGER COMPREHENSIVE LEGISLATIVE PACKAGE CALLED THE COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019 (S. 785). THIS IMPORTANT BILL WHICH PASSED INTO LAW IN OCTOBER, WILL IMPROVE VETERANS' ACCESS TO INNOVATIVE MENTAL HEALTH CARE AND MAKE NECESSARY INVESTMENTS INTO SUICIDE PREVENTION. CVB, AS PART OF THE COALITION, SPECIFICALLY ADVOCATED FOR FOUR PROVISIONS IN THE BILL. SECTIONS 704 AND 705 ARE AIMED AT IMPROVING VETERANS ACCESS TO CUTTING-EDGE CLINICAL TRIALS AT THE VA AS PART OF THE COALITION TO HEAL INVISIBLE WOUNDS' "100 DAYS FASTER INITIATIVE." SECTION 305 WOULD CREATE THE "PRECISION MEDICINE FOR VETERANS INITIATIVE," TO BE MODELED AFTER THE ALL OF US PRECISION MEDICINE INITIATIVE. FINALLY, SECTION 306 WOULD ENABLE THE VA TO CONDUCT ADVANCED DATA ANALYTICS, AN ESSENTIAL CAPABILITY ACROSS THE MEDICAL FIELD FOR ADVANCING RESEARCH AND IDENTIFYING NEW DIAGNOSTIC AND THERAPEUTIC CANDIDATES. AS ANOTHER IMPORTANT STEP TOWARDS "100 DAYS FASTER," CVB IS ALSO EXTENDING ITS COMMITMENT TO THE BRAIN HEALTH OF VETERANS BY SUPPORTING NAVREF AND THE NEW VA ORD-LED PARTNERED RESEARCH PROGRAM (PRP). AS AN OUTCOME OF THE ACCESS TO CLINICAL TRIALS (ACT) FOR VETERANS INITIATIVE, THE PRP INCREASES VETERANS' ACCESS TO HIGH-QUALITY CLINICAL TRIALS AND STREAMLINES THE START-UP OF NEW INNOVATIVE TRIALS, GIVING VETERANS ACCESS TO WORLD-CLASS HEALTH SOLUTIONS. THE PRP IS HELPING AGENCIES AND ORGANIZATIONS TO PARTNER MORE RAPIDLY ON CRITICAL RESEARCH TRIALS, SPECIFICALLY TARGETING THE ENHANCED INCLUSION OF VETERANS. AS A RESULT OF CRITICAL PROCESS CHANGES PUT INTO PLACE ON MARCH 3RD OF THIS YEAR, A DIRECT RECOMMENDATION OF THE "100 DAYS FASTER" INITIATIVE, WHEN THE COVID-19 PANDEMIC HIT, THE VA WAS WELL PREPARED TO MEET THE CHALLENGE AND SHOWED SIGNIFICANT PROGRESS IN INITIATING NEW CLINICAL TRIALS AT THE VA IN MERE DAYS, NOT MONTHS.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	31,399,759	4,366,629	16,828,176	20,795,052	16,316,026	89,705,642
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	31,399,759	4,366,629	16,828,176	20,795,052	16,316,026	89,705,642
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) . .						80,250,238
6 **Public support.** Subtract line 5 from line 4.						9,455,404

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	31,399,759	4,366,629	16,828,176	20,795,052	16,316,026	89,705,642
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .			17,365	98,872	154,639	270,876
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						89,976,518

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 10.510 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2019.** 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 . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶ ☑

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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 . . . . . ▶ ☐

b **33 1/3% support tests—2018.** 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 . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) 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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

COHEN VETERANS BIOSCIENCE, INC. ("CVB") IS A PUBLIC CHARITY DEDICATED TO FAST-TRACKING THE DEVELOPMENT OF DIAGNOSTIC TESTS AND PERSONALIZED THERAPEUTICS FOR THE MILLIONS OF VETERANS AND CIVILIANS IN THE US WHO SUFFER THE DEVASTATING EFFECTS OF TRAUMA-RELATED AND OTHER BRAIN DISORDERS. GLOBALLY, 2 BILLION INDIVIDUALS ARE DIRECTLY AFFECTED BY BRAIN DISORDERS. THE WORLD HEALTH ORGANIZATION ATTRIBUTES 38% OF THE TOTAL YEARS LOST TO DEATH AND DISABILITY TO BRAIN DISORDERS, A FIGURE WELL AHEAD OF THE NEXT-CLOSEST AND HIGHER-PROFILE DISEASES OF CANCER (12.7%) AND CARDIOVASCULAR DISEASE (11.8%). THIS MEMO PROVIDES EVIDENCE OF QUANTITATIVE AND QUALITATIVE MEASURES WHICH SUPPORT CONTINUED PUBLIC CHARITY STATUS. CVB MEETS THE QUANTITATIVE PERCENTAGE TEST CRITERION FOR SUPPORTING FACTS AND CIRCUMSTANCES. CVB ENGAGES WITH AND MAKES AVAILABLE TO RESEARCHERS, POLICY MAKERS, AND THE GENERAL PUBLIC A BROAD ARRAY OF PROGRAMS, TOOLS, SERVICES, AND INFORMATION WHICH ADVANCE THE STATE OF BRAIN SCIENCE, GUIDED BY AN INDEPENDENT BOARD AND ADVISORY COUNSELS IN CONJUNCTION WITH CVB'S RENOWNED EXPERTS IN RELEVANT FIELDS OF NEUROSCIENCE, DATA SCIENCE AND PHARMACEUTICAL RESEARCH AND DEVELOPMENT. FOLLOWING ARE MORE DETAILED EVIDENCE OF THESE FACTS AND CIRCUMSTANCES. COHEN VETERANS BIOSCIENCE, INC. EARLY ORIGINS WERE AS AN ORGANIZATION UNDER THE FISCAL SPONSORSHIP OF THE MARIN COUNTY COMMUNITY FOUNDATION, LATER ESTABLISHED AS A STAND-ALONE 501(C)3 IN 2014 UNDER THE NAME ORION BIONETWORKS. CVB'S FOUNDER AND CEO HAS A PERSONAL CONNECTION TO THE PUBLIC WORK THE ORGANIZATION CARRIES OUT BY VIRTUE OF HER HUSBAND BEING A VETERAN OF THE US AIRFORCE SERVICE AND HER SISTER SERVING AS AN AIRFORCE COLONEL, WITH ACTIVE DEPLOYMENTS TO OEF/OIF. THE FORMAL NAME CHANGE TO COHEN VETERANS BIOSCIENCE TOOK PLACE IN 2015 IN CONCERT WITH GENEROUS SEED FUNDING FROM STEVEN A. COHEN. CVB QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING:CVB IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS AND BONA FIDE BASIS; CVB HAS HAD A DONATION BUTTON ON WEBSITE AND ALL SOCIAL MEDIA SINCE INCEPTION. THE ORGANIZATION HAS RUN SEVERAL ONLINE DONATION CAMPAIGNS INCLUDING A "CROWDSOURCED" APPROACH IN 2017 THAT RAISED MORE THAN $100,000 FROM NUMEROUS INDIVIDUAL DONORS. THE ORGANIZATION HAS ACTIVELY PURSUED AND RECEIVED GRANTS FROM GOVERNMENT AND PUBLIC CHARITIES AND FOUNDATIONS FOCUSED ON BRAIN DISEASES. IN CVB'S EARLY YEARS OF EXISTENCE THE SCOPE OF ITS SOLICITATION WAS MORE LIMITED TO PERSONS DEEMED MOST LIKELY TO PROVIDE EARLY FUNDING IN AN AMOUNT SUFFICIENT TO ENABLE IT TO COMMENCE ITS CHARITABLE ACTIVITIES AND EXPAND THE SOLICITATION PROGRAM. DIRECT OUTREACH TO POTENTIAL SUPPORTERS IS INCREASINGLY CONDUCTED BY CVB'S CEO AND OTHER EXECUTIVE TEAM AND SCIENTIFIC STAFF. CVB NOW REGULARLY CONDUCTS BROAD OUTREACH CAMPAIGNS, HAS STAFF DEDICATED TO FUNDRAISING AND SUPPORTER ENGAGEMENT TO SOLICIT CHARITABLE CONTRIBUTIONS FROM THE GENERAL PUBLIC, AND CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM GOVERNMENT SOURCES AND PUBLIC CHARITIES. IN THE MOST RECENT FISCAL YEAR CVB HIRED AN EXPERIENCED EXECUTIVE DIRECTOR OF DEVELOPMENT TO FURTHER EXPAND FUNDRAISING INFRASTRUCTURE AND OUTREACH. CVB REGULARLY APPLIES FOR RELEVANT FUNDING FROM GOVERNMENT AGENCIES AND NONPROFIT ORGANIZATIONS. CVB HAS DEVELOPED MATERIALS TO SUPPORT POTENTIAL DONOR ENGAGEMENT, AND WORKS DILIGENTLY TO EXPAND THE NETWORK OF POTENTIAL SUPPORTERS BY ENGAGING WITH BOARD MEMBERS AND STAFF TO CONNECT WITH THEM. CVB'S PUBLIC SUPPORT PERCENTAGE, AS REPORTED FOR 2019, IS 10.51%, AND IS EXPECTED TO INCREASE AS A RESULT OF EXPANDED FUNDRAISING INFRASTRUCTURE AND OUTREACH. THE 2019 RESULT WHEN COMPARED TO THE 2018 PERCENTAGE OF 8.94% IS EVIDENCE OF THE INCREASING BREADTH OF PUBLIC SUPPORT AS CVB FURTHER BUILDS UPON ITS FUNDRAISING EFFORTS. CVB HAS RECEIVED SUPPORT FROM A DIVERSITY OF DONORS AND SOURCES DURING ITS INITIAL START-UP PERIOD AND WILL CONTINUE TO EXPAND ITS DONOR BASE. DONORS INCLUDE US GOVERNMENT AGENCIES SUCH AS THE NATIONAL INSTITUTES OF HEALTH AND THE DEPARTMENT OF DEFENSE; A NUMBER OF NONPROFIT ORGANIZATIONS AND FOUNDATIONS INTERESTED IN MEDICAL RESEARCH AND ISSUES IMPACTING VETERANS; AND MORE THAN 100 INDIVIDUAL DONORS. CVB'S CURRENT FUNDRAISING PLANS ARE TARGETED AT A BROAD BASE OF DONORS, INCLUDING FOUNDATIONS, INDIVIDUALS, AND GOVERNMENT AGENCIES. AS EVIDENCED BY THE EXTENSIVE PROGRAMS SPONSORED BY CVB SUPPORTING RESEARCH COLLABORATIONS AND SCIENTIFIC BEST PRACTICE ADOPTION, CVB REMAINS AN ORGANIZATION COMMITTED TO SERVING THE PUBLIC THROUGH ITS WORK. EXAMPLES WHICH DEMONSTRATE OUR COMMITMENT TO THE PUBLIC BENEFIT AND PUBLIC PARTICIPATION IN OUR EFFORTS INCLUDE CVB'S VETERANS ADVISORY COUNCIL, STATE OF THE SCIENCE SUMMITS, NUMEROUS EXPERT WORKSHOPS, ENSURING OUR RESEARCH IS PUBLISHED IN OPEN ACCESS PUBLICATIONS, AND DATA SHARING POLICIES ENCOURAGING RESEARCH COLLABORATION ACROSS ORGANIZATIONAL BOUNDARIES. CVB PROGRAM ACTIVITIES, WITH TEAM SCIENCE AND COLLABORATION AS A CORE BELIEF, PROVIDES DIRECT PUBLIC BENEFIT THROUGH ITS RESEARCH AND EDUCATIONAL ACTIVITIES. CVB SPEARHEADS RESEARCH WITH MULTI-SECTOR PARTNERS INCLUDING ACADEMIA, GOVERNMENT, FOUNDATION RESEARCH, AND INDUSTRY ORGANIZATIONS TO ADVANCE COLLECTIVE UNDERSTANDING OF AND APPROACHES TO IMPROVING BRAIN HEALTH. FOR EXAMPLE, CVB CO-SPONSORED THE PSYCHIATRIC GENETICS CONSORTIUM WITH THE BROAD INSTITUTE, THE LARGEST GENOME-WIDE ASSOCIATION STUDY META-ANALYSIS OF POST-TRAUMATIC STRESS DISORDER (PTSD) TO DATE. USING A MULTI-ETHNIC COHORT THAT INCLUDES OVER 30,000 PTSD CASES, 170,000 CONTROLS AND IS OVER TEN TIMES THE SIZE OF ANY PREVIOUS ANALYSIS, SIX GENETIC MARKERS FOR PTSD RISK WERE NEWLY DISCOVERED. CVB ALSO BROADLY DISSEMINATES RESEARCH AND EDUCATIONAL INFORMATION ABOUT PTSD, TRAUMATIC BRAIN INJURY (TBI) AND SUICIDE DIRECTLY TO THE PUBLIC THROUGH ITS WEBSITE AND SOCIAL MEDIA. THE INFORMATION IS PROVIDED IN AN ACCESSIBLE AND UNDERSTANDABLE FORMAT FOR ANY NON-MEDICAL READER, HELPING VETERANS AND OTHERS SUFFERING FROM PTSD OR TBI TO UNDERSTAND THEIR CONDITIONS AND THE SYMPTOMS AND CAUSES ASSOCIATED WITH THEM. THESE MATERIALS ALSO SERVE TO EDUCATE THE PUBLIC ABOUT PTSD AND TBI AND THE EFFECTS OF THESE CONDITIONS ON OUR VETERANS AND FAMILIES. THESE EVENTS, PROCEEDINGS, AND OTHER EDUCATIONAL OUTREACH SERVE TO ADVANCE BRAIN SCIENCE IN THE PUBLIC INTEREST. SEE WWW.COHENVETERANSBIOSCIENCE.ORG AND THE FORM 990 PROGRAM DESCRIPTIONS FOR MORE DETAILS ON THE EXPANSIVE NATURE OF THESE PROGRAMS. CVB ALSO ENLISTS THE ACTIVE SUPPORT AND PARTICIPATION OF EXPERTS, PUBLIC OFFICIALS, AND COMMUNITY LEADERS. CVB'S VETERANS ADVISORY COUNCIL ("VAC") INCLUDES SENIOR LEADERS WHO SERVED IN MILITARY LEADERSHIP ROLES AND/OR HAVE VETERAN FAMILY MEMBERS AND HAVE A DEEP PERSONAL COMMITMENT TO VETERANS' CONCERNS RELATED TO BRAIN HEALTH. VAC HELPS REPRESENT, ADVOCATE AND SUPPORT MILITARY AND VETERANS' INTERESTS TO CVB TO AID CVB IN DELIVERING MEANINGFUL RESULTS FOR VETERANS THROUGH DATA-DRIVEN SCIENCE AND ADVOCACY. MORE INFORMATION ABOUT VAC IS AVAILABLE HERE: HTTPS://WWW.COHENVETERANSBIOSCIENCE.ORG/VETERANS-ADVISORY-COUNCIL/ FINALLY, CVB HAS A REPRESENTATIVE GOVERNING BODY THROUGH ITS UNCOMPENSATED BOARD OF DIRECTORS CONSISTING OF FIVE MEMBERS WITH EQUAL VOTING RIGHTS. FOUR OF THE FIVE MEMBERS ARE INDEPENDENT OF THE LARGEST DONOR. ALL OF THE BOARD MEMBERS ARE INDIVIDUALS WITH SPECIAL KNOWLEDGE AND EXPERTISE RELEVANT TO THE ORGANIZATION'S CHARITABLE ACTIVITIES IN BRAIN SCIENCE AND HEALTH, AS WELL AS MEMBERS WITH LONGSTANDING DEDICATION TO THE NEEDS OF VETERANS AND OTHERS WHO SUFFER FROM BRAIN DISEASES THROUGH BOTH PAID AND UNPAID WORK WITH GOVERNMENT AND OTHER NONPROFIT AGENCIES. THE QUALIFICATIONS OF THE BOARD MEMBERS INCLUDE: BOARD CHAIR AND CEO, MAGALI HAAS, MD, PHD FOUNDED ORION BIONETWORKS (RENAMED TO COHEN VETERANS BIOSCIENCE IN 2015) WITH SPONSORSHIP FROM JANSSEN RESEARCH & DEVELOPMENT TO UNLOCK THE POWER OF SHARED DATA AND PREDICTIVE MODELING TO HELP TRANSFORM OUR UNDERSTANDING OF BRAIN DISEASES AND ACCELERATE THE SEARCH FOR CURES.DR. HAAS HAS OVER 20 YEARS OF PHARMACEUTICAL EXECUTIVE AND CLINICAL RESEARCH EXPERIENCE INCLUDING DEVELOPMENT LEADERSHIP ROLES IN MEDICAL MARKETING, FULL CLINICAL DEVELOPMENT, EARLY DEVELOPMENT, AND TRANSLATIONAL AND BIOMARKER SCIENCES IN PSYCHIATRY AND NEUROLOGY. DURING HER TENURE AT JOHNSON & JOHNSON, SHE SUCCESSFULLY FILED NDAS IN THE US AND EUROPE FOR RISPERIDONE INDICATIONS IN AUTISM, ADOLESCENT SCHIZOPHRENIA, JUVENILE BIPOLAR DISORDER AND CONDUCT DISORDERS. SHE ALSO LED DEVELOPMENT TEAMS EVALUATING COMPOUNDS FOR DEPRESSION, NEUROPATHIC PAIN, EPILEPSY, AND MIGRAINE DISORDER.

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Return Reference	Explanation
PART II SECT C LINE 17A FACTS & CIRCUMSTANCES TEST (CONT):	SHE SERVED 3 YEARS AS CHIEF SCIENCE AND TECHNOLOGY OFFICER FOR ONE MIND FOR RESEARCH, A NO NPROFIT ORGANIZATION LAUNCHED IN MAY 2012 BY PATRICK J KENNEDY. SHE ORCHESTRATED THE LAUNC H OF ONE MIND'S SEMINAL PROGRAMS, APOLLO, AN INFORMATICS RESEARCH PORTAL AND, GEMINI, AN I NTERNATIONAL TBI/PTSD RESEARCH PROGRAM. AS AN "INTRAPRENEUR" AT J&J SHE ESTABLISHED THE FI RST NEUROSCIENCE TRANSLATIONAL MEDICINE & INTEGRATIVE SOLUTIONS DEPARTMENT, AND CO-FOUNDED THE FIRST COMPANION DIAGNOSTICS CENTER OF EXCELLENCE AS WELL AS J&J'S HEALTHCARE INNOVATI ON TEAM. SHE SERVES ON SEVERAL ADVISORY BOARDS INCLUDING ALTO NEUROSCIENCE, KREMBIL CENTRE FOR NEUROINFORMATICS, VIRTUALBRAINCLOUD, PARTNERSHIP FOR ASSESSMENT AND ACCREDITATION OF SCIENTIFIC PRACTICE (PAASP) AND INTERUNIVERSITY MICROELECTRONICS CENTRE (IMEC) AN INTERNAT IONAL RESEARCH & DEVELOPMENT AND INNOVATION HUB. DR. HAAS EARNED HER BS IN BIOENGINEERING FROM THE UNIVERSITY OF PENNSYLVANIA, AN MS IN BIOMEDICAL ENGINEERING FROM RUTGERS UNIVERSI TY, NEW JERSEY, AND HER MD PHD WITH DISTINCTION IN NEUROSCIENCE FROM ALBERT EINSTEIN COLLE GE OF MEDICINE, NEW YORK. BOARD MEMBER, SECRETARY, THERESA FRANGIOSA HAS EXTENSIVE EXECUTI VE EXPERIENCED BASED ON HER 25 YEAR CAREER WITH THE PHARMACEUTICAL SECTOR. IN HER ROLES WI THIN PHARMA, SHE WAS A GLOBAL LAUNCH LEADER AS WELL AS OVERSEEING EARLY COMMERCIAL STRATEG Y IN NEUROSCIENCES. SHE LED LARGE SCALE TEAMS, CROSS-FUNCTIONAL TEAMS TO DEFINE DISEASE AN D THERAPEUTIC AREA STRATEGIES FOR JANSSEN AND GLAXOSMITHKLINE. SHE HAS ALSO LED INDICATION PRIORITIZATION EFFORTS AND DEVELOPMENT OF OVER 200 TARGET PRODUCT PROFILES OVER A VARIETY OF DISEASE STATES, LEVERAGING WELL-ESTABLISHED PROCESSES AND FRAMEWORKS, INCLUDING DEEPER UNDERSTANDING OF PATIENT JOURNEYS TO CREATE KEY INSIGHTS. SHE HAS APPLIED HER PROFESSIONA L CAREER EXPERIENCE AND HER PASSION FOR ADVOCACY TO HELP CREATE A CHANNEL FOR FEEDBACK FRO M THOSE DIAGNOSED WITH OR AT RISK FOR ALZHEIMER'S DISEASE OR DEMENTIA, THEIR CARE PARTNERS AND INDIVIDUALS WHO ARE 'WORRIED WELL', CALLED THE A-LIST. SHE IS THE LEAD INVESTIGATOR F OR THIS RESEARCH STUDY WITH IRB OVERSIGHT. MS. FRANGIOSA OBTAINED HER BACHELOR OF ADMINIST RATION, ACCOUNTING CONCENTRATION FROM URSINUS COLLEGE (COLLEGEVILLE, PA) IN 1988 AND HER M ASTERS OF BUSINESS ADMINISTRATION, PHARMACEUTICAL MARKETING FROM ST. JOSEPH'S UNIVERSITY I N 1996. BOARD MEMBER, DAVID BIONDI, MD HAS OVER 20 YEARS OF CLINICAL EXPERIENCE IN MEDICAL PRACTICE AND HELD MEDICAL DIRECTORSHIPS AT THE US NAVAL HOSPITAL IN OKINAWA JAPAN, THE PA IN MANAGEMENT PROGRAM & HEADACHE INSTITUTE AT MARYVIEW MEDICAL CENTER IN PORTSMOUTH VA, TH E PAIN DIVISION OF THE MICHIGAN HEAD PAIN & NEUROLOGICAL INSTITUTE IN ANN ARBOR MI, AND TH E INTERDISCIPLINARY HEADACHE & PAIN REHABILITATION PROGRAM AT SPAULDING REHABILITATION HOS PITAL IN BOSTON MA. HE WAS PREVIOUSLY AN ASSISTANT NEUROLOGIST AT THE MASSACHUSETTS GENERA L HOSPITAL AND AN INSTRUCTOR IN NEUROLOGY AT HARVARD MEDICAL SCHOOL. DR. BIONDI SERVED AS A TRUSTEE FOR THE UNIVERSITY O

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PART II SECT C LINE 17A FACTS & CIRCUMSTANCES TEST (CONT):	F NEW ENGLAND AND WAS CHAIR OF ITS ACADEMIC AND RESEARCH AFFAIRS COMMITTEE AND VICE-CHAIR OF ITS LONG-RANGE PLANNING COMMITTEE. HE ALSO SERVED AS A DIRECTOR AND MEDICAL ADVISOR FOR THE AFTER ACTION NETWORK, A NONPROFIT VETERAN SERVICE ORGANIZATION IN KANSAS CITY MO. HE IS A FELLOW OF THE AMERICAN ACADEMY OF NEUROLOGY. DR. BIONDI HAS OVER 15 YEARS OF EXPERIEN CE IN CLINICAL RESEARCH AND DEVELOPMENT OF PHARMACEUTICALS AND MEDICAL DEVICES IN THE NEUR OLOGY, PSYCHIATRY, AND PAIN THERAPEUTIC AREAS. HIS EXPERIENCES INCLUDE THE DESIGN, IMPLEME NTATION, MONITORING, AND INTERPRETATION OF PHASE 2 TO PHASE 4 CLINICAL TRIALS AND IN-HOUSE AND FIELD-BASED ACTIVITIES ASSOCIATED WITH INSIGHTS GENERATION, NEW BUSINESS OPPORTUNITIE S, EMERGING HEALTH POLICY, KNOWLEDGE TRANSLATION AND IMPLEMENTATION, AND ORGANIZATIONAL EF FECTIVENESS. HE PREVIOUSLY SERVED AS EXECUTIVE DIRECTOR FOR CLINICAL PROGRAMS WITH COHEN V ETERANS BIOSCIENCE. DR. BIONDI RECEIVED HIS MEDICAL DEGREE FROM THE UNIVERSITY OF NEW ENGL AND, COLLEGE OF OSTEOPATHIC MEDICINE IN BIDDEFORD ME. HE COMPLETED RESIDENCY TRAINING IN N EUROLOGY AT THE NATIONAL NAVAL MEDICAL CENTER IN BETHESDA MD AND IS BOARD-CERTIFIED IN NEU ROLOGY WITH SUBSPECIALTY EXPERTISE IN HEADACHE AND PAIN MEDICINE. HE RECEIVED HIS BACHELOR OF SCIENCE - MAGNA CUM LAUDE IN PHARMACY FROM THE LONG ISLAND UNIVERSITY, SCHWARTZ COLLEG E OF PHARMACY & HEALTH SCIENCE IN BROOKLYN NY. BOARD MEMBER, TREASURER, MICHAEL C. SULLIVA N IS THE CHIEF OF STAFF AND HEAD OF EXTERNAL AFFAIRS OF POINT72 ASSET MANAGEMENT. MR. SULL IVAN PREVIOUSLY SERVED AS A SENIOR AIDE IN THE UNITED STATES SENATE, FOCUSING ON TELECOM, TECHNOLOGY, AND FINANCE ISSUES. MR. SULLIVAN ALSO SERVED AS A STAFF MEMBER IN THE U.S. HOU SE OF REPRESENTATIVES WORKING ON SIMILAR ISSUES. BEFORE COMING TO CAPITOL HILL, MR. SULLIV AN WAS THE HEAD OF STRATEGIC DEVELOPMENT FOR A TELECOMMUNICATIONS FOCUSED TRADE ASSOCIATIO N. MR. SULLIVAN IS INVOLVED WITH SEVERAL VETERANS' MENTAL HEALTH-RELATED NON-PROFIT ORGANI ZATIONS. HE HELPED ESTABLISH AND SERVES ON THE BOARD AND AS TREASURER OF THE COHEN VETERAN S NETWORK, WHICH OPERATES A NATIONAL NETWORK OF CLINICS TO TREAT VETERANS AND THEIR FAMILY MEMBERS AFFECTED BY POST-TRAUMATIC STRESS. MR. SULLIVAN IS AN ASSOCIATE AT THE NYU-STERN ENDLESS FRONTIER LABS, WHERE HE MENTORS START-UP COMPANIES IN ARTIFICIAL INTELLIGENCE, MAC HINE LEARNING, AND RELATED FIELDS. HE IS ALSO A MEMBER OF THE EXECUTIVE COMMITTEE OF STUDE NTS FIRST NEW YORK, A NONPROFIT ORGANIZATION ADVOCATING FOR EDUCATIONAL REFORM IN NEW YORK STATE. MR. SULLIVAN IS A GRADUATE OF VANDERBILT UNIVERSITY. BOARD MEMBER, DOUG HAYNES IS AN ACTIVE COMMUNITY MEMBER, DEDICATING A SIGNIFICANT PORTION OF HIS EFFORTS TO SUPPORTING VETERANS' INITIATIVES. IN ADDITION TO SERVING ON THE BOARD OF THE ROBIN HOOD FOUNDATION, M R. HAYNES HELPED LAUNCH ITS VETERANS ADVISORY BOARD WHICH RAISED OVER $12 MILLION TO SUPPO RT THE INCREASE IN VETERANS RETURNING FROM IRAQ AND AFGHANISTAN, AND ALSO WORKS WITH NEW Y ORK-BASED COMPANIES TO CREATE

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Return Reference	Explanation
PART II SECT C LINE 17A FACTS & CIRCUMSTANCES TEST (CONT):	MORE JOB OPPORTUNITIES FOR VETERANS. MR. HAYNES SERVES ON THE CORPORATE ADVISORY BOARD OF THE DARDEN GRADUATE SCHOOL OF BUSINESS, THE BOARD OF THE CANTERBURY SCHOOL, SINGTEL'S TECH NOLOGY ADVISORY BOARD, AND THE BOARD OF THE CENTER FOR GLOBAL ENTERPRISE. MR. HAYNES FORME RLY SERVED AS THE PRESIDENT OF POINT72 ASSET MANAGEMENT, L.P., ORIGINALLY JOINING THE FIRM AS MANAGING DIRECTOR OF HUMAN CAPITAL IN FEBRUARY 2014. PRIOR TO JOINING POINT72, MR. HAY NES WAS A DIRECTOR AT MCKINSEY & COMPANY. BEFORE JOINING MCKINSEY, MR. HAYNES WORKED FOR T HE CENTRAL INTELLIGENCE AGENCY AND THEN GE'S ADVANCED MATERIALS BUSINESS. MR. HAYNES EARNE D A BS SUMMA CUM LAUDE IN MECHANICAL ENGINEERING FROM WEST VIRGINIA UNIVERSITY, AND RECEIV ED HIS MBA AT THE UNIVERSITY OF VIRGINIA'S DARDEN GRADUATE BUSINESS SCHOOL, WHERE HE WAS A SHERMET SCHOLAR.

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	90,000	
c Total lobbying expenditures (add lines 1a and 1b)	90,000	
d Other exempt purpose expenditures	18,072,920	
e Total exempt purpose expenditures (add lines 1c and 1d)	18,162,920	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount		893,383	1,000,000	1,000,000	2,893,383
b Lobbying ceiling amount (150% of line 2a, column(e))					4,340,075
c Total lobbying expenditures		90,000	87,500	90,000	267,500
d Grassroots nontaxable amount		223,346	250,000	250,000	723,346
e Grassroots ceiling amount (150% of line 2d, column (e))					1,085,019
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (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 are a 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 programs

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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted 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:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		134,362	9,834	124,528
d Equipment		174,076	19,405	154,671
e Other		11,517	6,398	5,119
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				284,318

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	131,804

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	16,470,665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	16,470,665
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	16,470,665

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

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

1	Total expenses and losses per audited financial statements			1	18,162,920
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	18,162,920
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	18,162,920

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-1981973
Name: COHEN VETERANS BIOSCIENCE INC

Supplemental Information

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	1			392,238
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	1			392,238

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (BELGIUM)	HIGH-DENSITY RECORDING IN THE SPS MODEL OF PTSD	29,467	WIRE TRANSFER		N/A	N/A
		EUROPE (GREECE)	PLATFORM FOR THE EXCHANGE OF EXPERIMENTAL RESEARCH STANDARDS (PEERS)	40,000	WIRE TRANSFER		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 1

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.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 47-1981973

Name: COHEN VETERANS BIOSCIENCE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	69,467
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	CHIEF INFORMATION OFFICER	N/A	322,771

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 47-1981973
Name: COHEN VETERANS BIOSCIENCE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADEPHIA, PA 19178	23-1352166	501(C)3	60,000		N/A	N/A	VALIDATING CONSTRUCTS RELEVANT TO PTSD IN A MODEL OF INDIVIDUAL DIFFERENCES IN RESPONSE TO SOCIAL DEFEAT IN RATS
MHEALTHFORWARD INC 315 W 36TH ST NEW YORK, NY 10018	81-3198566	501(C)3	60,000		N/A	N/A	BIOSENSORS AND MOBILE HEALTH PLATFORM FOR BRAIN DISEASES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN COLLEGE OF RADIOLOGY (ACR) 1818 MARKET ST STE 1720 PHILADELPHIA, PA 19103	36-2261602	501(C)3	78,055		N/A	N/A	CONDUCT STUDY TO ESTABLISH A NATIONAL NORMATIVE NEUROIMAGING LIBRARY
UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVE CHICAGO, IL 60637	36-2177139	501(C)3	635,748		N/A	N/A	PROVIDE SERVICES AND SUPPORT FOR BRAIN COMMONS (DATA-REPOSITORY)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BROAD INSTITUTE OF MIT AND HARVARD 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)3	220,784		N/A	N/A	PTSD RESEARCH PROGRAMS
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)3	40,090		N/A	N/A	ANALYSIS OF GENETIC DATA (GWAS) IN PTSD PATIENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPEN COMMONS CONSORTIUM 400 LATHROP AVENUE SUITE 90 RIVER FOREST, IL 60305	26-1866627	501(C)3	143,811		N/A	N/A	BRAIN COMMONS DEVELOPMENT AND MAINTENANCE
MCLEAN HOSPITAL 115 MILL STREET BELMONT, MA 02142	04-2697981	501(C)3		-195,094	N/A	REPURPOSED GRANT FUNDS	REPURPOSED GRANT FUNDS

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MAGALI HAAS MD PHD CEO & PRESIDENT	(i)	454,184	181,692	0	18,315	0	654,191	0
	(ii)	0	0	0	0	0	0	0
2 DAVID BIONDI BOARD MBR/FORMER EXECUTIVE DIR.,CLIN	(i)	260,031	50,350	0	15,334	13,003	338,718	0
	(ii)	0	0	0	0	0	0	0
3 ANDREAS JEROMIN PHD CHIEF SCIENTIFIC OFFICER	(i)	325,470	141,728	0	0	15,766	482,964	0
	(ii)	0	0	0	0	0	0	0
4 ALLYSON GAGE PHD CHIEF MEDICAL OFFICER	(i)	358,257	144,200	0	16,822	7,078	526,357	0
	(ii)	0	0	0	0	0	0	0
5 DANIELA BRUNNER PHD FORMER EXEC. DIR. OF DIGITAL HEALTH	(i)	268,264	49,029	0	10,182	0	327,475	0
	(ii)	0	0	0	0	0	0	0
6 LINDA DYSON FORMER EXECUTIVE DIRECTOR, PUBLIC AF	(i)	191,178	0	0	3,462	1,515	196,155	0
	(ii)	0	0	0	0	0	0	0
7 AMANDA NICOLE HARMON EXECUTIVE DIRECTOR, EXTERNAL AFFAIRS	(i)	189,253	42,667	0	15,561	16,846	264,327	0
	(ii)	0	0	0	0	0	0	0
8 FRISO POSTMA FORMER SENIOR DIRECTOR, EARLY SIGNAL	(i)	201,304	1,000	0	12,747	0	215,051	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FRANGIOSA & ASSOCIATES	OWNER IS AN OFFICER OF THE ORGANIZATION	46,350	PROVIDED DISCOUNTED PHARMACEUTICAL MARKET, COMMERCIALIZATION LANDSCAPING AND STRATEGIC CONSULTING SERVICES TO ORGANIZATION.		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE FORM 990 PRIOR TO ITS FILING. THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S CEO & PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MA NAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BO ARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS- INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE R OOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN TH E EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FA IR MARKET VALUE WILL BE ESTABLISHED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CVB'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE BOARD OF DIRECTORS. THE BOARD IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE BOARD MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES, AS APPROPRIATE. A PERFORMANCE EVALUATION IS CONDUCTED AND REVIEWED EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGR AM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. FOLLOWING THIS REVIEW, THE BOARD REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS, A ND OBJECTIVES AND GOALS UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE BOARD REVIEWS AND RECOM MENDS TO THE BOARD SALARY APPROVAL AND INCENTIVE AWARDS FOR THE CEO/PRESIDENT AND SELECTED KEY SENIOR STAFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND FORMS AVAILABLE THROUGH CHARITY NAVIGATOR WEBSITE AS WELL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RESEARCH COLLABORATION EXPENSES: PROGRAM SERVICE EXPENSES 2,783,143. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,783,143. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 3,730,994. MANAGEMENT AND GENERAL EXPENSES 132,754. FUNDRAISING EXPENSES 18,014. TOTAL EXPENSES 3,881,762.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CANCELLATION OF GRANT OBLIGATION 924,603.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COHEN VETERANS BIOSCIENCE INC

Employer identification number
47-1981973

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EARLY SIGNAL LLC 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	TO HOLD INTELLECTUAL PROPERTY	MA	0	0	COHEN VETERANS BIOSCIENCE INC

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

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

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation