

Return of Organization Exempt From Income Tax

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

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending

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

C Name of organization
THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION
 Doing business as **ALZHEIMER'S RESEARCH FDN, FISHER**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
FDR STATION, P.O. BOX 220
 City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10150

D Employer identification number
13-3859563

E Telephone number
(212) 915 1328

G Gross receipts \$ **13,602,731.**

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

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

J Website: **WWW.ALZINFO.ORG**

K Form of organization: Corporation Trust Association Other

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

H(c) Group exemption number

F Name and address of principal officer: **BARRY R. SLOANE**
SAME AS C ABOVE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FUNDS RESEARCH INTO THE CAUSE, CARE, AND CURE OF ALZHEIMER'S DISEASE AT THE ZACHARY		
	2 Check this box <input type="checkbox"/> 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	13
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,868,429.	7,458,789.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,253,116.	2,536,517.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,000.	385.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,124,545.	9,995,691.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,430,534.	4,959,013.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	742,488.	587,743.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	384,270.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	501,354.	1,030,154.
19 Revenue less expenses. Subtract line 18 from line 12	4,674,376.	6,576,910.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,450,169.	3,418,781.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	31,521,960.	34,799,750.
		2,890,733.	2,445,530.
		28,631,227.	32,354,220.

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
 Signature of officer: 
BARRY R. SLOANE, CHAIRMAN & TREASURER
 Date: **10/15/21**

Paid Preparer Use Only
 Print/Type preparer's name: **GARRETT M. HIGGINS**
 Preparer's signature: **GARRETT M. HIGGINS**
 Date: **10/12/21**
 Check if self-employed: PTIN: **P00543209**
 Firm's name: **PKF O'CONNOR DAVIES, LLP**
 Firm's EIN: **27-1728945**
 Firm's address: **500 MAMARONECK AVENUE HARRISON, NY 10528-1633**
 Phone no.: **914-381-8900**

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

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

Form 990 (2020)

13-3859563 Page 2

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
THE ZACHARY AND ELIZABETH M. FISHER CENTER FORALZHEIMER'S RESEARCH
FOUNDATION IS DEDICATED TO ATTACKING THE SCOURGE OF ALZHEIMER'S
DISEASE THROUGH A 3-PRONGED ASSAULT FOCUSED ON UNDERSTANDING THE CAUSE
OF ALZHEIMER'S DISEASE (AD), IMPROVING THE CARE OF PEOPLE LIVING WITH
- 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 \$ 4,809,013. including grants of \$ 4,809,013.) (Revenue \$)
A MAJORITY OF OUR GRANT FUNDING GOES TO THE ZACHARY AND ELIZABETH M.
FISHER CENTER FOR RESEARCH ON ALZHEIMER'S DISEASE (THE FISHER CENTER
LAB) AT THE ROCKEFELLER UNIVERSITY IN NEW YORK FOR NEUROLOGICAL
RESEARCH INTO THE CAUSE OF ALZHEIMER'S AND POTENTIAL NEW
PHARMACOLOGICAL TREATMENT OPTIONS. THE LAB IS UNDER THE INTERIM
DIRECTION OF DR. MARC FLAJOLET SINCE THE PASSING OF NOBEL LAUREATE DR.
PAUL GREENGARD IN 2019. THE FISHER CENTER PROVIDES RESEARCHERS
WORLDWIDE WITH A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING THE DISEASE
PROCESS, AND CONTINUES TO BE AT THE FOREFRONT OF ONE DAY FINDING A CURE
FOR ALZHEIMER'S DISEASE. DURING THE CALENDAR YEAR RESEARCHERS
DISCOVERED THAT SPECIFIC TYPES OF NERVE CELLS (NEURONS) ARE MORE
SUSCEPTIBLE TO THE ALZHEIME'S DISEASE PATHOLOGY, BEING AFFECTED AND
- 4b (Code:) (Expenses \$ 785,304. including grants of \$) (Revenue \$)
THE ALZHEIMER'S INFORMATION PROGRAM PROMOTES PUBLIC DISEASE AWARENESS,
EDUCATION, AND RESOURCES FOR CAREGIVERS (AND PATIENTS) THROUGH MEDIA
CONDUITS, SOCIAL NETWORKS, AND THE INTERNET. THE HEART OF THE PROGRAM
IS THE WEBSITE:
ALZINFO.ORG, WHICH IS UPDATED REGULARLY TO PROVIDE COMPREHENSIVE DATA
ABOUT ALZHEIMER'S DISEASE, RECENT RESEARCH STUDIES AND FINDINGS,
TREATMENT AND DISEASE MANAGEMENT. THE SITE HAS 433,760 UNIQUE VISITORS
AND OFFERS A FREE RESOURCE LOCATOR THAT IDENTIFIES DOCTORS, NURSES,
GERIATRIC CAREGIVERS, HOME HEALTH AGENCIES AND OTHER SOURCES BY ZIP
CODE. OUR SCIENTISTS ANSWER QUESTIONS THROUGH "ASK THE EXPERTS" PORTAL
ON OUR WEBSITE, AND CAREGIVERS CAN JOIN OUR SUPPORT GROUP THROUGH OUR
ONLINE CAREGIVER'S CORNER. OUR 1-800-ALZ-INFO PHONE SYSTEM ASSISTS
- 4c (Code:) (Expenses \$ 125,000. including grants of \$ 125,000.) (Revenue \$)
A GRANT WAS MADE TO THE NEW YORK UNIVERSITY SCHOOL OF MEDICINE FOR THE
FISHER ALZHEIMER'S DISEASE EDUCATION AND RESOURCES PROGRAM WHERE DRS.
REISBERG AND KENOWSKY EXAMINED HEALTH OUTCOMES OF THE COMPREHENSIVE,
INDIVIDUALIZED, PATIENT CENTERED ALZHEIMER'S MANAGEMENT PROGRAM.
PRIMARY RESEARCH FOCUSED ON THE EFFECTS OF THE PROGRAM ON
ANTIDEPRESSANT USAGE AND COST. PREVIOUSLY THEY DESCRIBED THE STAGES OF
ALZHEIMER'S DISEASE (AD) THAT IMPROVED WORLDWIDE UNDERSTANDING OF AD
AND ASSISTED IN THE DISCOVERY OF NEW TREATMENTS FOR AD. FOR EXAMPLE, A
STAGE OF "MILD COGNITIVE IMPAIRMENT," (MCI) PRIOR TO THE ADVENT OF THE
DEMENTIA OF AD AND A STAGE OF "SUBJECTIVE COGNITIVE DECLINE" (SCD)
WHICH OCCURS PRIOR TO THE MCI STAGE. BOTH OF THESE STAGES HAVE
- 4d Other program services (Describe on Schedule O.)
(Expenses \$ 25,000. including grants of \$ 25,000.) (Revenue \$)
- 4e Total program service expenses **▶** 5,744,317.

Form 990 (2020)

032002 12-23-20

SEE SCHEDULE O FOR CONTINUATION(S)

3

16311012 756359 1176225.000

2020.04030 THE ZACHARY & ELIZABETH M 11762251

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

Form 990 (2020)

13-3859563 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

032003 12-23-20

Form **990** (2020)

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

Form 990 (2020)

13-3859563 Page 4

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
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	X	
38		X	

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		11
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
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			

032004 12-23-20

Form 990 (2020)

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

Form 990 (2020)

13-3859563 Page 5

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	4	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		X
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.		X

Form 990 (2020)

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

Form 990 (2020)

13-3859563 Page 6

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	12		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 **▶ SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
LUCRETIA HOLDEN - 212-915-1328
FDR STATION, P.O. BOX 220, NEW YORK, NY 10150

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

Form 990 (2020)

13-3859563 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 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) LUCRETIA HOLDEN EXECUTIVE DIRECTOR	40.00			X				213,126.	0.	17,383.
(2) BARRY R. SLOANE CHAIRMAN/TREASURER	6.75	X	X					0.	0.	0.
(3) HOWARD LUTNICK VICE CHAIR	0.25	X	X					0.	0.	0.
(4) MARTIN EDELMAN VICE CHAIR	0.25	X	X					0.	0.	0.
(5) DAVID H.W. TURNER SECRETARY	1.00	X	X					0.	0.	0.
(6) DR. MANNY ALVAREZ TRUSTEE	0.50	X						0.	0.	0.
(7) DR. E. RATCLIFFE ANDERSON, JR. TRUSTEE	0.00	X						0.	0.	0.
(8) GERRY BYRNE TRUSTEE	0.50	X						0.	0.	0.
(9) HADLEY FISHER TRUSTEE	0.50	X						0.	0.	0.
(10) BETSY GOTBAUM TRUSTEE	0.50	X						0.	0.	0.
(11) JAMES L. NEDERLANDER TRUSTEE	0.25	X						0.	0.	0.
(12) RICHARD J. SALEM TRUSTEE	0.50	X						0.	0.	0.
(13) DR. MOSHE SHIKE TRUSTEE	0.25	X						0.	0.	0.
(14) LOIS WHITMAN-HESS TRUSTEE (THRU MAR 2020)	0.25	X						0.	0.	0.

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

Form 990 (2020)

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 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 Subtotal							213,126.	0.	17,383.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							213,126.	0.	17,383.	

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELITE ACCOUNTING SERVICES, LLC 500 MAMARONECK AVE, HARRISON, NY 10528	BOOKKEEPING SERVICES	123,868.
STAYWELL COMPANY, LLC 800 TOWNSHIP LINE ROAD, YARDLEY, PA 19067	MAGAZINE PUBLISHING	121,934.

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 **2**

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

Form 990 (2020)

13-3859563 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	226,998.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	7,231,791.				
	1 g	Nontax contributions included in lines 1a-1f	430,439.				
	1 h	Total. Add lines 1a-1f	7,458,789.				
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	383,515.			383,515.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5,760,042.			
			(ii) Other				
			7a				
7 b	Less: cost or other basis and sales expenses	7b	3,607,040.				
7 c	Gain or (loss)	7c	2,153,002.				
7 d	Net gain or (loss)		2,153,002.		2,153,002.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	900099	385.		385.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		385.			
12	Total revenue. See instructions		9,995,691.	0.	0.	2,536,902.	

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

Form 990 (2020)

13-3859563 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,934,013.	4,934,013.		
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	25,000.	25,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	230,509.	172,882.	11,525.	46,102.
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	289,424.	147,453.	47,811.	94,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,694.	7,323.	1,687.	3,684.
9 Other employee benefits	20,130.	10,340.	3,285.	6,505.
10 Payroll taxes	34,986.	21,393.	4,070.	9,523.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,392.		12,392.	
c Accounting	157,906.		157,906.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	73,575.		73,575.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	106,782.	18,919.	13,610.	74,253.
12 Advertising and promotion	71,640.	70,711.	76.	853.
13 Office expenses	49,171.	16,121.	13,732.	19,318.
14 Information technology	4,014.	399.	3,223.	392.
15 Royalties	156,279.	30,508.		125,771.
16 Occupancy	3,586.		3,586.	
17 Travel	1,358.		1,232.	126.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	787.		787.	
23 Insurance	1,670.		1,670.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PUBLISHING	286,356.	286,356.		
b PROCESSING FEES	90,138.		90,138.	
c DUES & SUBS	11,184.	2,899.	4,702.	3,583.
d MISCELLANEOUS	3,152.		3,152.	
e All other expenses	164.		164.	
25 Total functional expenses. Add lines 1 through 24e	6,576,910.	5,744,317.	448,323.	384,270.
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)

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

Form 990 (2020)

13-3859563 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,148,305.	1	4,063,644.
	2 Savings and temporary cash investments	9,016,767.	2	8,272,054.
	3 Pledges and grants receivable, net	517,434.	3	672,687.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,107.	8	4,976.
	9 Prepaid expenses and deferred charges	6,979.	9	15,016.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,806.		
	b Less: accumulated depreciation	10,728.		
	11 Investments - publicly traded securities	17,821,738.	10c	21,767,434.
	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	2,765.	15	1,861.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,521,960.	16	34,799,750.	
Liabilities	17 Accounts payable and accrued expenses	79,748.	17	240,532.
	18 Grants payable	2,810,985.	18	2,204,998.
	19 Deferred revenue		19	
	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		25	
	26 Total liabilities. Add lines 17 through 25	2,890,733.	26	2,445,530.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,326,376.	27	32,129,483.
	28 Net assets with donor restrictions	304,851.	28	224,737.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,631,227.	32	32,354,220.
33 Total liabilities and net assets/fund balances	31,521,960.	33	34,799,750.	

Form 990 (2020)

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

Form 990 (2020)

13-3859563 Page 12

Part XI Reconciliation 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	9,995,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,576,910.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,418,781.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,631,227.
5	Net unrealized gains (losses) on investments	5	304,212.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,354,220.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

THE ZACHARY & ELIZABETH M. FISHER CENTER

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4377975.	6064311.	5365421.	6868429.	7458762.	30134898.
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	4377975.	6064311.	5365421.	6868429.	7458762.	30134898.
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)						1468058.
6 Public support. Subtract line 5 from line 4.						28666840.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4377975.	6064311.	5365421.	6868429.	7458762.	30134898.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	350,202.	331,693.	324,830.	480,283.	383,515.	1870523.
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.)	1,336.	1,790.	670.	3,000.		6,796.
11 Total support. Add lines 7 through 10						32012217.
12 Gross receipts from related activities, etc. (see instructions)					12	412.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	89.55	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.04	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

THE ZACHARY & ELIZABETH M. FISHER CENTER

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 ▶

THE ZACHARY & ELIZABETH M. FISHER CENTER

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

THE ZACHARY & ELIZABETH M. FISHER CENTER

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):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

THE ZACHARY & ELIZABETH M. FISHER CENTER

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2016 AMOUNT: \$ 1,336.

2017 AMOUNT: \$ 1,790.

2018 AMOUNT: \$ 670.

2019 AMOUNT: \$ 3,000.

2020 AMOUNT: \$ 0.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

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

Employer identification number

13-3859563

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number 13-3859563
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 424,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 302,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 224,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 209,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number 13-3859563
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3859563

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

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

SCHEDULE 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

2020
Open to Public Inspection

Name of the organization **THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION** Employer identification number **13-3859563**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a 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 Tax 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2020

032051 12-01-20

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

Schedule D (Form 990) 2020

13-3859563 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 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				
d Equipment		12,806.	10,728.	2,078.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,078.

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

13-3859563 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

13-3859563 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,537,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	304,212.
b	Donated services and use of facilities	2b	311,438.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	615,650.
3	Subtract line 2e from line 1	3	9,922,116.
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	73,575.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,575.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,995,691.

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	6,814,773.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	311,438.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	311,438.
3	Subtract line 2e from line 1	3	6,503,335.
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	73,575.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,575.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,576,910.

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.

PART X, LINE 2:

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE FOUNDATION RECOGNIZES THE
EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY
THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION
HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT
RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER SUBJECT TO
EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO
2017.

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

13-3859563

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	ALZHEIMER'S RESEARCH	25,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities 0

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

Schedule F (Form 990) 2020

13-3859563 Page 4

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

A GRANT WAS GIVEN TO THE BRAIN AND SPINE IMAGING INSTITUTE TO CARRY OUT RESEARCH BY BENOIT DELATOUR, MARC DHENAIN, PATRICE DUBREUIL, AND OLIVIER HERMINE TO INVESTIGATE WHETHER STRUCTURE OF AMYLOID PROTEINS ARE CHANGED PARTICULARLY IF PROTEINS AGGREGATES, WHICH ARE TOXIC FOR SYNAPSES, ARE DECREASED. IN THIS HYPOTHESIS, MASITINIB MAY DECREASE PROTEASE RELEASE BY MAST CELLS, WHICH MAY BE RESPONSIBLE FOR GENERATION OF PROTEINS AGGREGATE, AND TEST WHETHER MASITINIB IS ABLE TO BLOCK LESIONS SPREADING AFTER PRIONS LIKE PROTEINS INOCULATION. THIS PROJECT WILL REVEAL ROLE OF MAST CELL AND KINASES IN THE PATHOPHYSIOLOGY OF ALZHEIMER'S DISEASE. A BETTER UNDERSTANDING OF ITS MECHANISMS MAY DEFINE THE BEST STRATEGY TO IMPROVE ALZHEIMER DISEASE. PROVIDE THE FISHER CENTER FOUNDATION WITH AN MONTH REPORT ON THE PROGRESS OF THEIR INVESTIGATIONS AND A FINAL REPORT AT THE END OF THE AGREEMENT.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURES.

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.

2020

Open to Public
Inspection

Name of the organization **THE ZACHARY & ELIZABETH M. FISHER CENTER
FOR ALZHEIMER'S RESEARCH FOUNDATION** Employer identification number
13-3859563

Part I General Information on 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.

1 (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
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10021	13-1624158	501(C)(3)	3,000,000.	0.			SEE PART IV
NYU MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	125,000.	0.			SEE PART IV
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10021	13-1624158	501(C)(3)	1,000,000.	0.			SEE PART IV

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

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

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

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

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

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

PART I, LINE 2:

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS IN THE US BY RECEIVING PERIODIC PROGRESS REPORTS ON THE RESEARCH CONDUCTED AND ANY FINDINGS PUBLISHED AS A RESULT OF THIS FUNDING. THE FISHER CENTER FOR ALZHEIMER'S DISEASE RESEARCH AT THE ROCKEFELLER UNIVERSITY SUBMITS A REPORT AT EACH GENERAL BOARD MEETING WHICH IS INCORPORATED INTO THE MINUTES OF THE MEETING. THE FISHER EDUCATIONAL AND RESOURCES PROGRAM AT NYU SCHOOL OF MEDICINE REPORTS AT THE END OF THE FUNDING PERIOD IN THEIR REQUEST FOR FURTHER FUNDING ON THE PROGRESS TO DATE OF THE RESEARCH ACTIVITIES

Part IV Supplemental Information

SUPPORTED BY THE FOUNDATION.

THE FOUNDATION FUNDING DECISIONS ARE MADE UNDER THE SOLE AND ABSOLUTE DISCRETION OF THE BOARD PURSUANT TO A MAJORITY VOTE. A SCIENCE ADVISORY BOARD COMPRISED OF MEDICAL AND SCIENTIFIC EXPERTS IN THE FIELD OF ALZHEIMER'S DISEASE AND RELATED DISEASES ADVISES AND ASSISTS THE FOUNDATION IN CONNECTION WITH FUNDING GRANT REQUESTS.

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

PURPOSE OF GRANT

THE ROCKEFELLER UNIVERSITY:

GRANTS TO THE FISHER CENTER FOR ALZHEIMER'S DISEASE RESEARCH AT THE ROCKEFELLER UNIVERSITY FOR NEUROLOGICAL RESEARCH INTO THE CAUSES OF ALZHEIMER'S, AND POTENTIAL NEW PHARMACOLOGICAL TREATMENT OPTIONS, AND TO SUPPORT PROFESSORSHIP TO CONDUCT RESEARCH ACTIVITIES.

AN ADDITIONAL GRANT TO THE ROCKEFELLER UNIVERSITY FOR DR. JEAN-LAURENT CASANOVA'S COVID-19 RESEARCH.

NYU MEDICAL CENTER:

NYU GRANT TO FISHER EDUCATION AND RESOURCES PROGRAM AT NY UNIVERSITY SCHOOL OF MEDICINE FOR CLINICAL RESEARCH INTO THE EFFICACY OF MEMANTINE AND COMPREHENSIVE INDIVIDUALIZED PATIENT-CENTERED MANAGEMENT OF ALZHEIMER'S DISEASE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

13-3859563

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

13-3859563

Schedule J (Form 990) 2020

Page 2

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

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

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

(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) LUCRETIA HOLDEN EXECUTIVE DIRECTOR	(i)	163,126.	50,000.	0.	3,171.	14,212.	230,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE DIRECTOR, LUCRETIA HOLDEN, WAS AWARDED A BONUS OF \$50,000 BY
A UNANIMOUS VOTE OF THE COMPENSATION COMMITTEE OF THE BOARD, AND IS
REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

THE ZACHARY & ELIZABETH M. FISHER CENTER

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
CENTURY BANK	SEE PART V	6,650,029.	SEE PART V		X

Part V Supplemental Information.

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

FORM 990, SCHEDULE L, PART IV
 RESULTING FROM HIGHLY COMPETITIVE RATES OFFERED BY CENTURY BANK, THE
 FOUNDATION HOLDS \$6,650,029 IN CERTIFICATES OF DEPOSIT AND MONEY MARKET
 ACCOUNT WITH CENTURY BANK, WHERE MR. BARRY SLOANE (THE FOUNDATION'S
 CHAIRMAN/TREASURER) SERVES AS PRESIDENT AND CEO. MR. BARRY SLOANE AND
 HIS FAMILY MEMBERS OWN MORE THAN 35% OF THE TOTAL COMBINED VOTING POWER
 OF THE CENTURY BANK.

THE ENTIRE BOARD WAS MADE AWARE OF THE CONFLICT WITH MR. SLOANE BEFORE
 THE INVESTMENTS WERE MADE, AS WELL AS A CONTINUING DISCLOSURE AT ALL
 SUBSEQUENT BOARD MEETINGS. THE BOARD UNANIMOUSLY VOTED TO APPROVE THE
 INVESTMENTS. MR. SLOANE RECUSED HIMSELF FROM THE VOTE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION** Employer identification number **13-3859563**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	46	430,439.	AVG SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON PART I,
LINE 9, COLUMN (B).

Multiple horizontal lines for supplemental information.

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

2020

Open to Public
Inspection

Name of the organization

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

Employer identification number
13-3859563

FORM 990, PART I, DOING BUSINESS AS:

ALZHEIMER'S RESEARCH FDN, FISHER CTR

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

AND ELIZABETH M. FISHER CENTER FOR RESEARCH ON ALZHEIMER'S DISEASE AT
THE ROCKEFELLER UNIVERSITY IN NEW YORK THAT WAS UNDER THE DIRECTION OF
NOBEL LAUREATE DR. PAUL GREENGARD WHOSE FINDINGS HAVE BEEN THE BASIS
FOR MUCH OF TODAY'S ALZHEIMER'S INVESTIGATIONS.

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

THE DISEASE TO ENHANCE THEIR QUALITY OF LIFE AND THAT OF THEIR
CAREGIVERS AND FAMILIES, AND FINDING A CURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DISAPPEARING SOONER THAN OTHER NEURONS (RESISTANT). FISHER SCIENTISTS
ARE USING A UNIQUE SET OF TECHNOLOGIES TO BETTER UNDERSTAND UNDERLYING
CAUSES OF THIS PROCESS AND HELP DESIGN ENTIRELY NEW THERAPEUTIC
STRATEGIES. NEW GENES ARE BEING CHARACTERIZED THAT THEY HAVE LINKED TO
VULNERABILITY. A SECOND RELATIVELY NEW PROJECT IS CENTERED ON OUR
DISCOVERY THAT A DIFFERENT FRAGMENT OF APP (CALLED C99) IS A BETTER
MARKER FOR NEURODEGENERATION. THIS STUDY WAS MOSTLY BASED ON HUMAN
BRAIN SAMPLES WHICH GIVES IT EVEN MORE VALUE. IN OTHER RESEARCH, THE
SCIENTISTS ACCELERATED THE BREAKDOWN OF THE TOXIC BETA-AMYLOID
COMPONENT BY TARGETING A CELLULAR PROCESS CALLED AUTOPHAGY, A PROCESS
RESPONSIBLE FOR REMOVING DEBRIS FROM THE CELLS. THE SCIENTISTS
IDENTIFIED A NOVEL SIGNALING NETWORK WITHIN NEURONS THAT REGULATES

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
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BETA-AMYLOID DEGRADATION. SCIENTISTS CONTINUE TO DEVELOP THERAPEUTIC APPROACHES AND BUILD A NOVEL PLATFORM FOR DRUG DISCOVERY APPLICATIONS AS THEY CHARACTERIZE AND OPTIMIZE CHEMICALLY ACTIVE MOLECULES. ONE MOLECULE IDENTIFIED MIGHT HELP PROTECT PEOPLE FROM DEVELOPING ALZHEIMER'S DISEASE.

DURING THE PANDEMIC, THE FISHER CENTER LAB AT THE ROCKEFELLER UNIVERSITY CAMPUS WAS PART OF AN ORGANIZED COLLECTION OF MEDICAL ITEMS INCLUDING BOXES OF GLOVES, MASKS, HARD FACE SHIELDS AND LAB GOGGLES TO PROVIDE TO HOSPITALS IN NEED. IN ADDITION, ONE LARGE EFFORT THAT THE FISHER CENTER LAB SCIENTISTS TOOK OVER THE LAST YEAR AND A HALF WAS TO BUILD A TOTALLY NOVEL DRUG DISCOVERY PLATFORM THAT WILL CONSIDERABLY SPEED UP THE DRUG DISCOVERY PROCESS FOR ALZHEIMER'S DISEASE. DUE TO THE URGENT NEEDS OF NEW DRUGS FOR THE CORONAVIRUS, DR. FLAJOLET AND THE ROCKEFELLER UNIVERSITY LEADERS IMMEDIATELY IDENTIFIED THAT SOME OF THE SCIENTIFIC KNOWLEDGE AT THE FISHER CENTER LAB COULD BE USED TO HELP WITH COVID-19 EFFORTS. OUR TEAM OF SCIENTISTS DILIGENTLY WORKED LONG HOURS, SEVEN DAYS A WEEK, IN MARCH AND APRIL TO BRING THE SCREENING PLATFORM TO A FUNCTIONAL LEVEL, AND IT IS NOW READY FOR DRUG DISCOVERY. ADDITIONALLY, THE FISHER CENTER LAB TEAM WORKED ON TWO PROTEINS OF COVID-19 THAT BELONG TO A FAMILY OF PROTEINS THAT THEY UNDERSTAND VERY WELL. THEY WILL ALSO MAKE THEIR DRUG DISCOVERY PLATFORM AVAILABLE TO OTHER SCIENTISTS WORKING ON OTHER PROTEIN TARGETS OF COVID-19.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE WHO DO NOT HAVE ACCESS TO THE INTERNET. OUR SCIENTISTS ANSWER QUESTIONS THROUGH THE "ASK THE EXPERTS" FEATURE ON OUR WEBSITE; OUR FREE E-NEWSLETTER, ALZHEIMER'S RESEARCH NEWS YOU CAN USE, IS THE MOST

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
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REVIEWED ALZHEIMER'S AND DEMENTIA NEWSLETTER ON THE INTERNET; AND
 CAREGIVERS CAN JOIN OUR SUPPORT GROUP THROUGH OUR ONLINE CAREGIVER'S
 CORNER. OUR 1800ALZINFO PHONE SYSTEM ASSISTS PEOPLE WHO DO NOT HAVE
 ACCESS TO THE INTERNET.

OUR AWARD-WINNING TRI-ANNUAL PRINT PUBLICATION (PRESERVING YOUR MEMORY)
 CIRCULATES 51,500 COPIES PER ISSUE, WITH AN ESTIMATED READERSHIP OF
 772,500. THE EDITORIAL CONTENT IS REVIEWED BY OUR SCIENTIFIC TEAM FOR
 ACCURACY AND VALIDITY AS IT ADDRESSES CONCERNS OF READERS AFFECTED BY
 THE DISEASE (WHETHER CAREGIVER OR PATIENT), AND PROVIDES INFORMATION
 ABOUT ALZHEIMER'S TREATMENT, CARE OPTIONS, AND HOW TO TAKE THE
 NECESSARY STEPS TO ADEQUATELY PREPARE IF THEY, OR SOMEONE THEY LOVE,
 RECEIVE(S) AN ALZHEIMER'S DIAGNOSIS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUBSEQUENTLY BECOME "HOUSEHOLD NAMES" IN OUR FIELD. DURING THIS YEAR,
 WE DISCOVERED A NEW EVEN EARLIER STAGE OF AD, THE FIRST NEW STAGE OF AD
 IDENTIFIED IN THE PAST SEVERAL DECADES. A REPORT WAS DONE ON THIS
 STAGE, WHICH WE TERMED, "PSYCHOMETRIC COGNITIVE DECLINE." THIS STAGE
 PRECEDES THE ADVENT OF SCD. WE RECRUITED 60 HEALTHY PERSONS WITH, "NO
 COGNITIVE DECLINE." WE FOLLOWED 47 OF THESE PERSONS OVER A MEAN OF 6.7
 YEARS. AT FOLLOW-UP, WE CLASSIFIED PERSONS AS DECLINERS IF THEY
 DEVELOPED SCD OR WORSE AND AS NON-DECLINERS IF THEY REMAINED FREE OF
 SUBJECTIVE OR OBJECTIVE IMPAIRMENTS. AT FOLLOW-UP, WE FOUND THAT THERE
 WAS A VERY SIGNIFICANT DIFFERENCE BETWEEN THE TWO GROUPS IN THE DECLINE
 RATE. AFTER CONTROLLING FOR DEMOGRAPHIC VARIABLES AND FOLLOW-UP TIME,
 OUR COMBINATORIAL PSYCHOMETRIC TEST SCORE WAS SIGNIFICANTLY LOWER IN
 THE FUTURE DECLINERS. THIS WAS THE FIRST STUDY TO LINK PSYCHOMETRIC

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
--------------------------	---	--------------------------------	------------

COGNITIVE DECLINE TO EVENTUAL AD. THESE RESULTS WERE PUBLISHED AS A
"30TH ANNIVERSARY RESEARCH ARTICLE" IN DEMENTIA AND GERIATRIC
COGNITIVE DISORDERS, IN MAY 2020. THESE FINDINGS PROVIDE AN OPPORTUNITY
FOR INTERVENTION AT AN EARLIER POINT IN THE EVOLUTION OF EVENTUAL
ALZHEIMER'S DISEASE THAN HAS PREVIOUSLY BEEN POSSIBLE.

WE ALSO STUDIED THE EFFECT OF OUR COMPREHENSIVE, INDIVIDUALIZED
PERSON-CENTERED MANAGEMENT PROGRAM (CI-PCM) ON ANTIDEPRESSANT USAGE IN
COMMUNITY-RESIDING, ADVANCED AD PERSONS. WE FOUND THAT THE CI-PCM
PERSONS HAD SIGNIFICANT DECREASES IN ANTIDEPRESSANT USAGE AND IN
BEHAVIORAL SYMPTOMATOLOGY, AS WELL AS A RESOLUTION OF THEIR DEPRESSIVE
SYMPTOMS. THE GROUP WHO RECEIVED USUAL COMMUNITY CARE (UCC) RECEIVED
MORE ANTIDEPRESSANT MEDICATION AND PAID 4.2 TIMES MORE FOR
ANTIDEPRESSANTS. UCC PERSONS HAD A WORSENING OF BOTH BEHAVIORAL
DISTURBANCES AND DEPRESSIVE SYMPTOMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

A GRANT WAS GIVEN TO THE BRAIN AND SPINE IMAGING INSTITUTE TO CARRY OUT
RESEARCH BY BENOIT DELATOUR, MARC DHENAIN, PATRICE DUBREUIL, AND
OLIVIER HERMINE TO INVESTIGATE WHETHER STRUCTURE OF AMYLOID PROTEINS
ARE CHANGED PARTICULARLY IF PROTEINS AGGREGATES, WHICH ARE TOXIC FOR
SYNAPSES, ARE DECREASED. IN THIS HYPOTHESIS, MASITINIB MAY DECREASE
PROTEASE RELEASE BY MAST CELLS, WHICH MAY BE RESPONSIBLE FOR GENERATION
OF PROTEINS AGGREGATE, AND TEST WHETHER MASITINIB IS ABLE TO BLOCK
LESIONS SPREADING AFTER PRIONS LIKE PROTEINS INOCULATION. THIS PROJECT
WILL REVEAL ROLE OF MAST CELL AND KINASES IN THE PATHOPHYSIOLOGY OF
ALZHEIMER DISEASE. A BETTER UNDERSTANDING OF ITS MECHANISMS MAY DEFINE
THE BEST STRATEGY TO IMPROVE ALZHEIMER'S DISEASE. THE TEAM REPORTED
THAT MASITINIB IS A DRUG-LIKE COMPOUND WHICH INHIBITS A TYPE OF

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
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SIGNALING PROTEIN CALLED A KINASE. KINASES ARE IMPORTANT REGULATORS OF CELLULAR COMMUNICATION. INITIALLY, MASITINIB HAS BEEN SHOWN TO SPECIFICALLY BLOCK THE ACTIVITY OF THREE SUCH KINASES: C-KIT, LYN AND FYN. THESE ARE IMPORTANT FOR A TYPE OF CELLS CALLED MAST CELLS. SIGNALING OF MAST CELLS PLAY A CRUCIAL ROLE FOR THE IMMUNE SYSTEM AND THE BRAIN. MASITINIB HAS ALSO BEEN SHOWN TO TARGET ANOTHER KINASE CALLED MCSFR-1 THAT PLAYS A CRITICAL ROLE IN MICROGLIA MODULATION. MICROGLIA IS A TYPE OF CELL THAT HAS A SCAVENGER FUNCTION IN THE BRAIN AND IS BELIEVED TO BE HIGHLY RELEVANT FOR AD. IN SUMMARY, MASITINIB COULD ACT ON FOUR DIFFERENT TARGETS THAT INVOLVE DYSFUNCTIONAL MECHANISMS IN AD: MODULATION OF MICROGLIA, PROTECTION OF SYNAPSES, INHIBITION OF TAU PROTEIN, AND CONTROL OF MAST CELL ACTIVITY.

IN ONE EXPERIMENT (THE MORRIS WATER MAZE TEST), A MOUSE MODEL OF ALZHEIMER'S DISEASE WAS USED AND COMPARED TO NORMAL MICE. THE TEST MEASURED THE ABILITY OF MICE TO MEMORIZE THE LOCATION OF A SMALL SUBMERGED PLATFORM IN A POOL OF MILKY WATER. AFTER SEVERAL ATTEMPTS, NORMAL MICE MEMORIZE THE LOCATION OF THE PLATFORM, LOCATING THE SUBMERGED PLATFORM QUICKLY, WHILE AD MICE WERE SIGNIFICANTLY SLOWER. MASITINIB SIGNIFICANTLY IMPROVED THE COGNITIVE ABILITY IN AD MICE IN THIS TEST. SIMILARLY, MASITINIB COULD PROTECT AGAINST SYNAPTIC LOSS (THE ACTIVE ZONES BETWEEN NEURONS WHICH ARE CRUCIAL FOR NEURONAL COMMUNICATION) BY REDUCING MAST CELL ACTIVITY.

IN A NOVEL CLINICAL TRIAL, THREE VARYING DOSES OF MASITINIB WERE TESTED ON AD PATIENTS: 3 MG/KG/DAY, 4.5 MG/KG/DAY AND TITRATION FROM 4.5 TO 6 MG/KG/DAY. EARLY ON, THE STUDY ARM INVOLVING THE LOWER DOSE WAS STOPPED. THE STUDY ENROLLED 718 PATIENTS FROM 118 SITES IN 21

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
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COUNTRIES. THE LATEST RESULTS REPORTED CORRESPOND TO 24 WEEKS OF TREATMENT. SIGNIFICANT EFFECTS WERE OBSERVED IN THE AREAS OF COGNITIVE FUNCTION, DAILY ACTIVITY, AND 71% IMPROVEMENT ON CIBIC, AS WELL AS SOME NUMERICAL ADVANTAGES (NOT STATISTICALLY SIGNIFICANT) OF MASITINIB ON OTHER TESTS (MMSE, CDR AND NPI). FROM THOSE ENCOURAGING STUDIES, IT IS POSSIBLE TO CONCLUDE THAT 4.5 MG/KG/DAY REPRESENTS THE EFFECTIVE DOSE FOR AD.

EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.

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

THE 990 IS INITIALLY REVIEWED BY MEMBERS OF THE AUDIT COMMITTEE THAT CONSISTS OF 3 INDEPENDENT TRUSTEES. A COPY IS THEN FORWARDED ELECTRONICALLY TO ALL BOARD MEMBERS AND RELEVANT MANAGEMENT PERSONNEL FOR THEIR REVIEW AND COMMENT. ANY REQUIRED REVISIONS ARE MADE AND THE REVISED 990 IS RESUBMITTED TO ALL BOARD MEMBERS FOR FINAL REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH IS ANNUALLY MONITORED REQUIRING ALL TRUSTEES TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST VIA EMAIL RESPONSE TO THE EXECUTIVE DIRECTOR. THE FOUNDATION REQUIRES THAT ALL TRUSTEES, OFFICERS, KEY EMPLOYEES AND STAFF PERSONNEL PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THAT MAY EXIST AT THE TIME THE TRUSTEE IS APPOINTED OR STAFF PERSONNEL IS HIRED, OR AS THEY MAY ARISE WHILE THE TRUSTEE IS SERVING ON THE BOARD OR THE STAFF PERSONNEL IS EMPLOYED BY THE FOUNDATION. SUCH DISCLOSURES INVOLVING A TRANSACTION, ARRANGEMENT OR DECISION BEING CONSIDERED BY THE BOARD ARE MADE KNOWN TO ALL TRUSTEES. THE BOARD THEN DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS WITH THE INTERESTED PARTY

Name of the organization	THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number	13-3859563
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ABSTAINING FROM THE DECISION. IF IT IS DETERMINED THAT NO CONFLICT EXISTS, THEN THE BOARD VOTES ON THE TRANSACTION BUT WITH THE INTERESTED PARTY RECUSING HIMSELF FROM THE DISCUSSION AND VOTE ON SAID MATTER.

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

THE FOUNDATION HAS A COMPENSATION COMMITTEE CONSISTING OF 3 INDEPENDENT TRUSTEES TO DETERMINE THE COMPENSATION OF TOP MANAGEMENT AND KEY EMPLOYEES AT LEAST ONCE A YEAR. THE COMMITTEE IS MANDATED BY ITS CHARTER TO REVIEW EXECUTIVE AND OTHER KEY EMPLOYEE PERFORMANCE CONSISTENT WITH THE GOALS AND OBJECTIVES OF THE FOUNDATION AS DETERMINED BY THE BOARD OF TRUSTEES, AND TO DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION IN LIGHT OF THIS PERFORMANCE REVIEW AND USING OTHER SUBSTANTIATING DATA SURVEYS ON CURRENT COMPENSATION RATES FOR SIMILAR POSITIONS IN OTHER COMPARABLE NONPROFITS IN THE NEW YORK CITY AREA. THE COMMITTEE'S DECISION IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT (COMPENSATION COMMITTEE MINUTES) INDICATING THE DATE OF THE MEETING, THE MEMBERS PRESENT, AND THE COMPARABLE DATA USED TO MAKE THE DECISION. THE COMPENSATION REVIEW PROCESS FOR THE EXECUTIVE DIRECTOR WAS LAST UNDERTAKEN IN DECEMBER 2020.

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

AZ, CT, UT, IL, MI, MO, MT, NJ, NY, NC, OH, PA, RI, TX, VA, WA, WI, CA, MD

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

THE FOUNDATION MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE, AS WELL AS OTHER SIMILAR WEBSITES SUCH AS WWW.GUIDESTAR.ORG. IN ADDITION, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND OTHER

Name of the organization THE ZACHARY & ELIZABETH M. FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION	Employer identification number 13-3859563
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POLICIES ARE AVAILABLE UPON WRITTEN REQUEST AT FDR STATION, P.O. BOX 220,
 NEW YORK NY 10150 OR BY CALLING THE ORGANIZATION DIRECTLY AT (800) 259-4636
 OR (212) 915-1328.

FORM 990, PART XII, LINE 2C:

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