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GOVERNMENT COPY

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2006 calendar year, or tax year beginning and ending**

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

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**Alzheimer's Disease Research Foundation**  
**dba Cure Alzheimer's Fund**

**D Employer identification number**  
**52-2396428**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**34 Washington Street** **300**

**E Telephone number**  
**781-237-3800**

City or town, state or country, and ZIP + 4  
**Wellesley, MA 02481**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ **www.curealzfund.org**

**J Organization type** (check only one)  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,054,252.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>3,547,273.</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>3,077,501.</b> noncash \$ <b>469,772.</b> )	<b>1e</b>		<b>3,547,273.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>19,049.</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>		<b>4,385.</b>
<b>6 a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>		
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		<b>468,755.</b>	<b>8a</b>	
<b>b</b>	Less: cost or other basis and sales expenses	<b>469,772.</b>	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>-1,017.</b>	<b>8c</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>Stmt 1</b>	<b>8d</b>	<b>-1,017.</b>
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>14,790.</b>
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>3,584,480.</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>2,202,668.</b>
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>218,988.</b>
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>203,132.</b>
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		<b>2,624,788.</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>959,692.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,067,738.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>See Statement 2</b>	<b>43,031.</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>2,070,461.</b>

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>2142000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b> 2,142,000.	2,142,000.		<b>Statement 5</b>
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>Statement 4</b>	<b>25c</b> 165,000.	33,000.	82,500.	49,500.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 68,654.	13,731.	20,596.	34,327.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 32,283.	6,457.	14,527.	11,299.
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 28,927.		28,927.	
<b>32</b> Legal fees	<b>32</b> 26,048.		26,048.	
<b>33</b> Supplies	<b>33</b> 2,612.			2,612.
<b>34</b> Telephone	<b>34</b> 1,050.		1,050.	
<b>35</b> Postage and shipping	<b>35</b> 8,344.		8,344.	
<b>36</b> Occupancy	<b>36</b> 10,500.		10,500.	
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b> 2,364.		2,364.	
<b>39</b> Travel	<b>39</b> 10,897.			10,897.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 1,495.		1,495.	
<b>41</b> Interest	<b>41</b> 164.		164.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 3,163.		765.	2,398.
<b>43</b> Other expenses not covered above (itemize):	<b>43a</b>			
a _____	<b>43b</b>			
b _____	<b>43c</b>			
c _____	<b>43d</b>			
d _____	<b>43e</b>			
e _____	<b>43f</b>			
f _____	<b>43g</b> See Statement 3	121,287.	7,480.	21,708.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 2,624,788.	2,202,668.	218,988.	203,132.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>See Statement 8</u>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>See Statement 6</u>     (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,210,668.</b>
<b>b</b> <u>See Statement 7</u>     (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> <u>The Alzheimer's Genome Project: Brain Study, the Phenotyping Project (ABP) compares the pathological features of autopsied brains of deceased AD patients with those of non-demented subjects to link AD pathology to genetic factors</u>   (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>150,000.</b>
<b>d</b> <u>The Alzheimer's Gene Database and forum, available on the web at www.AlzGene.org, is a project that gathers and analyzes studies and data relating to AD genetics, and provides weekly updates regarding ongoing attempts to identify novel AD genes.</u>   (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) <u>See Statement 9</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>100,000.</b>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ►	

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing .....	426,723.	45	60,483.	
	46 Savings and temporary cash investments .....		46	1,567,647.	
	47 a Accounts receivable .....	1,350.			
	b Less: allowance for doubtful accounts .....				
			661,563.	47c	1,350.
	48 a Pledges receivable .....	289,332.			
	b Less: allowance for doubtful accounts .....				
				48c	289,332.
	49 Grants receivable .....			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b	
	51 a Other notes and loans receivable .....				
	b Less: allowance for doubtful accounts .....				
				51c	
	52 Inventories for sale or use .....			52	
	53 Prepaid expenses and deferred charges .....			53	2,115.
	54 a Investments - publicly-traded securities Stmt 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		0.	54a	139,064.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55 a Investments - land, buildings, and equipment: basis .....					
b Less: accumulated depreciation .....					
			55c		
56 Investments - other .....		0.	56	0.	
57 a Land, buildings, and equipment: basis .....	12,924.				
b Less: accumulated depreciation Stmt 10	3,536.				
		6,542.	57c	9,388.	
58 Other assets, including program-related investments (describe <b>Deposits with foundations</b> )		8,389.	58	23,020.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		1,103,217.	59	2,092,399.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	35,479.	60	21,938.	
	61 Grants payable .....		61		
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b		
	65 Other liabilities (describe .....			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		35,479.	66	21,938.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....	1,067,738.	67	1,781,129.	
	68 Temporarily restricted .....		68	289,332.	
	69 Permanently restricted .....		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,067,738.	73	2,070,461.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,103,217.	74	2,092,399.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	3,340,876.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	20,337.
2	Donated services and use of facilities	b2	25,391.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	45,728.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	3,295,148.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>See Statement 12</u>	d2	289,332.
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	289,332.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	3,584,480.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,650,179.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	b1	25,391.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	25,391.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	2,624,788.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,624,788.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Timothy Armour 21 Sunset Road Weston, MA 02493	President 50.00	0.	0.	0.
Jeffrey Morby Henry W. Oliver Bldg, 535, Smithfield Pittsburgh, PA 15222	Chairman of the Board 10.00	0.	0.	0.
Timothy Armour 21 Sunset Road Weston, MA 02493	Secretary 2.00	0.	0.	0.
Jacqueline Morby Henry W. Oliver Bldg, 535, Smithfield Pittsburgh, PA 15222	Director 2.00	0.	0.	0.
Henry McCance 10 Mill Street Dover, MA 02030	Director 5.00	0.	0.	0.
William Truehart The Pittsburgh Fdn, One PPG Place, 30 Pittsburgh, PA 15222	Director 1.00	0.	0.	0.
Phyllis Rappaport 9 Rivercrest Court Stuart, FL 34996	Director 1.00	0.	0.	0.
John S. Lazo, Ph.D Dept of Pharmacology, E1340 DSTWR, Pittsburgh, PA 15222	Director 1.00	0.	0.	0.

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<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <span style="float:right">5</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... <span style="float:right">See Statement 13</span>	75b	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... If "Yes," attach a statement that includes the information described in the instructions.	75c	X
<b>d</b> Does the organization have a written conflict of interest policy? .....	75d	X

<b>Part V-B</b> Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits <small>(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)</small>	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	None				
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<b>Part VI</b> Other Information <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? ..... If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	78a	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? ..... <span style="float:right">N/A</span>	78b	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	79	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	X
<b>b</b> If "Yes," enter the name of the organization <span style="float:right">N/A</span> ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct or indirect political expenditures. (See line 81 instructions.) ..... <span style="float:right">81a   0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	81b	X

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<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		<b>X</b>
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	<b>82b</b> <u>N/A</u>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....		
	<b>83b</b> <u>N/A</u>		
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
	<b>84b</b> <u>N/A</u>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....		
	<b>85c</b> <u>N/A</u>		
<b>d</b>	Section 162(e) lobbying and political expenditures .....		
	<b>85d</b> <u>N/A</u>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		
	<b>85e</b> <u>N/A</u>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		
	<b>85f</b> <u>N/A</u>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
	<b>85g</b> <u>N/A</u>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		
	<b>85h</b> <u>N/A</u>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....		
	<b>86a</b> <u>N/A</u>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....		
	<b>86b</b> <u>N/A</u>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....		
	<b>87a</b> <u>N/A</u>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
	<b>87b</b> <u>N/A</u>		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> .....		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
	<u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	<u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed <u>See Statement 14</u> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 .....	<b>90b</b>	<u>2</u>
<b>91 a</b>	The books are in care of <u>Timothy W. Armour</u> Telephone no. <u>781-237-3800</u> Located at <u>34 Washington St., Suite 300, Wellesley, MA</u> ZIP + 4 <u>02481</u> .....		
<b>b</b>	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)? .....		<b>X</b>
	If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	

Form **990** (2006)



**Alzheimer's Disease Research Foundation  
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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country <span style="float:right">N/A</span>				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here				<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		92		N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14	19,049.	
<b>96</b> Dividends and interest from securities .....			14	4,385.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					-1,017.
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
a <b>Gains on sales of</b>					
b <b>investments</b>			18	14,790.	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		38,224.	-1,017.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....					37,207.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

<b>Part VIII</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)
<b>Line No.</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>See Statement 15</b>

<b>Part IX</b>	<b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

<b>Part X</b>	<b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Note:</b> If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

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**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	<b>Yes</b>	<b>No</b>

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.

**Please Sign Here**

	Date
<b>Timothy W. Armour, President</b> <small>Type or print name and title</small>	

<p><b>Paid Preparer's Use Only</b></p> Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <b>John A. Epeneter, PC</b> <b>3 Russell Avenue</b> <b>Maynard, MA 017541417</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN Phone no. <b>978-897-0741</b>
--	------	---	---

Form **990** (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization **Alzheimer's Disease Research Foundation  
dba Cure Alzheimer's Fund** Employer identification number **52 2396428**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Timothy W. Armour 21 Sunset Road, Weston, MA 02493	President 50.00	165,000.	0.	0.
Katie F. Cutler 7 Whitcomb Lane, Hingham, MA 02043	Director, Operations 40.00	68,654.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Alzheimer's Disease Research Foundation**

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>9,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? ..... See Statement 16	2a	X
<b>b</b>	Lending of money or other extension of credit? .....	2b	X
<b>c</b>	Furnishing of goods, services, or facilities? ..... See Statement 17	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... See Statement 18	2d	X
<b>e</b>	Transfer of any part of its income or assets? .....	2e	X
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	4b	X
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	X
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ..... ▶		0
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ..... ▶		0.
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ..... ▶		0.
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ..... ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Alzheimer's Disease Research Foundation

Schedule A (Form 990 or 990-EZ) 2006

dba Cure Alzheimer's Fund

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,294,753.				1,294,753.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,076.				8,076.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	100.		See Statement 19		100.
<b>23</b> Total of lines 15 through 22	1,302,929.	0.	0.	0.	1,302,929.
<b>24</b> Line 23 minus line 17	1,302,929.				1,302,929.
<b>25</b> Enter 1% of line 23	13,029.				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	N/A
e Public support (line 26c minus line 26d total)	<b>26e</b>	N/A
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	N/A %

<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 721,000. (2004) 0. (2003) 0. (2002) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 100,000. (2004) 0. (2003) 0. (2002) 0.		
c Add: Amounts from column (e) for lines: 15 1,294,753. 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	1,294,753.
d Add: Line 27a total 721,000. and line 27b total 100,000.	<b>27d</b>	821,000.
e Public support (line 27c total minus line 27d total)	<b>27e</b>	473,753.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27f</b>	1,302,929.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	36.3606%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	.6198%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

None

**Part V**

**Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Alzheimer's Disease Research Foundation**

Schedule A (Form 990 or 990-EZ) 2006 **dba Cure Alzheimer's Fund**

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		0.
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		9,000.
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		9,000.
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		2,624,788.
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		2,633,788.
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>			
Not over \$500,000 .....			
Over \$500,000 but not over \$1,000,000 .....			
Over \$1,000,000 but not over \$1,500,000 .....			
Over \$1,500,000 but not over \$17,000,000 .....			
Over \$17,000,000 .....			
20% of the amount on line 40 .....			
\$100,000 plus 15% of the excess over \$500,000 .....			
\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>		281,689.
\$225,000 plus 5% of the excess over \$1,500,000 .....			
\$1,000,000 .....			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		70,422.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		0.
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....	281,689.				281,689.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					422,534.
<b>47</b> Total lobbying expenditures .....	9,000.				9,000.
<b>48</b> Grassroots nontaxable amount .....	70,422.				70,422.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					105,633.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

See Statement 20



Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

Alzheimer's Disease Research Foundation  
dba Cure Alzheimer's Fund

Employer identification number

52-2396428

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

<b>Name of organization</b> Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund	<b>Employer identification number</b> 52-2396428
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 306,625.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 154,725.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund	<b>Employer identification number</b> 52-2396428
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 95,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**Alzheimer's Disease Research Foundation  
 dba Cure Alzheimer's Fund**

Employer identification number

**52-2396428**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 61,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund	<b>Employer identification number</b> 52-2396428
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**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Securities <hr/> <hr/> <hr/> <hr/>	\$ 306,625.	10/17/06
6	Securities <hr/> <hr/> <hr/> <hr/>	\$ 154,725.	11/16/06
	Description of noncash property given <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	Description of noncash property given <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	Description of noncash property given <hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	Description of noncash property given <hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	<b>Machinery &amp; Equipment</b>											
1	Dell Laptop PC (KFC)	081205	SL	5.00	17	2,007.			2,007.	167.		401.
2	Dell Laptop PC (TWA)	012206	SL	5.00	19B	1,986.			1,986.			364.
	* 990 Page 2 Total Machinery & Equipment					3,993.		0.	3,993.	167.	0.	765.
	<b>Other</b>											
3	Domain Name and Site	111105		.000	16	108.			108.			0.
	* 990 Page 2 Total Other					108.		0.	108.	0.	0.	0.
	<b>Fundraising</b>											
4	Website	112905		3M	43	4,800.			4,800.	200.		1,600.
5	Website modification	042106		3M	42	3,240.			3,240.			720.
6	Trademark	042106		10M	42	783.			783.	6.		78.
	* 990 Page 2 Total Fundraising					8,823.		0.	8,823.	206.	0.	2,398.
	* Grand Total 990 Page 2 Depr & Amort					12,924.		0.	12,924.	373.	0.	3,163.

Form 990	Gain (Loss) From Publicly Traded Securities			Statement	1
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)	
Donated securities sold next day	468,755.	469,772.	0.	-1,017.	
To Form 990, Part I, line 8	468,755.	469,772.	0.	-1,017.	

Form 990	Other Changes in Net Assets or Fund Balances		Statement	2
Description				Amount
Prior period adjustments to setup initial deposit accounts at foundations				22,694.
Unrealized net investment gains				20,337.
Total to Form 990, Part I, line 20				43,031.

Form 990	Other Expenses			Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Annual report	250.		250.		
Bank and credit cards	424.		424.		
Communications	1,010.		1,010.		
Computer expense	865.		183.	682.	
Consultants	10,029.	322.	1,496.	8,211.	
Meals, entertainment	806.			806.	
Dues and subscriptions	1,934.		1,934.		
Meals, entertainment	7,257.			7,257.	
Fundraising	100.			100.	
Gifts and awards	584.			584.	
Government relations	9,000.			9,000.	
Marketing-materials	40,148.			40,148.	
Marketing-support	9,060.			9,060.	
Public relations	10,064.			10,064.	
Reimbursed expenses	3,352.			3,352.	
Registration fees	2,835.			2,835.	
Insurance	624.		624.		



Office supplies	1,702.		1,702.	
Payroll service	1,085.		1,085.	
Administrative fee	13,000.		13,000.	
Information awareness	3,576.	3,576.		
SAB/RC meetings	1,000.	1,000.		
Website	2,582.	2,582.		
Total to Fm 990, ln 43	<u>121,287.</u>	<u>7,480.</u>	<u>21,708.</u>	<u>92,099.</u>

Form 990

Compensation of Disqualified Persons  
Part II, Line 25c

Statement 4

Name of Disqualified Person

Timothy Armour

Description of Compensation or Other Distribution

Salary

Total Amount

165,000.

Total Compensation of Disqualified Persons on Part II, Line 25c

165,000.

Form 990	Cash Grants and Allocations to Individuals From Donor Advised Funds	Statement	5
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Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
Alzheimer's Genome Project Initiative Dr. Rudy Tanzi Massachusetts General Hospital, 55 Fruit St. Boston, MA 02114	None	1,150,000.
Alzheimer's Genome Project: Brain Study Dr. Bradley Hyman Massachusetts General Hospital, 55 Fruit St. Boston, MA 02114	None	150,000.
Alzheimer's Genome Project: Clinical Study Dr. Deborah Blacker Massachusetts General Hospital, 55 Fruit St. Boston, MA 02114	None	100,000.
Alzheimer's Gene Database Dr. Lars Bertram Massachusetts General Hospital, 55 Fruit St. Boston, MA 02114	None	142,000.
Research Consortium Collaborative Dr. Charles Glabe University of California, Irvine Irvine, CA 92697-3900	None	100,000.
Research Consortium Collaborative Dr. Virginia M.-Y. Lee University of Pennsylvania School of Medicine, 3rd FL. Maloney Building Philadelphia, PA 19104-4283	None	100,000.
Research Consortium Collaborative Drs. Rudolph Tanzi and Robert Moir Massachusetts General Hospital, 55 Fruit St. Boston, MA 02114	None	100,000.
Research Consortium Collaborative Dr. Sangram Sisodia University of Chicago Chicago, IL 02112	None	100,000.

Research Consortium Collaborative Dr. Paul Greengard The Rockefeller University, 1230 York Avenue New York, NY 10021	None	100,000.
Research Consortium Collaborative Dr. David Holtzman Washington University School of Medicine, 660 Euclid Ave., Campus BOX 8111 St. Louis, MO 63110	None	100,000.
		<u>2,142,000.</u>
Total Included on Form 990, Part II, line 22a		<u><u>2,142,000.</u></u>

Form 990	Statement of Program Service Accomplishments	Statement	6
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Description of Program Service One

Alzheimer's Disease Research Foundations dba Cure  
Alzheimer's Fund disbursed grant funds for the Alzheimer's  
Genome Project. It is an estimated 3 year \$3 million project  
which will include genotyping analyses, follow-up, and  
confirmatory studies to identify more than 90% of all  
remaining AD genes thereby providing many more targets for  
the development of effective therapeutic intervention.

	<u>Grants</u>	<u>Expenses</u>
To Form 990, Part III, line a	<u>                    </u>	<u>1,210,668.</u>

Form 990 Statement of Program Service Accomplishments Statement 7

Description of Program Service Two

The Research Consortium Collaborative are studying the possibility that an abnormal increase in levels of synaptic Abeta and particularly, Abeta oligomers may lead to synaptic dysfunction, cognitive decline, and eventually dementia. This highly innovative collaborative project will readdress the amyloid hypothesis by asking which types of Abeta oligomers detrimentally impact syaptic dysfunction and neuronal survival in the brain.

	Grants	Expenses
To Form 990, Part III, line b	0.	600,000.

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 8

Explanation

The mission of Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund is to fund targeted research with the highest probability of slowing, stopping or reversing Alzheimer's Disease.

Form 990 Other Program Services Statement 9

Description of Other Program Services	Grants and Allocations	Expenses
The Alzheimer's Clincial-Genetic Study tracks patients with "benign forgetfulness," mild cognitive impairment and AD using imaging and cognitive tests to link clinical features of AD to genetic factors.	0.	100,000.
Total to Form 990, Part III, line e	0.	100,000.

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Form 990                      Depreciation of Assets Not Held for Investment                      Statement 10

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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Dell Laptop PC (KFC)	2,007.	568.	1,439.
Dell Laptop PC (TWA)	1,986.	364.	1,622.
Domain Name and Site	108.	0.	108.
Website	4,800.	1,800.	3,000.
Website modification	3,240.	720.	2,520.
Trademark	783.	84.	699.
Total to Form 990, Part IV, ln 57	12,924.	3,536.	9,388.

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Form 990                                      Non-Government Securities                                      Statement 11

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Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
Money market funds, brokerage account	FMV			8,250.	8,250.
Money market and securities held by nonprofit foundation	FMV			130,814.	130,814.
To Form 990, line 54a, Col B				139,064.	139,064.

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Form 990                                      Other Revenue Included on Form 990                                      Statement 12

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Description	Amount
Pledge contributions due in extended time periods	289,332.
Total to Form 990, Part IV-A	289,332.

Form 990	Explanation of Relationship Part V-A, Line 75b	Statement 13
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Individual's Name	Title or Role
Jeffrey Morby	Chairman of the Board

Individual's Name	Title or Role
Jacqueline Morby	Director

Explanation of Relationship

Spouses

Form 990	List of States Receiving Copy of Return Part VI, Line 90	Statement 14
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States

MA, AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Form 990	Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes	Statement 15
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Line	Explanation of Relationship of Activities
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Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund disburses grant monies 1) to a fully committed group of the world's leading researchers in order to advance and accelerate the world's knowledge and understanding of Alzheimer's disease, 2) to establish an "Alzheimer's Roadmap" which will define the optimum approach to discovery and funding, and 3) to develop a well thought-out strategy for finding a cure. Because Cure Alzheimer's Fund has a such sharply focused objective of finding a cure through focused research grants, and because the founders have great resources and management experience, the fund is unique among Alzheimer's organizations. This explains the relationship between the activities (research grants) and exempt purpose of slowing, stopping, or reversing the disease by 2016.

What Makes the Cure Alzheimer's Fund (CAF) Unique  
Cure Alzheimer's Fund (CAF) supports a fully committed, carefully selected group of scientists who are among the best in the world in Alzheimer's research and who work as a team. CAF has established a Scientific Advisory Board of equally distinguished scientists to provide a compliance function by ensuring CAF that the research proposals are consistent with the objectives of CAF. CAF has a fully committed founder group, experienced in managing new ventures, which fully funds the operating costs through substantial personal resources so that 100% of all third party contributions are directed to research. This founder group receives no remuneration in any form. Most importantly, CAF has a well-thought-out strategy for finding a cure, called the CAF Roadmap, which was developed by members of the Research Consortium. This strategy is quite detailed, involving three project phases. The first involves discovery of 20 or so additional Alzheimer genes which researchers believe account for 70% of the genetic basis of the disease. Given the fact that a new Alzheimer's gene has not been firmly established in over 10 years, this would dramatically further the process of finding a cure, since there are presently only 4 genes known and which account for only 30% of the genetic basis of the disease.

A second project phase, the Alzheimer's Brain Phenotyping Project (ABP) involves analyzing a collection of 400 brain samples from diseased AD patients and comparing results with genotyping results from the first project to discover which brain abnormalities have the greatest risk for AD and the age of onset.

A third project involves genotyping DNA from living persons who are experiencing "benign forgetfulness" with advanced age, comparing these results with the gene discovery project and the brain sample analysis project in order to connect "dots", and follow these persons to learn how best to predict which will go on to develop AD.



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Schedule A	Explanation of Transactions Part III, Line 2a	Statement 16
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Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund rented office space from Greylock Management Corporation, of which Henry McCance, a director of the fund, is the Chairman of the Board. The rent was deemed to be a fair market rent.

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Schedule A	Explanation of Transactions Part III, Line 2c	Statement 17
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Accounting services during 2006 were provided at no charge by Amarna Corporation. Jeffrey Morby, a managing partner of Amarna Corporation, is the Chairman of the Board of Directors of Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund.

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Schedule A	Explanation of Transactions Part III, Line 2d	Statement 18
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The President is compensated for his full-time services, as disclosed elsewhere in this return, and has been reimbursed for travel expenses, in the course of his duties, in excess of \$1,000.

Schedule A	Other Income			Statement 19
Description	2005 Amount	2004 Amount	2003 Amount	2002 Amount
Bank charge refund	100.	0.	0.	0.
Total to Schedule A, line 22	100.	0.	0.	0.

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Schedule A	Statement of Lobbying Activities - Part VI-B	Statement	20
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A registered lobbyist contacted various Congressional legislators for the purpose of encouraging increased funding of Alzheimer's Disease research.

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>Alzheimer's Disease Research Foundation dba Cure Alzheimer's Fund</b>	Business or activity to which this form relates <b>Form 990 Page 2</b>	Identifying number <b>52-2396428</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	108,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006 .....	<b>17</b>	401.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		1,986.	5 Yrs.	HY	SL	364.
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life						
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	765.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Alzheimer's Disease Research Foundation  
dba Cure Alzheimer's Fund**

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**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) .....	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year:					
Website modification	042106	3,240.		3M	720.
Trademark	042106	783.		10M	78.
<b>43</b> Amortization of costs that began before your 2006 tax year .....					1,600.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					2,398.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2006, or fiscal year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20\_\_\_\_

**2006**

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.**

**Return ID** (20-digit number) ▶

N/A

Name of exempt organization **Alzheimer's Disease Research Foundation  
dba Cure Alzheimer's Fund**

Employer identification number  
**52-2396428**

Name and title of officer  
**TIMOTHY ARMOUR  
President**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>3584480</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize John A. Epeneter, PC to enter my PIN 73800  
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04629383902  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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



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