

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND		D Employer identification number 52-2396428
	Doing business as CURE ALZHEIMER'S FUND		E Telephone number 781-237-3800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	34 WASHINGTON ST Room/suite 310		G Gross receipts \$ 33,301,850.
City or town, state or province, country, and ZIP or foreign postal code WELLESLEY HILLS, MA 02481		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: TIMOTHY W. ARMOUR SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.CUREALZ.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004	M State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	68
	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, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,501,551.	19,798,072.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,084.	95,723.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11)	3,644.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	17,498,111.	19,893,795.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,884,649.	16,744,506.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,321,557.	1,766,370.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 991,061.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,793,348.	5,118,435.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,999,554.	23,629,311.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,501,443.	-3,735,516.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,939,018.	End of Year 7,580,826.
	21 Total liabilities (Part X, line 26)	530,632.	891,589.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,408,386.	6,689,237.

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	Date			
	TIMOTHY W. ARMOUR, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBORAH A. HOPKINS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00167843
	Firm's name ▶ KAHN, LITWIN, RENZA & CO., LTD.	Firm's EIN ▶ 05-0409384	Phone no. 401-274-2001		
Firm's address ▶ 951 NORTH MAIN STREET PROVIDENCE, RI 02904					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S DISEASE THROUGH VENTURE BASED PHILANTHROPY WITH ALL ORGANIZATIONAL EXPENSES PAID BY THE BOARD, ALLOWING ALL PUBLIC CONTRIBUTIONS TO DIRECTLY FUND ALZHEIMER'S RESEARCH.

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

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

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 \$ 19,719,704. including grants of \$ 16,744,506.) (Revenue \$) IN 2018, CURE ALZHEIMER'S FUND SUPPORTED 74 RESEARCH PROJECTS AT 34 LEADING RESEARCH INSTITUTIONS, FOR A FUNDING TOTAL OF MORE THAN \$19 MILLION. THE MAJORITY OF PROJECTS PURSUED A DEEPER UNDERSTANDING OF THE MECHANISMS OF ACTION OF THE GENES AND VARIANTS WITH THE BIGGEST IMPACT ON RISK AND TIMING OF ALZHEIMER'S DISEASE. OTHER PROJECTS PURSUED NOVEL THEORIES AND TOOLS TO ASSESS POTENTIAL AVENUES FOR PREVENTION AND TREATMENT. ADDITIONAL EXPENSES INCLUDE MODELS FROM AND TESTING BY CONTRACT ORGANIZATIONS; THE DIRECT SUPPORT OF FACILITATING GRANTS AND THEIR AWARD PROCESS; AND COSTS ASSOCIATED WITH HOSTING SCIENTIFIC MEETINGS.

4b (Code:) (Expenses \$ 2,025,654. including grants of \$) (Revenue \$) CREATING AWARENESS TOOK THE FORM OF MAILINGS, OUTREACH, AND SUPPORT OF THIRD PARTY EVENTS DESIGNED TO RAISE AWARENESS ABOUT THE NEED OF MORE RESEARCH INTO THE ORIGINS AND PROGRESSION OF ALZHEIMER'S DISEASE.

4c (Code:) (Expenses \$ 25,164. including grants of \$) (Revenue \$) CURE ALZHEIMER'S FUND SERVES AS FIDUCIARY AGENT FOR A SERIES OF INDEPENDENTLY PRODUCED VIDEOS ABOUT ALZHEIMER'S DISEASE. WITH AN EXECUTIVE PRODUCER, THE ORGANIZATION RECEIVED FUNDS FROM THE METROPOLITAN LIFE FOUNDATION, DISPENSED THEM AS APPROVED BY THE EXECUTIVE PRODUCER AND REPORTED THE FINANCIAL ACTIVITY PERIODICALLY TO THE METROPOLITAN LIFE FOUNDATION.

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

4e Total program service expenses 21,770,522.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 temporarily restricted endowments, permanent endowments, or 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 17? <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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding IRS filings and tax compliance.

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

Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 16 with Yes/No columns and input fields.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose any financial interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIMOTHY W. ARMOUR - 781-238-3800
34 WASHINGTON STREET, STE #310, WELLESLEY HILLS, MA 02481

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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) JEFFREY MORBY CO-CHAIRMAN	20.00	X		X			0.	0.	0.	
(2) HENRY MCCANCE CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) TIMOTHY ARMOUR PRESIDENT & CEO	40.00	X		X			249,827.	0.	7,927.	
(4) PHYLLIS RAPPAPORT TREASURER	2.00	X		X			0.	0.	0.	
(5) MARGARET SMITH SECRETARY & SR VP	20.00			X			124,385.	0.	3,768.	
(6) BILL BENTER DIRECTOR (AS OF 4/18)	2.00	X					0.	0.	0.	
(7) ROBERT GREENHILL DIRECTOR	2.00	X					0.	0.	0.	
(8) JAY JESTER DIRECTOR	5.00	X					0.	0.	0.	
(9) JACQUELINE MORBY DIRECTOR	5.00	X					0.	0.	0.	
(10) SHERRY SHARP DIRECTOR	2.00	X					0.	0.	0.	
(11) BARBARA CHAMBERS SENIOR VICE PRESIDENT	40.00			X			166,450.	0.	15,030.	
(12) SALLY G. ROSENFELD SENIOR VICE PRESIDENT	40.00			X			169,903.	0.	15,366.	
(13) JOHN SLATTERY SENIOR VICE PRESIDENT	40.00			X			173,623.	0.	5,315.	
(14) LAUREL LYLE VICE PRESIDENT	40.00			X			58,940.	0.	1,844.	

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,798,072.				
	g Noncash contributions included in lines 1a-1f: \$		4,223,565.				
	h Total. Add lines 1a-1f		19,798,072.				
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			77,320.		77,320.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		13,407,803.	18,655.				
		Less: cost or other basis and sales expenses					
		13,374,952.	33,103.				
	c Gain or (loss)			32,851.	-14,448.		
	d Net gain or (loss)			18,403.		18,403.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			19,893,795.	0.	0.	95,723.	

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 ...	15,720,439.	15,720,439.		
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	1,024,067.	1,024,067.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	992,378.	575,579.	188,552.	228,247.
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	606,216.	351,606.	115,181.	139,429.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,506.	8,993.	2,947.	3,566.
9 Other employee benefits	41,938.	24,324.	7,968.	9,646.
10 Payroll taxes	110,332.	63,993.	20,963.	25,376.
11 Fees for services (non-employees):				
a Management				
b Legal	166,139.	105,751.	6,771.	53,617.
c Accounting	167,837.		167,837.	
d Lobbying	102,424.	102,424.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,103.		18,103.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	622,664.	428,286.	98,739.	95,639.
12 Advertising and promotion	76,913.	66,793.		10,120.
13 Office expenses	355,038.	96,728.	69,343.	188,967.
14 Information technology	77,583.	15,986.	61,597.	
15 Royalties				
16 Occupancy	154,681.	89,715.	29,390.	35,576.
17 Travel	217,693.	139,550.	37,729.	40,414.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	505,404.	357,528.	5,765.	142,111.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,622.		16,622.	
23 Insurance	6,968.	1,589.	5,379.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH LAB EXPENSES	2,541,211.	2,541,211.		
b MISCELLANEOUS	63,991.	30,796.	14,842.	18,353.
c DOCUMENTARY PROGRAM PRO	25,164.	25,164.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	23,629,311.	21,770,522.	867,728.	991,061.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,096,006.	1	2,352,595.
	2 Savings and temporary cash investments	179,386.	2	148,396.
	3 Pledges and grants receivable, net		3	785,013.
	4 Accounts receivable, net	2,437,328.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	183,265.	9	259,681.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,458.		
	b Less: accumulated depreciation	10b 16,107.	42,857.	10c 38,351.
	11 Investments - publicly traded securities	3,990,040.	11	3,996,790.
	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	10,136.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,939,018.	16	7,580,826.	
Liabilities	17 Accounts payable and accrued expenses	319,678.	17	392,536.
	18 Grants payable		18	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	210,954.	25	499,053.
	26 Total liabilities. Add lines 17 through 25	530,632.	26	891,589.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,303,832.	27	5,466,208.
	28 Temporarily restricted net assets	2,104,554.	28	1,223,029.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,408,386.	33	6,689,237.	
34 Total liabilities and net assets/fund balances	10,939,018.	34	7,580,826.	

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	19,893,795.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,629,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,735,516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,408,386.
5	Net unrealized gains (losses) on investments	5	16,367.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,689,237.

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

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,640,759.	11,248,214.	16,220,862.	17,501,551.	19,798,072.	77,409,458.
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	12,640,759.	11,248,214.	16,220,862.	17,501,551.	19,798,072.	77,409,458.
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)						10,304,966.
6 Public support. Subtract line 5 from line 4.						67,104,492.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	12,640,759.	11,248,214.	16,220,862.	17,501,551.	19,798,072.	77,409,458.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	383.	764.	611.	13,021.	77,320.	92,099.
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.)		3,150.	90.	3,644.		6,884.
11 Total support. Add lines 7 through 10						77,508,441.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.58 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	83.87 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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 organization.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the first 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 (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 1-1/2% of line 3 (for greater amount see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

DRAFT

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2018

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
HENRY MCCANCE	5,899,808.	4,349,639.
JEFFREY & JACQUELINE MORBY	2,856,057.	1,305,888.
JOSHUA & ANITA BEKENSTEIN	2,500,000.	949,831.
ROBERT & GAYLE GREENHILL	2,500,000.	949,831.
AMOS HOSTETTER	2,500,190.	950,021.
SHARI CROTTY	1,700,500.	150,331.
BENTER FOUNDATION	2,000,000.	449,831.
BARBARA COLLINS LONGE	1,886,932.	336,763.
SHERRY SHARP	2,413,000.	862,831.
		10,304,966.

Total Excess Contributions to Schedule A, Part II, Line 5

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

2018

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION
D/B/A 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 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).

Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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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	HENRY MCCANCE 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898	\$ 1,510,078.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	JEFFREY & JACQUELINE MORBY 21 CARD SOUND RD KEY LARGO, FL 33037	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOSHUA BEKENSTEIN 52 HIGH ROCK RD WAYLAND, MA 01778	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT GREENHILL 300 PARK AVE FL23 NEW YORK, NY 10022	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMOS HOSTETTER PILOT HOUSE ASSOCIATES LLC BOSTON, MA 02110	\$ 497,189.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BENTER FOUNDATION 223 4TH AVE STE 1800 PITTSBURGH, PA 15222	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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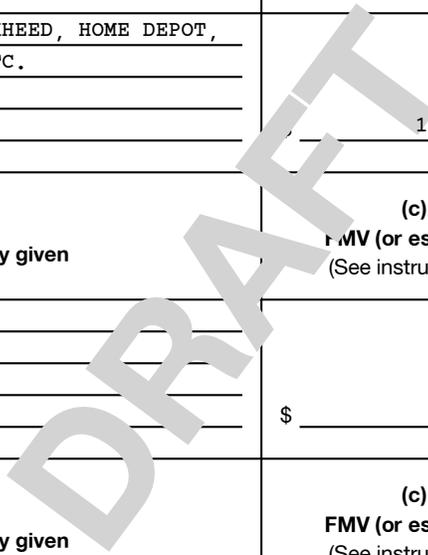
Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BARBARA COLLINS LONGE 892 HARBOR ISLAND CLEARWATER BEACH, FL 33767	\$ 1,486,932.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	RAY AND DAGMAR DOLBY FAMILY FOUNDATION 3340 JACKSON ST SAN FRANCISCO, CA 94118	\$ 514,958.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	JONATHAN LAVINE C/O PAUL MCCOY FAMILY OFFICE SVCS BOSTON, MA 02116	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARKS FAMILY FUND 6300 ACACIA AVE C/O AMY MARKS DORNBUSCH OAKLAND, CA 94618	\$ 750,000.	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.)

Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

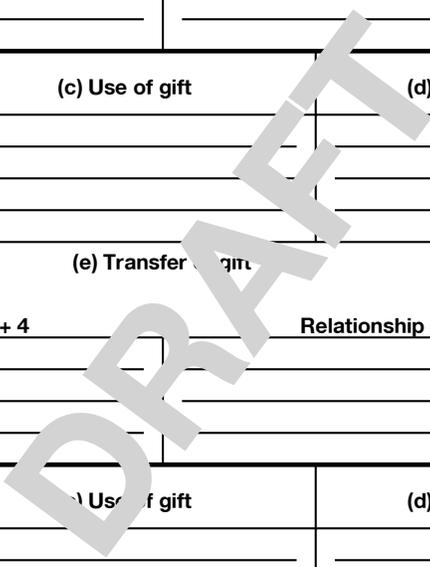
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4640 SHS OF VERTEX PHARMACEUTICALS, 4705 SHS OF PALO ALTO NETWORKS, 635 SHS OF STRYKER CORP	\$ 1,510,078.	01/03/18
7	12,580 SHS OF STOCK FROM VARIOUS: LOCKHEED, HOME DEPOT, AMERICAN EXPRESS, DELTA, JP MORGAN, ETC.	1,486,932.	05/04/18
8	7,345 SHS OF DOLBY STOCK	\$ 514,958.	08/29/18
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of organization (ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND) and Employer identification number (52-2396428)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		102,424.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			102,424.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1(G)

A REGISTERED LOBBYIST CONTACTED VARIOUS CONGRESSIONAL LEGISLATORS FOR THE

PURPOSE OF ENCOURAGING INCREASED FUNDING OF ALZHEIMER'S DISEASE RESEARCH

BY THE FEDERAL GOVERNMENT.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND Employer identification number 52-2396428

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, non-certified historic structures), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial amount 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 Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		54,458.	16,107.	38,351.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,351.

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) ACCRUED EXPENSE	499,053.
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	19,910,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,367.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	16,367.
3	Subtract line 2e from line 1	3	19,893,795.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,893,795.

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	23,629,311.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,629,311.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part VIII, line 8.)	5	23,629,311.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 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:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVEL.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990- RETURN OF ORGANIZATION EXEMPT

FROM INCOME TAX REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR

THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO

REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS

AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX EXAMINATIONS

IN PROGRESS.

Part XIII Supplemental Information *(continued)*

DRAFT

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	150,000.
NORTH AMERICA	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	251,379.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	622,688.
3 a Subtotal	0	0			1,024,067.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,024,067.

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)
		EAST ASIA AND THE PACIFIC	SYNAPSE PRUNING BY ASTROCYTES: A POTENTIAL NEW TARGET FOR TREATING USING HUMAN BIOENGINEERED CEREBRAL VESSELS TO EXPLORE HOW NATIVE	150,000.	CHECK	0.		
		NORTH AMERICA		251,379.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	EPIGENETIC DETERMINANTS OF HUMAN COGNITIVE AGING	199,600.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REVERSAL OF TAU PATHOLOGY BY AN ADENOSINE A1 RECEPTOR ANTAGONIST	287,500.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ABETA MEDIATED INHIBITION OF GAMMA-SECRETASE ACTIVITY INDUCES AD	135,588.	CHECK	0.		

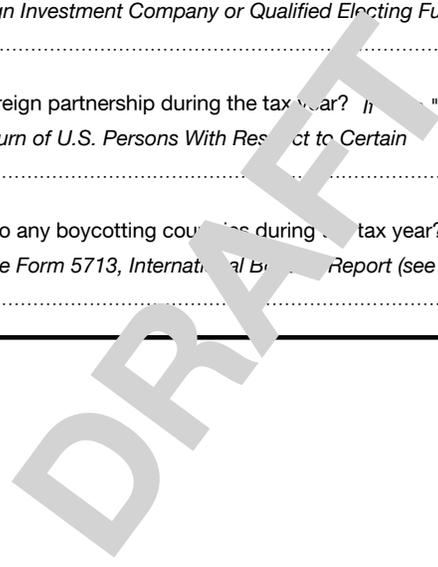
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲

3 Enter total number of other organizations or entities ▲

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) 2018



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 II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SYNAPSE PRUNING BY ASTROCYTES: A POTENTIAL NEW

TARGET FOR TREATING ALZHEIMER'S DISEASE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: USING HUMAN BIOENGINEERED CEREBRAL VESSELS TO

EXPLORE HOW NATIVE APOLIPOPROTEIN E AFFECTS CEREBROVASCULAR PROPERTIES

RELEVANT TO AD

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ABETA MEDIATED INHIBITION OF GAMMA-SECRETASE

ACTIVITY INDUCES AD RELEVANT CELLULAR PHENOTYPES

PART I LINE 2

THE RESEARCH LEADERSHIP GROUP REVIEWS EACH PROPOSAL FOR FIT WITH THE

CURE ALZ RESEARCH PORTFOLIO, SCIENTIFIC INTEGRITY, AND VALUE TO THE

SEARCH FOR A CURE FOR ALZHEIMER'S DISEASE. ALL FUNDED RESEARCHERS MAY

BE ASKED TO REVIEW OCCASIONAL PROPOSALS ON A THREE-WEEK TIMELINE AS A

CONDITION OF RECEIVING FUNDING. THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS PROVIDES A FINAL REVIEW TO ENSURE ALL PROCEDURES HAVE BEEN

FOLLOWED AND THAT PROPOSAL FITS WITHIN THE ORGANIZATION'S MISSION TO

FUND RESEARCH CONTRIBUTING TO A CURE FOR ALZHEIMER'S DISEASE.

AT LEAST TWO SCIENTIFIC REVIEWERS MUST SUBMIT A POSITIVE REVIEW FOR A

PROPOSAL TO BE ACCEPTED. ANY QUESTIONS OR CONCERNS ABOUT THE PROPOSAL

BY ANY REVIEWER MAY RESULT IN A REQUEST FOR ITERATION OR REJECTION OF

THE PROPOSAL. RESEARCHERS WILL BE ADVISED OF ACCEPTANCE, QUESTIONS, OR

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.

REJECTION BUT WILL NOT RECEIVE ANY "SCORE" OR ASSESSMENT COMMENTARY

FROM REVIEWERS; HOWEVER, SUGGESTIONS OR IDEAS FROM REVIEWERS ARE

SYNTHESIZED AND PROVIDED WITHOUT ATTRIBUTION IF A PROPOSAL IS FUNDED.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number
52-2396428

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION
D/B/A CURE ALZHEIMER'S FUND

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 non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501 (C)(3)	209,725.	0.			UTILIZING FUNCTIONAL MAPS TO PRIORITIZE THERAPEUTIC TARGETS IN AD
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	250,000.	0.			THE ROLE OF APOE IN MICROGLIA REGULATION IN NEURODEGENERATION
CARNEGIE MELLON UNIVERSITY 4400 FIFTH AVE PITTSBURGH, PA 15213	25-0969449	501 (C)(3)	198,021.	0.			CIRCUITS: INTERPRETING ALZHEIMER'S DISEASE-ASSOCIATED GENETIC VARIATION AT
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501 (C)(3)	149,999.	0.			TEMPORAL ANALYSIS OF INFECTION IN ALZHEIMER'S DISEASE MODELS
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501 (C)(3)	299,924.	0.			MICROGLIAL HETEROGENEITY AND TRANSCRIPTIONAL STATE CHANGES IN ALZHEIMER'S DISEASE
COLUMBIA UNIVERSITY 710 WEST 168TH STREET, 3RD FLOOR NEW YORK, NY 10032	13-5598093	501 (C)(3)	150,000.	0.			NOVEL CHEMICAL MODULATION FOR BRACE 1-MEDIATED CLEAVAGE OF B-AMYLOID PRECURSOR PROTEIN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 30.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501 (C)(3)	250,000.	0.			ASSESSING THE LINKS BETWEEN THE MS4 RISK GENESE, MICROGLIA, AND ALZHEIMER'S DISEASE ANALYTICAL AND STATISTICAL TOOLS FOR SEQUENCE ANALYSIS FOR ALZHEIMER'S DISEASE
HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501 (C)(3)	250,000.	0.			ACTIVATION OF THE 26S PROTEASOME FOR THE TREATMENT OF ALZHEIMER'S DISEASE
HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501 (C)(3)	172,500.	0.			UNCOVERING THE MOLECULAR MECHANISM OF SELECTED DRUG CANDIDATES DERIVED FROM SYSTEMATIC IMAGING MICROGLIAL HOMEOSTASIS AND DISRUPTION P2RY12 RADIOTRACER DEVELOPMENT
HOUSTON METHODIST HOSPITAL FOUNDATION - PO BOX 4384 - HOUSTON, TX 77210	76-0094743	501 (C)(3)	287,500.	0.			ROLE OF AFXN1 IN REGULATING BACE1 ACTIVITY
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	172,500.	0.			THE ROLE OF NEUREXINS IN ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	287,500.	0.			NEUROIMMUNE MOLECULAR IMAGING: REDEFINING THE LANDSCAPE OF OPPORTUNITIES IN AD
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	100,000.	0.			UNDERSTANDING HUMAN BRAIN RESILIENCE TO ALZHEIMER'S PATHOLOGY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	148,732.	0.			CIRCUITS: IPS CELLS AND THE HUMAN BRAINS EFFECTS OF CEREBROVASCULAR INSUFFICIENCY AND EXERCISE ON THE INHIBITING CD33 FUNCTION AND MODULATING MICROGLIAL ACTIVATION STATE FOR ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	170,907.	0.			IDENTIFYING BLOOD-BRAIN BARRIER ENHANCERS AND ROLE OF NEUTROPHILS IN A 3D BBB VASCULARIZED MODEL THE IMPACT OF AD-ASSOCIATED GENETIC VARIANTS IN 3D HUMAN MIXED NEURALGLIAL MODELS HIGH THROUGH PUT DRUG SCREENING FOR AD USING 3D HUMAN NEURAL CULTURE SYSTEMS
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	172,500.	0.			GENES TO THERAPIES CENTRALIZED RESEARCH CORE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	143,750.	0.			NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN AD
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	172,500.	0.			INTERLEUKIN-3 IN AD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501 (C)(3)	1,725,000.	0.			ALZHEIMER'S GENOME PROJECT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	460,000.	0.			FUNCTIONAL ANALYSIS OF AD RISK GENES USING HUMAN INDUCED PLURIPOTENT STEM CELLS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	125,000.	0.			IDENTIFYING BLOOD-BRAIN BARRIER ENHANCERS AND ROLE OF NEUTROPHILS IN ABB VASCULARIZED MODEL OF
MAYO CLINIC 200 FIRST ST, SW ROCHESTER, MN 55905	41-6011702	501 (C)(3)	172,500.	0.			SENESCENT CELLS AND ALZHEIMER'S DISEASE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	250,000.	0.			APOE: BU YEAR 2
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 1ST AVE #R607 - NEW YORK, NY 10016		501 (C)(3)	250,000.	0.			NEUROTOXIC REACTIVE ASTROCYTES IN ALZHEIMER'S DISEASE
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501 (C)(3)	172,500.	0.			THE ROLE OF IMPAIRED SYNAPTIC VESICLE MACHINERY PROTEOSTATIS IN ALZHEIMER'S DISEASE
PALO ALTO VETERANS INSTITUTE FOR RESEARCH - 3801 MIRANDA AVE #101-A2-210 - PALO ALTO, CA 94304	77-0207331	501 (C)(3)	172,500.	0.			REJUVENATION OF MICROGLIA IN BRAIN AGING AND NEURODEGENERATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST, 12TH FLOOR - OAKLAND, CA 94607	94-3067788	501 (C)(3)	250,000.	0.			INTERPRETATION OF NON-CODING RISK ALLELES OF AD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST, 12TH FLOOR - OAKLAND, CA 94607	94-3067788	501 (C)(3)	172,500.	0.			HUMAN-SPECIFIC EVOLUTION OF CD33: EVOLUTIONARY RELATIONSHIP TO ANCIENT HOST-PATHOGEN
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST, 12TH FLOOR - OAKLAND, CA 94607	94-3067788	501 (C)(3)	100,479.	0.			ABETA MEDIATED INHIBITION OF GAMMA-SECRETASE ACTIVITY INDUCES AD-RELEVANT CELLULAR IMPACT OF APOE AND SEX ON VULNERABLE NEURON-SPECIFIC FUNCTIONAL NETWORKS
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C)(3)	250,000.	0.			DISCOVERY OF CHEMICAL COMPOUNDS THAT INDUCE DEGRADATION OF APP-B-CTF IN CELLS
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C)(3)	517,500.	0.			STRICKLAND NORRIS YEAR 2: THE ROLE OF THE CONTACT SYSTEM IN AD
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C)(3)	150,000.	0.			YEAR 1: THE DEVELOPMENT OF DNA-ENCODED LIBRARIES TO DISCOVER THERAPEUTICALLY VALUABLE WHOLE GENOME
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	109,250.	0.			CHARACTERIZATION OF DNA METHYLATION CHANGES IN THE AGED AND AD
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	150,000.	0.			MICROGLIAL TAM RECEPTORS AS MODULATORS OF AD
THE TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02115	04-2103547	501 (C)(3)	172,500.	0.			EVALUATION OF THE EFFECT OF CELL TYPE-SPECIFIC DELETION OF ESCRT GENES ON THE SPREAD OF TAU

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02115	04-2103547	501 (C)(3)	172,500.	0.			AD PHARMACOMICS IN 3D
THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN RIVE - LA JOLLA, CA 92093		501 (C)(3)	172,500.	0.			IDENTIFYING THE BLOOD BRAIN BARRIER CHANGES DURING AD
THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN RIVE - LA JOLLA, CA 92093		501 (C)(3)	373,750.	0.			PHARMACOLOGICALLY PROTECTING AND RESCUING SYNAPSES FROM BETA AMYLOID BY RAISING
THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN RIVE - LA JOLLA, CA 92093		501 (C)(3)	287,500.	0.			AD RELATED MUTATIONS IN PROTEIN KINASE C FUNCTIONAL
THE TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD, MA 02115		501 (C)(3)	150,000.	0.			CHARACTERIZATION OF GGA3 MUTATIONS ASSOCIATED WITH AD
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVE - FARMINGTON, CT 06030		501 (C)(3)	172,500.	0.			PHYSIOLOGICAL METHOD FOR EARLY DETECTION OF SYNAPTIC VULNERABILITY IN AD MODEL ANIMALS
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109		501 (C)(3)	241,738.	0.			2018 PAULSON GIORDANI HAMFSTEAD
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - 9201 UNIVERSITY CITY BLVD - CHARLOTTE, NC 28223		501 (C)(3)	200,000.	0.			STUDY OF REACTIVE ASTROCYTES DERIVED OXIDATIVE STRESS AND MICROGLIAL
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	300,000.	0.			PICALM GENE THERAPY AND DRUG SCREENING FOR AMYLOID BETA CLEARANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	172,500.	0.			TARGETING BENEFICIAL INNATE IMMUNITY IN AD BY IRAK-M DELETION
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	345,000.	0.			THE ROLE OF PICALM MUTATIONS IN AD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	172,500.	0.			GENETIC TARGETS TO BLOCK TAU PROPAGATION: TEST KNOCKDOWN OF HSPG GENES IN VIVO
UNIVERSITY OF VIRGINIA 21 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903		501 (C)(3)	230,000.	0.			MENINGEAL LYMPHATIC FUNCTION AND ANTIBODY THERAPY IN AD
UNIVERSITY OF VIRGINIA 21 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903		501 (C)(3)	230,000.	0.			CELL CYCLE RE-ENTRY IN 3D HUMAN NEURON CULTURES
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	79,594.	0.			SCIENTIFIC DIRECTIONS FOR THE EXPLORATIONS OF RACIAL DISPARITIES IN AD
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	172,500.	0.			MODELING AD IN SPECIFIC SUBTYPES OF HUMAN NEURONS THROUGH THE DIRECT NEURONAL REPROGRAMMING
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	300,000.	0.			UNDERSTANDING THE EFFECT OF APOE ON TAU-MEDIATED NEURODEGENERATION
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	250,000.	0.			APOE PROTEOFORMS IN HUMAN CNS AND VALIDATION OF TRANSLATIONAL APOE PHARMACODYNAMIC MARKERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	172,500.	0.			CENTRAL CLOCK INFLUENCE ON ALZHEIMER'S DISEASE PATHOGENESIS
WASHINGTON UNIVERSITY, ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112		501 (C)(3)	172,137.	0.			THE CIRCADIAN CLOCK MODULATES NEURODEGENERATION IN AD VIA REVE-ERB
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1167 YORK AVE - NEW YORK, NY 10065		501 (C)(3)	170,861.	0.			AD RISK IS HIGHER IN WOMEN: IDENTIFICATION OF FEMALE SPECIFIC BRAIN BIOENERGETIC TARGETS
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1167 YORK AVE - NEW YORK, NY 10065		501 (C)(3)	172,500.	0.			DIETARY SALT TAU PHOSPHORYLATION AND COGNITIVE IMPAIRMENT WHOLE GENOME
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 9 CAMBRIDGE CENTER - CAMBRIDGE, MA 02142	06-1043412	501 (C)(3)	178,250.	0.			CHARACTERIZATION OF DNA METHYLATION CHANGES IN THE AGED AND AD
YALE UNIVERSITY 333 CEDAR ST NEW HAVEN, CT 06510	06-0646973	501 (C)(3)	172,500.	0.			ROLE OF MICROGLIAL PROTEIN SPARC IN CONTROL OF INFLAMMASOME ACTIVATION
YALE UNIVERSITY 333 CEDAR ST NEW HAVEN, CT 06510	06-0646973	501 (C)(3)	172,500.	0.			THE NEUROPROTECTIVE GLIAL BARRIER: A MULTICELLULAR REACTION WITH THERAPEUTIC POTENTIAL IN AD

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 22, and any other additional information.

PART I, LINE 2:

THE RESEARCH LEADERSHIP GROUP REVIEWS EACH PROPOSAL FOR FIT WITH THE CURE ALZ RESEARCH PORTFOLIO, SCIENTIFIC INTEGRITY, AND VALUE TO THE SEARCH FOR A CURE FOR ALZHEIMER'S DISEASE. ALL FUNDED RESEARCHERS MAY BE ASKED TO REVIEW OCCASIONAL PROPOSALS ON A THREE-WEEK TIMELINE AS A CONDITION OF RECEIVING FUNDING. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PROVIDES A FINAL REVIEW TO ENSURE ALL PROCEDURES HAVE BEEN FOLLOWED AND THAT PROPOSAL FITS WITHIN THE ORGANIZATION'S MISSION TO FUND RESEARCH CONTRIBUTING TO A CURE FOR ALZHEIMER'S DISEASE.

Part IV Supplemental Information

AT LEAST TWO SCIENTIFIC REVIEWERS MUST SUBMIT A POSITIVE REVIEW FOR A PROPOSAL TO BE ACCEPTED. ANY QUESTIONS OR CONCERNS ABOUT THE PROPOSAL BY ANY REVIEWER MAY RESULT IN A REQUEST FOR ITERATION OR REJECTION OF THE PROPOSAL. RESEARCHERS WILL BE ADVISED OF ACCEPTANCE, QUESTIONS, OR REJECTION BUT WILL NOT RECEIVE ANY "SCORE" OR ASSESSMENT COMMENTARY FROM REVIEWERS; HOWEVER, SUGGESTIONS OR IDEAS FROM REVIEWERS ARE SYNTHESIZED AND PROVIDED WITHOUT ATTRIBUTION IF A PROPOSAL IS FUNDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CARNEGIE MELLON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCUITS: INTERPRETING ALZHEIMER'S DISEASE-ASSOCIATED GENETIC VARIATION AT ENHANGER REGION

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON METHODIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNCOVERING THE MOLECULAR MECHANISM OF SELECTED DRUG CANDIDATES DERIVED FROM SYSTEMATIC ALZHEIMER'S DRUG REPOSITIONING

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: EFFECTS OF CEREBROVASCULAR INSUFFICIENCY AND EXERCISE ON THE ALZHEIMER'S BRAIN

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: INHIBITING CD33 FUNCTION AND MODULATING MICROGLIAL ACTIVATION STATE FOR ALZHEIMER'S DISEASE THERAPY

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFYING BLOOD-BRAIN BARRIER

Part IV Supplemental Information

ENHANCERS AND ROLE OF NEUTROPHILS IN A 3D BBB VASCULARIZED MODEL OF

ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE IMPACT OF AD-ASSOCIATED GENETIC

VARIANTS IN 3D HUMAN MIXED NEURALGLIAL MODELS OF AD

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFYING BLOOD-BRAIN BARRIER

ENHANCERS AND ROLE OF NEUTROPHILS IN A BB VASCULARIZED MODEL OF

ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROLE OF IMPAIRED SYNAPTIC

VESICLE MACHINERY PROTEOSTATISIS IN ALZHEIMER'S DISEASE PATHOGENESIS

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMAN-SPECIFIC EVOLUTION OF CD33:

EVOLUTIONARY RELATIONSHIP TO ANCIENT HOST-PATHOGEN INTERACTIONS AND

CURRENT IMPLICATION FOR ALZHEIMER'S DISEASE

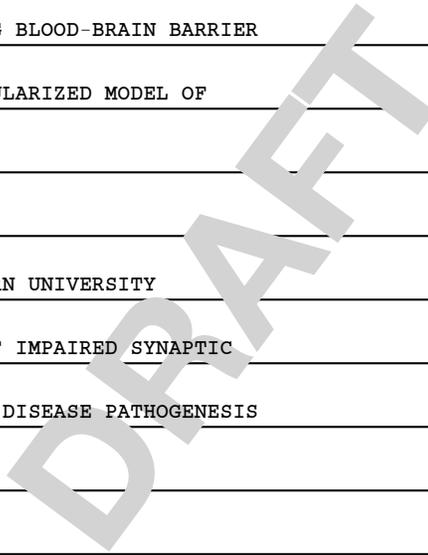
NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ABETA MEDIATED INHIBITION OF

GAMMA-SECRETASE ACTIVITY INDUCES AD-RELEVANT CELLULAR PHENOTYPES MOBLEY

NAME OF ORGANIZATION OR GOVERNMENT: THE ROCKEFELLER UNIVERSITY



Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: YEAR 1: THE DEVELOPMENT OF

DNA-ENCODED LIBRARIES TO DISCOVER THERAPEUTICALLY VALUABLE LOW MOLECULAR

WEIGHT COMPOUNDS FOR AD

NAME OF ORGANIZATION OR GOVERNMENT: THE TRUSTEES OF BOSTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF THE EFFECT OF CELL

TYPE- SPECIFIC DELETION OF ESCRT GENES ON THE SPREAD OF TAU PATHOLOGY

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: PHARMACOLOGICALLY PROTECTING AND

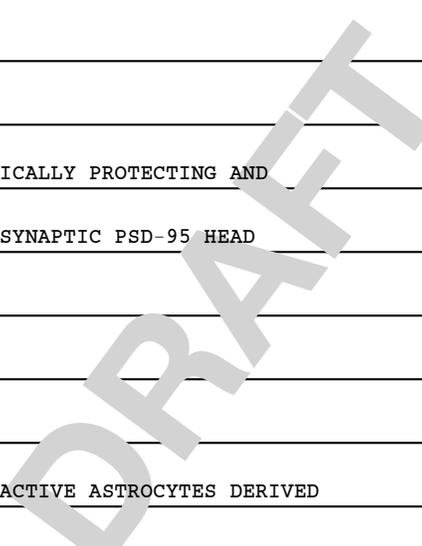
RESCUING SYNAPSES FROM BETA AMYLOID BY RAISING SYNAPTIC PSD-95 HEAD

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: STUDY OF REACTIVE ASTROCYTES DERIVED

OXIDATIVE STRESS AND MICROGLIAL NEURODEGENERATIVE INFLAMMATION IN AD



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **ALZHEIMER'S DISEASE RESEARCH FOUNDATION**
D/B/A CURE ALZHEIMER'S FUND Employer identification number **52-2396428**

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used only 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 of the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, receive any payment 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) 2018

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) TIMOTHY ARMOUR PRESIDENT & CEO	(i) 249,827.	(ii) 0.	(iii) 0.	7,927.	0.	257,754.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA CHAMBERS SENIOR VICE PRESIDENT	(i) 166,450.	(ii) 0.	(iii) 0.	5,290.	9,740.	181,480.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SALLY G. ROSENFELD SENIOR VICE PRESIDENT	(i) 169,903.	(ii) 0.	(iii) 0.	5,634.	9,732.	185,269.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN SLATTERY SENIOR VICE PRESIDENT	(i) 173,623.	(ii) 0.	(iii) 0.	5,315.	0.	178,938.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 **ALZHEIMER'S DISEASE RESEARCH FOUNDATION**
D/B/A CURE ALZHEIMER'S FUND

Employer identification number
52-2396428

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	80	4,223,565.	SALE 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 ()				

DRAFT

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, 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, LINE 32B:

WHEN STOCK IS RECEIVED AS A CONTRIBUTION IT IS SOLD IMMEDIATELY UPON

RECEIPT OR SOON THEREAFTER AS IS PRACTICAL THROUGH BANK OF NEW

YORK/MELLON.

DRAFT

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

2018

Open to Public
Inspection

Name of the organization	ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number	52-2396428
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASE THROUGH VENTURE BASED PHILANTHROPY WITH ALL ORGANIZATIONAL
EXPENSES PAID BY THE BOARD, ALLOWING ALL PUBLIC CONTRIBUTIONS TO
DIRECTLY FUND ALZHEIMER'S RESEARCH.

FORM 990, PART VI, SECTION A, LINE 2:

JEFFREY MORBY AND JACQUELINE MORBY ARE BOTH DIRECTORS AND SPOUSES.

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

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY THE
PRESIDENT AND CONTRACT CFO. REVISIONS, CORRECTIONS, ETC. ARE MADE AS
NECESSARY. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY
IS SENT TO ALL BOARD MEMBERS.

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

EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL
OFFICERS, DIRECTORS AND KEY EMPLOYEES. THESE PEOPLE ARE ASKED TO REVIEW THE
POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY AND
HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN ACCORDANCE
WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING
YEAR. ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A
CONFLICT ACTUALLY EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL
TRANSACTION IS A CONFLICT, THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS
TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE
ORGANIZATION WILL ENTER INTO THE TRANSACTION.

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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FORM 990, PART VI, SECTION B, LINE 15:

COMPARABILITY DATA IS SUBMITTED ANNUALLY TO THE EXECUTIVE COMMITTEE FOR
COMPENSATION APPROVAL FOR THE PRESIDENT AND ALL OTHER EMPLOYERS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AND AT THE ORGANIZATION'S WEBSITE.

DRAFT

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

FORM 990 PAGE 10

52-2396428

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.

Table with 5 columns: Line number, Description, Amount, and two empty columns. Rows 1-13 detailing property election amounts and limitations.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Rows 14-16 detailing special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 summarizing depreciation amounts.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

Table for 26 Property used more than 50% in a qualified business use: with columns for percentage and other details.

Table for 27 Property used 50% or less in a qualified business use: with columns for percentage and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

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.

Table for Section B with columns (a) through (f) for miles driven and availability 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 aren't more than 5% owners or related persons.

Table for Section C with questions 37-41 and Yes/No columns.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

Table for 42 Amortization of costs that begins during your 2018 tax year:

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

ALZHEIMER'S DISEASE RESEARCH FOUNDATION
D/B/A CURE ALZHEIMER'S FUND
34 WASHINGTON ST No. 310
WELLESLEY HILLS, MA 02481

Prepared By:

Kahn, Litwin, Renza & Co., Ltd.
951 North Main Street
Providence, RI 02904

Amount of Tax:

Balance due of \$1,000

Make Check Payable To:

Not applicable

Mail Tax Return To:

Non-Profit Org/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

Return Must Be Mailed On Or Before:

May 15, 2019

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:

www.mass.gov/ago/epay

All the necessary attachments should be included with Form PC before filing.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/18 to 12/31/18

Attorney General's Account #: 045839

Federal ID #: 52-2396428

Electronic Payment Confirmation #:

When did the organization first engage in charitable work in Massachusetts? 01/01/2005

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 10/16/2006

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

Organization Data

Name: ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND

Mailing Address: 34 WASHINGTON ST, NO. 310

City: WELLESLEY HILLS State: MA ZIP: 02481

Phone Number: 781-237-3800 Fax Number: 781-658-2399

Email: TARMOUR@CUREALZ.ORG Website: WWW.CUREALZ.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 11, and Type of Organization (Table 2) with code 20. Organization Purpose Code 1 has code 18, and Organization Purpose Code 2 has code 60.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 09/03/2004

2. Where was the organization created? PENNSYLVANIA

3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	19,798,072.
B.	Gross support and revenue	19,875,392.
C.	Program services and similar amounts paid out	21,770,522.
D.	Fundraising expenses	991,061.
E.	Management and general expenses	867,728.
F.	Payments to affiliates	0.
G.	Total expenses	23,629,311.
H.	Net assets or fund balances at the end of the year	6,689,237.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	TIMOTHY ARMOUR PRESIDENT & CEO	40.00	249,827.	7,927.	0.
2.	BARBARA CHAMBERS SENIOR VICE PRESIDENT	40.00	166,450.	5,290.	9,740.
3.	SALLY ROSENFELD SENIOR VICE PRESIDENT	40.00	169,903.	5,634.	9,732.
4.	JOHN SLATTERY SENIOR VICE PRESIDENT	40.00	173,623.	5,315.	0.
5.	MARGARET SMITH SENIOR VICE PRESIDENT	40.00	124,385.	3,768.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PROPER VILLIANS INC	168,005.	CREATIVE SERVICES
2.	GRYPHON CONSULTING INC	179,457.	FINANCIAL & MGMT CONSULTANT
3.	CHOATE, HALL & STEWART	120,487.	LEGAL FEES
4.	DAVID SHENK	90,000.	CONSULTING
5.	O'NEIL & ASSOCIATES	75,543.	PUBLIC RELATIONS

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
CITIZENS BANK	182 LINDEN STREET, WELLESLEY, MA 02482	781-239-3300
BNY MELLON	500 GRANT STREET, PITTSBURGH, PA 15219	412-236-2619
FIRST REBULIC BANK	111 PINE STREET, SAN FRANCISCO, CA 94111	415-392-1400

10. What is the organization's accounting method? Cash Accrual
 Other (specify _____)

11. If organization's mailing address is a P.O. Box, list the organization's internet address:
Address: _____
City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: TIMOTHY W. ARMOUR
Street Address: 34 WASHINGTON ST. , SUITE 310
City: WELLESLEY HILLS State: MA ZIP Code: 02481
Phone Number: 781-237-3800

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

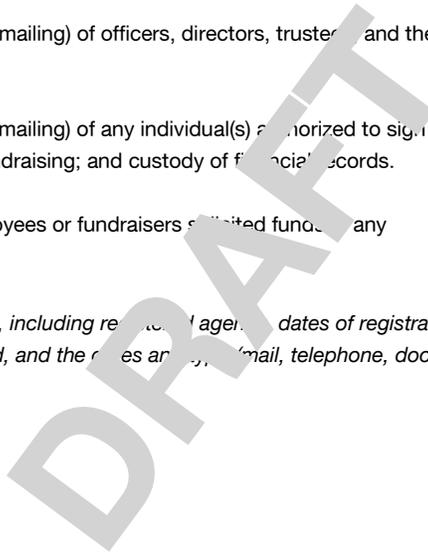
16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees and the principal salaried executives of organization.
STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registration dates of registration, registration numbers, any other names under which the organization was/is registered, and the names and addresses (mail, telephone, door to door, special events, etc.) of the solicitation conducted.



FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
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<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>
NONE	

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT 2
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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TIMOTHY W. ARMOUR 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	PRESIDENT & CEO
JOHN SLATTERY 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	SENIOR VICE PRESIDENT
SALLY G. ROSENFELD 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	SENIOR VICE PRESIDENT
BARBARA CHAMBERS 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	SENIOR VICE PRESIDENT
LAUREL LYLE 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	VICE PRESIDENT
JEFFREY MORBY 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	CO-CHAIRMAN
HENRY MCCANCE 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	CO-CHAIRMAN
MARGARET SMITH 34 WASHINGTON ST., SUITE 310 WELLESLEY HILLS , MA 02481	SECRETARY & SENIOR VP

PHYLLIS RAPPAPORT
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

TREASURER

BILL BENTER
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

DIRECTOR

ROBERT GREENHILL
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

DIRECTOR

JAY JESTER
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

DIRECTOR

JACQUELINE MORBY
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

DIRECTOR

SHERRY SHARP
34 WASHINGTON ST., SUITE 310
WELLESLEY HILLS , MA 02481

DIRECTOR

DRAFT

FORM PC

PAGE 4, LINE 18

STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>AREA OF RESPONSIBILITY</u>
TIMOTHY W. ARMOUR 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	RESPONSIBLE FOR CUSTODY OF FUNDS
TIMOTHY W. ARMOUR 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
TIMOTHY W. ARMOUR 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	RESPONSIBLE FOR FUNDRAISING
JOHN SLATTERY 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	RESPONSIBLE FOR FUNDRAISING
SALLY G. ROSENFELD 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	RESPONSIBLE FOR FUNDRAISING
JESSICA MUTCH 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	CUSTODY OF FINANCIAL RECORDS
TIMOTHY W. ARMOUR 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	AUTHORIZED TO SIGN CHECKS
JEFFREY MORBY 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	AUTHORIZED TO SIGN CHECKS
HENRY MCCANCE 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	AUTHORIZED TO SIGN CHECKS
JESSICA MUTCH 34 WASHINGTON ST. SUITE WELLESLEY HILLS, MA 02481	AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensation Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describe the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party without receiving compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive compensation that was not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 4

NAME AND ADDRESS

TIMOTHY W. ARMOUR
34 WASHINGTON STREET, #200
WELLESLEY, MA 02481

NATURE OF TRANSACTION

SALARY

AMOUNT INVOLVED

249,827.

PROCEDURE FOLLOWED

COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.

DRAFT

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: TIMOTHY W. ARMOUR

Title: PRESIDENT

Name of Preparer: KAHN, LITWIN, RENZA & CO., LTD.

Address 951 NORTH MAIN STREET

City PROVIDENCE State RI ZIP Code 02904

Phone Number 401-274-2001

DRAFT

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

CURE ALZHEIMER'S FUND

CURE ALZHEIMER'S

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employee	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

TIMOTHY W. ARMOUR

Name and Title: PRESIDENT & CEO

Address 34 WASHINGTON ST., SUITE 310

City WELLESLEY HILLS State MA ZIP Code 02481

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

TIMOTHY W. ARMOUR

Name and Title: PRESIDENT & CEO

Address 34 WASHINGTON ST., SUITE 310

City WELLESLEY HILLS State MA ZIP Code 02481

Name and Title: _____

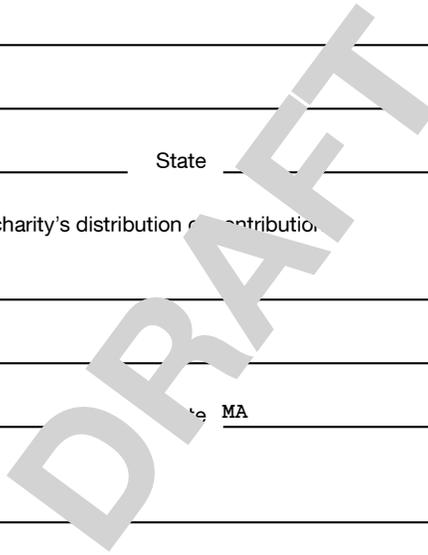
Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____



**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

CURE ALZHEIMER'S FUND

CURE ALZHEIMER'S

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employee	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

TIMOTHY W. ARMOUR

Name and Title: PRESIDENT & CEO

Address 34 WASHINGTON ST, SUITE 310

City WELLESLEY HILLS State MA ZIP Code 02481

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

TIMOTHY W. ARMOUR

Name and Title: PRESIDENT & CEO

Address 34 WASHINGTON ST., SUITE 310

City WELLESLEY HILLS State MA ZIP Code 02481

Name and Title: _____

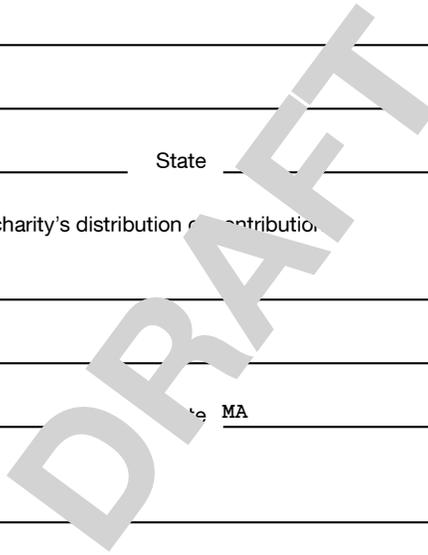
Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____



Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: TIMOTHY W. ARMOUR

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: _____

Title: _____

DRAFT

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

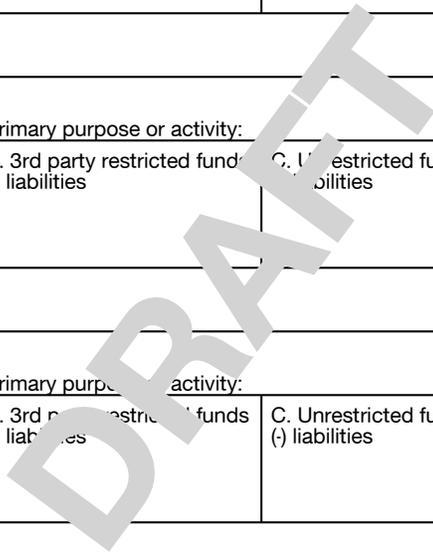
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)



Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No