

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning and ending

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b>                              |   | <b>D</b> Employer identification number<br><b>52-2396428</b>   |
|  | Doing business as <b>CURE ALZHEIMER'S FUND</b>   |   | <b>E</b> Telephone number<br><b>781-237-3800</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                                   | Room/suite  | <b>G</b> Gross receipts \$ <b>28,717,249.</b>  |
|  | <b>34 WASHINGTON ST</b>  | <b>310</b>  |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>WELLESLEY HILLS, MA 02481</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>TIMOTHY W. ARMOUR</b><br><b>SAME AS C ABOVE</b>   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

**J** Website: ▶ **HTTP://CUREALZ.ORG/**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2004** **M** State of legal domicile: **PA**

| Part I Summary  |   | Prior Year   | Current Year                             |
|---|---|--|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S</b> |  |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>7</b>                                 |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>6</b>                                 |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | <b>5</b>   | <b>26</b>                                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>35</b>                                |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | <b>0.</b>  |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>22,874,388.</b>                                     | <b>26,547,838.</b>                       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>24,835.</b>   | <b>32,050.</b>                           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0.</b>  | <b>-7,161.</b>                           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>22,899,223.</b>                                     | <b>26,572,727.</b>                       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>14,050,077.</b>                                     | <b>17,719,354.</b>                       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>2,410,583.</b>                                      | <b>3,128,684.</b>                        |
|   | <b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,473,932.</b>  |  |  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>4,545,719.</b>                                      | <b>2,317,237.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>21,006,379.</b>  | <b>23,165,275.</b>                                     |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>1,892,844.</b>   | <b>3,407,452.</b>                                      |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>16,427,042.</b> | <b>End of Year</b><br><b>23,967,152.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>1,631,589.</b>                                      | <b>5,766,651.</b>                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>14,795,453.</b>                                     | <b>18,200,501.</b>                       |

**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.

|                  |   |                          |
|------------------|---|--------------------------|
| <b>Sign Here</b> | Signature of officer<br><i>Timothy W. Armour</i>                    | Date<br><b>5.10.2022</b> |
|                  | <b>TIMOTHY W. ARMOUR, PRESIDENT</b><br>Type or print name and title |                          |

|                               |  |   |                               |   |                          |
|-------------------------------|--|---|-------------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>SANDY ROSS</b>                        | Preparer's signature<br><b>SANDY ROSS</b> | Date                          | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01399337</b> |
|                               | Firm's name ▶ <b>KAHN, LITWIN, RENZA &amp; CO., LTD.</b>               | Firm's EIN ▶ <b>05-0409384</b>            | Phone no. <b>401-274-2001</b> |   |                          |
|                               | Firm's address ▶ <b>951 NORTH MAIN STREET<br/>PROVIDENCE, RI 02904</b> |   |                               |   |                          |

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 \$ 17,719,354. including grants of \$ 17,719,354. ) (Revenue \$ ) IN 2021, CURE ALZHEIMER'S FUND SUPPORTED 77 RESEARCH PROJECTS AT 39 LEADING RESEARCH INSTITUTIONS, FOR RESEARCH OUTPUT OF MORE THAN \$17 MILLION. MANY 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, IN PARTICULAR REGARDING THE ROLE OF THE BRAIN'S INNATE IMMUNE SYSTEM AND THE CONTROL OF THE ENTRY AND EXIT OF MATERIALS FOR HEALTHY BRAIN FUNCTION. ADDITIONAL EXPENSES INCLUDE HUSBANDRY OF TRANSGENIC ANIMAL MODELS BY A CONTRACT RESEARCH ORGANIZATION; THE DIRECT SUPPORT OF FACILITATING GRANTS AND THE AWARD PROCESS; AND COSTS ASSOCIATED WITH ASSESSING RESEARCH PROPOSALS AND DETERMINING FUNDING PRIORITIES.

4b (Code: ) (Expenses \$ 2,962,292. 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 \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 20,681,646.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | <b>2</b> X   |    |
| <b>3</b> 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> .....  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> 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> .....  | <b>4</b> X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  | <b>5</b>     | X  |
| <b>6</b> 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> .....  | <b>6</b>     | X  |
| <b>7</b> 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> .....  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b>     | X  |
| <b>9</b> 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> .....            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>10</b>    | X  |
| <b>11</b> 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.  |              |    |
| <b>a</b> 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> .....   | <b>11a</b> X |    |
| <b>b</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> .....  | <b>11b</b>   | X  |
| <b>c</b> 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> .....  | <b>11c</b>   | X  |
| <b>d</b> 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> .....   | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b> X |    |
| <b>f</b> 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> .....  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b>   | X  |
| <b>b</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> ..... | <b>14b</b> X |    |
| <b>15</b> 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> .....   | <b>15</b> X  |    |
| <b>16</b> 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> .....   | <b>16</b>    | X  |
| <b>17</b> 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> See instructions .....   | <b>17</b>    | X  |
| <b>18</b> 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> .....   | <b>18</b> X  |    |
| <b>19</b> 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> .....   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b>   |    |
| <b>21</b> 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> .....  | <b>21</b> X  |    |

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

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

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

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

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) TIMOTHY ARMOUR<br>PRESIDENT & CEO                   | 40.00   | X   |                       | X       |              |                              |        | 277,005.  | 0.   | 9,315.  |
| (2) BARBARA CHAMBERS<br>EVP MARKETING & COMM.           | 40.00   |   |                       |         | X            |                              |        | 204,402.  | 0.   | 17,701.   |
| (3) KATHARINE HERMAN<br>EVP DEVELOPMENT                 | 40.00   |   |                       |         | X            |                              |        | 408,231.  | 0.   | 28,438.   |
| (4) JOHN SLATTERY<br>SVP MAJOR GIFTS                    | 40.00   |   |                       |         |              | X                            |        | 185,684.  | 0.   | 6,433.  |
| (5) MARGARET SMITH<br>EVP, RESEARCH ADMIN               | 30.00   |   |                       |         | X            |                              |        | 206,085.  | 0.   | 21,067.   |
| (6) MAHUA DASGUPTA<br>SR. PHILANTHROPIC ADVISOR         | 40.00   |   |                       |         |              | X                            |        | 165,782.  | 0.   | 20,687.   |
| (7) KELLY WESTERHOUSE<br>VP GIVING                      | 40.00   |   |                       |         |              | X                            |        | 139,693.  | 0.   | 9,029.  |
| (8) LISA RAND<br>VP MARKETING & COMM.                   | 40.00   |   |                       |         |              | X                            |        | 133,345.  | 0.   | 10,672.   |
| (9) LAUREL LYLE<br>SECRETARY & VP BOARD RELATIONS AND D | 40.00   | X   |                       | X       |              |                              |        | 104,895.  | 0.   | 3,682.  |
| (10) JEFFREY MORBY<br>CO-CHAIRMAN                       | 20.00   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (11) HENRY MCCANCE<br>CO-CHAIRMAN                       | 5.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) PHYLLIS RAPPAPORT<br>TREASURER                     | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (13) ROBERT GREENHILL<br>DIRECTOR                       | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) JACQUELINE MORBY<br>DIRECTOR                       | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) SHERRY SHARP<br>DIRECTOR                           | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |





**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 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>            | 253,982.       |                                    |                            |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            |                |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 26,293,856.    |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 5,208,766.  |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |                      | 26,547,838.    |                                    |                            |  |  |
| <b>Program Service Revenue</b>   | <b>2 a</b> _____  | <b>Business Code</b> |                |                                    |                            |  |  |
|  | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....   |                      |                |                                    |                            |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 4,497.         |                                    |                            | 4,497.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|  | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|  |   |                      | (ii) Personal  |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>            | (i) Securities | 2,093,774.                         |                            |  |  |
|  |   |                      | (ii) Other     |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 2,066,221.     |                                    |                            |  |  |
| <b>c</b> Gain or (loss) .....  | <b>7c</b>   | 27,553.              |                |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....  |   | 27,553.              |                |                                    | 27,553.                    |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 253,982. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      | 71,140.        |                                    |                            |  |  |
|  |   |                      | 78,301.        |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....  |   |                      | -7,161.        |                                    | -7,161.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....   |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....  | <b>10a</b>  |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....  | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....  |   |                      |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> _____   | <b>Business Code</b> |                |                                    |                            |  |  |
|  | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....   |                      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....  |   |                      | 26,572,727.    | 0.                                 | 0.                         | 24,889.  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 16,141,813.           | 16,141,813.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 1,577,541.            | 1,577,541.                      |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 1,472,939.            | 994,241.                        | 285,627.                               | 193,071.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 1,289,329.            | 555,739.                        | 98,372.                                | 635,218.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 43,271.               | 18,728.                         | 3,565.                                 | 20,978.                     |
| <b>9</b> Other employee benefits  | 105,847.              | 48,171.                         | 13,937.                                | 43,739.                     |
| <b>10</b> Payroll taxes   | 217,298.              | 135,775.                        | 25,097.                                | 56,426.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | 35,656.               | 27,644.                         | 7,560.                                 | 452.                        |
| <b>c</b> Accounting   | 192,212.              |                                 | 192,212.                               |                             |
| <b>d</b> Lobbying   | 72,000.               | 72,000.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | 40.                   |                                 | 40.                                    |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 527,249.              | 183,341.                        | 201,492.                               | 142,416.                    |
| <b>12</b> Advertising and promotion   | 782,714.              | 732,534.                        |  | 50,180.                     |
| <b>13</b> Office expenses   | 183,549.              | 43,150.                         | 51,027.                                | 89,372.                     |
| <b>14</b> Information technology  | 80,543.               | 8,689.                          | 71,854.                                |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 182,873.              | 102,240.                        | 24,888.                                | 55,745.                     |
| <b>17</b> Travel  | 7,292.                | 1,286.                          | 2,027.                                 | 3,979.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 38,976.               | 15,590.                         |  | 23,386.                     |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 8,433.                |                                 | 8,433.                                 |                             |
| <b>23</b> Insurance   | 15,299.               | 4,136.                          | 11,163.                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> GIFT PROCESSING FEES   | 143,594.              |                                 | 97.                                    | 143,497.                    |
| <b>b</b> MISCELLANEOUS  | 46,807.               | 19,028.                         | 12,306.                                | 15,473.                     |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 23,165,275.           | 20,681,646.                     | 1,009,697.                             | 1,473,932.                  |
| <b>26</b> 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)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 6,191,794.               | <b>1</b>    | 4,850,918.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 207,998.                 | <b>2</b>    | 4,457,855.         |
|   | <b>3</b> Pledges and grants receivable, net .....  | 3,593,695.               | <b>3</b>    | 1,496,905.         |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 55,727.                  | <b>9</b>    | 160,657.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 54,458.       |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 47,509.       | 15,382.     | <b>10c</b> 6,949.  |
|   | <b>11</b> Investments - publicly traded securities .....   | 6,362,446.               | <b>11</b>   | 12,993,868.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 16,427,042.  | <b>16</b>                | 23,967,152. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 959,088.                 | <b>17</b>   | 430,625.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   | 5,103,487.         |
|   | <b>19</b> Deferred revenue .....   | 500,000.                 | <b>19</b>   | 0.                 |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 .....  | 172,501.                 | <b>25</b>   | 232,539.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,631,589.               | <b>26</b>   | 5,766,651.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 10,674,191.              | <b>27</b>   | 16,316,372.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 4,121,262.               | <b>28</b>   | 1,884,129.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 14,795,453.              | <b>32</b>   | 18,200,501.        |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 16,427,042.  | <b>33</b>                | 23,967,152. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 26,572,727. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 23,165,275. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 3,407,452.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 14,795,453. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2,404.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 18,200,501. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| <b>3a</b> 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>b</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 on Schedule O and describe any steps taken to undergo such audits _____   |     |    |

Form 990 (2021)



**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) 2017    | (b) 2018    | (c) 2019    | (d) 2020    | (e) 2021    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 17,501,551. | 19,798,072. | 30,497,342. | 22,873,948. | 26,576,211. | 117,247,124. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 17,501,551. | 19,798,072. | 30,497,342. | 22,873,948. | 26,576,211. | 117,247,124. |
| <b>5</b> 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) ..... |             |             |             |             |             | 15,353,332.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 101,893,792. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017    | (b) 2018    | (c) 2019    | (d) 2020    | (e) 2021    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 17,501,551. | 19,798,072. | 30,497,342. | 22,873,948. | 26,576,211. | 117,247,124.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 13,021.     | 77,320.     | 83,306.     | 15,472.     | 4,497.      | 193,616.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 3,644.      |             |             |             |             | 3,644.                   |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 117,444,384.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 24,340.                  |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b> | 86.76 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 87.80 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</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 organizations.</i>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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 line 10b below.</i>  |     |    |
| <b>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                     |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>   |     |    |
| <b>2</b> 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.   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.  |  | Yes | No |
| <b>a</b> 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>2a</b>  |  |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.  |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>b</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.   |  |     |    |
| <b>3b</b>  |  |     |    |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> 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  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

**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.)

Horizontal lines for supplemental information input.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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

**Open to Public Inspection**

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

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

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>ALZHEIMER 'S DISEASE RESEARCH FOUNDATION</b> | Employer identification number<br><b>52-2396428</b> |
|---|---|

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> 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: |     |    |         |
| <b>a</b> Volunteers?  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |         |
| <b>c</b> Media advertisements?  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | X   |    | 72,000. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |         |
| <b>i</b> Other activities?  |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 72,000. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> 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 |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> 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."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> 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  |  |
| <b>5</b> 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **ALZHEIMER'S DISEASE RESEARCH FOUNDATION** 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.

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

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021



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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 54,458.                         | 47,509.                      | 6,949.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 6,949.         |

**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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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 PAYROLL AND RELATED   | 232,539.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 232,539.       |

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

**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           | 26,570,283. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | -2,404.     |             |
| 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 | -2,404.     |             |
| 3 | Subtract line 2e from line 1  | 3  | 26,572,687. |             |
| 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 | 40.         |             |
| b | Other (Describe in Part XIII.)  | 4b |             |             |
| c | Add lines 4a and 4b   | 4c | 40.         |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 26,572,727. |             |

**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           | 23,165,235. |
| 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  | 23,165,235. |             |
| 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 | 40.         |             |
| b | Other (Describe in Part XIII.)   | 4b |             |             |
| c | Add lines 4a and 4b  | 4c | 40.         |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 23,165,275. |             |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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.



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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **ALZHEIMER'S DISEASE RESEARCH FOUNDATION** Employer identification number **52-2396428**

**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 |
|--|-------------------------------------|--|--|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND)<br>- ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0                                   | 0  | GRANTS AWARDED   | ALZHEIMER'S DISEASE RESEARCH   | 1,098,566.   |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES                   | 0                                   | 0  | GRANTS AWARDED   | ALZHEIMER'S DISEASE RESEARCH   | 249,550.   |
| MIDDLE EAST AND NORTH AFRICA   | 0                                   | 0  | GRANTS AWARDED   | ALZHEIMER'S DISEASE RESEARCH   | 229,425.   |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....  | 0                                   | 0  |  |  | 1,577,541.   |
| <b>b</b> Total from continuation sheets to Part I .....                        | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                                    | 0                                   | 0  |  |  | 1,577,541.   |

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

Schedule F (Form 990) 2021

**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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region   | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | SIGNALING FUNCTION OF TREM2 CLEAVAGE PRODUCTS, WHICH ARE AFFECTED BY AGONISTIC | 172,500.                 | ACH                             | 0.                               |                                       |   |
|                               |  | NORTH AMERICA  | APOE CONSORTIUM: TOWARD DEVELOPING HIGH DENSITY LIPOPROTEIN ENRICHED           | 249,550.                 | ACH                             | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | TARGETING TAUOPATHIES WITH ANTISENSE OLIGONUCLEOTIDES TO SYNAPTOGYRIN-3        | 129,375.                 | ACH                             | 0.                               |                                       |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA                               | "UNDERSTANDING THE MECHANISM UNDERLYING VACCINATION FOR ALZHEIMER'S DISEASE"   | 229,425.                 | ACH                             | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND)                     | EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMER'S DISEASE             | 67,500.                  | ACH                             | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND)                     | EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMER'S DISEASE             | 105,000.                 | ACH                             | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND)                     | INFLUENCE OF PLAQUE VICINITY ON MICROGLIAL AND ASTROCYTE GENE                  | 172,289.                 | ACH                             | 0.                               |                                       |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND)                     | NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMER'S DISEASE: ROLE OF THE CHOROID    | 34,500.                  | ACH                             | 0.                               |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **10**

3 Enter total number of other organizations or entities ..... **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |  |   |                          |                                 |                                   |  |   |
|--|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | CIRCUITS: CHARACTERIZING EPIGENETIC BIOMARKERS OF HUMAN COGNITIVE | 245,350.                 | ACH                             | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | TO ACCRUE FOR APPROVED GRANT TO BE FUNDED IN MAY, 2022            | 172,052.                 | ACH                             | 0.                                |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |
|  |  |  |   |                          |                                 |                                   |  |   |





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**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 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, COLUMN (D):**

**(A) REGION:**

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

**(D) PURPOSE OF GRANT:** SIGNALING FUNCTION OF TREM2 CLEAVAGE PRODUCTS, WHICH ARE AFFECTED BY AGONISTIC ANTIBODIES TO THE STALK REGION

REGION: NORTH AMERICA

**(D) PURPOSE OF GRANT:** APOE CONSORTIUM: TOWARD DEVELOPING HIGH DENSITY LIPOPROTEIN ENRICHED IN APOLIPOPROTEIN E AS A POTENTIAL BIOMARKER AND THERAPEUTIC TARGETING VASCULAR CONTRIBUTIONS TO ALZHEIMER'S DISEASE

**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.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMER'S DISEASE NEUROINFLAMMATION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMER'S DISEASE NEUROINFLAMMATION

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: INFLUENCE OF PLAQUE VICINITY ON MICROGLIAL AND ASTROCYTE GENE EXPRESSION; ROLE OF HUMAN TAU AND TREM2

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMER'S DISEASE: ROLE OF THE CHOROID PLEXUS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CIRCUITS: CHARACTERIZING EPIGENETIC BIOMARKERS OF HUMAN COGNITIVE AGING



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
|                 |  | FISHER<br>ISLAND GOLF<br>(event type)                       | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 325,122.     |                        | 325,122.   |
|                 | 2  | Less: Contributions   | 253,982.     |                        | 253,982.   |
|                 | 3  | Gross income (line 1 minus line 2)                          | 71,140.      |                        | 71,140.  |
| Direct Expenses | 4  | Cash prizes   |              |                        |  |
|                 | 5  | Noncash prizes  |              |                        |  |
|                 | 6  | Rent/facility costs   | 47,471.      |                        | 47,471.  |
|                 | 7  | Food and beverages  | 4,749.       |                        | 4,749.   |
|                 | 8  | Entertainment   |              |                        |  |
|                 | 9  | Other direct expenses                                       | 26,081.      |                        | 26,081.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        |  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                        | -7,161.  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
| Direct Expenses | 2 | Cash prizes  |   |   |   |
|                 | 3 | Noncash prizes   |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **ALZHEIMER'S DISEASE RESEARCH FOUNDATION** Employer identification number **52-2396428**

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance   |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|--|
| AMLYX<br>43 THORNDIKE ST<br>CAMBRIDGE, MA 02141                                | 46-4600503 |                                 | 78,234.                  | 0.                               |   |                                       | PEGASUS CLINICAL STUDY OF AMX0035 IN ALZHEIMER'S DISEASE                                     |
| BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215 | 04-2103881 | 501 (C)(3)                      | 249,026.                 | 0.                               |   |                                       | CIRCUITS: A UNIFIED APPROACH TO ACTIONABLE ALZHEIMER'S DISEASE SIGNATURES                    |
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115          | 04-2312909 | 501 (C)(3)                      | 172,500.                 | 0.                               |   |                                       | THE ROLE OF MGND-NEURODEGENERATIVE CLEC7A+ MICROGLIA IN AN AD MOUSE MODEL                    |
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115          | 04-2312909 | 501 (C)(3)                      | 172,500.                 | 0.                               |   |                                       | TARGETING THE MICROBIOME AND INNATE IMMUNITY   |
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115          | 04-2312909 | 501 (C)(3)                      | 250,000.                 | 0.                               |   |                                       | APOE CONSORTIUM: THE ROLE OF APOE IN MICROGLIA REGULATION IN NEURODEGENERATION               |
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115          | 04-2312909 | 501 (C)(3)                      | 178,612.                 | 0.                               |   |                                       | IMMUNOTHERAPIES TARGETING THE MICROBIOTA TO PREVENT COGNITIVE DECLINE IN ALZHEIMER'S DISEASE |

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 **1.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BRIGHAM AND WOMEN'S HOSPITAL<br>75 FRANCIS STREET<br>BOSTON, MA 02115                        | 04-2312909 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | ROLE OF CHECKPOINT MOLECULE TIM-3 IN REGULATING MICROGLIA IN ALZHEIMER'S DISEASE         |
| BOSTON CHILDRENS HOSPITAL<br>300 LONGWOOD AVE<br>BOSTON, MA 02115                            | 04-2774441 | 501 (C)(3)                    | 138,000.                 | 0.                                |   |  | NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMER'S DISEASE: ROLE OF THE CHOROID PLEXUS       |
| HARVARD COLLEGE<br>677 HUNTINGTON AVE<br>BOSTON, MA 02115                                    | 04-2103580 | 501 (C)(3)                    | 244,496.                 | 0.                                |   |  | ANALYTICAL AND STATISTICAL TOOLS FOR SEQUENCE ANALYSIS FOR ALZHEIMER'S DISEASE           |
| HOUSTON METHODIST HOSPITAL FOUNDATION - PO BOX 4384 -<br>HOUSTON, TX 77210                   | 76-0094743 | 501 (C)(3)                    | 200,000.                 | 0.                                |   |  | 3DDS CONSORTIUM: UNCOVERING THE MOLECULAR MECHANISMS OF SELECTED DRUG CANDIDATES DERIVED |
| HOUSTON METHODIST HOSPITAL FOUNDATION - PO BOX 4384 -<br>HOUSTON, TX 77210                   | 76-0094743 | 501 (C)(3)                    | 25,000.                  | 0.                                |   |  | SUPPLEMENT   |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX 1049 GUSTAVE L LEVY PLACE - NEW YORK, NY 10026 | 13-6171197 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | ESTABLISHING THE MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4-MEDIATED      |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX 1049 GUSTAVE L LEVY PLACE - NEW YORK, NY 10026 | 13-6171197 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | INVESTIGATING BONE MARROW HEMATOPOIESIS AS THE LINK BETWEEN SLEEP FRAGMENTATION AND      |
| ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX 1049 GUSTAVE L LEVY PLACE - NEW YORK, NY 10026 | 13-6171197 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | SYSTEMS INTEGRATION AND THERAPEUTICS TRANSLATION.  |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114                      | 04-1564655 | 501 (C)(3)                    | 170,907.                 | 0.                                |   |  | EFFECTS OF CEREBROVASCULAR INSUFFICIENCY AND EXERCISE ON THE AD BRAIN                    |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | DEVELOPMENT OF A MULTICELLULAR BRAIN MODEL TO STUDY BRAIN-VASCULAR-PERIPHERAL                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN ALZHEIMER'S DISEASE                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN ALZHEIMER'S DISEASE                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | EFFECTS OF DE-PALMITOYLATION AND ACAT INHIBITION ON AXONAL AB GENERATION VIA                      |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | ALZHEIMER'S DISEASE DRUG DISCOVERY AND DEVELOPMENT CONSORTIUM: MODULATING CD33 FUNCTION AND       |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | ALZHEIMER'S DISEASE DRUG DISCOVERY AND DEVELOPMENT CONSORTIUM: HIGH-THROUGHPUT DRUG               |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 115,000.                 | 0.                               |   |  | (YR 2) BRAIN ENTRY & EXIT CONSORTIUM: HUMAN 3D NEUROVASCULAR INTERACTION AND MENINGEAL LYMPHATICS |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | G2T, AD4, ACTFAST AND GENERAL SCIENTIFIC SUPPORT  |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 250,000.                 | 0.                               |   |  | CHARACTERIZING GUT MICROBIOME SYNERGY WITH EMPHASIS ON MYCOBIOME AND ITS IMPACT ON ALZHEIMER'S    |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 58,090.                  | 0.                               |   |  | HIGH-THROUGHPUT DRUG SCREENING FOR ALZHEIMER'S DISEASE USING 3D HUMAN             |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 25,000.                  | 0.                               |   |  | MODULATING CD33 FUNCTION AND NEUROINFLAMMATION AS A THERAPEUTIC APPROACH FOR AD   |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 300,000.                 | 0.                               |   |  | UNDERSTANDING HUMAN BRAIN RESILIENCE TO ALZHEIMER'S PATHOLOGY                     |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | TAU AND B-AMYLOID ARE INNATE IMMUNE ANTIMICROBIAL                                 |
| MASSACHUSETTS GENERAL HOSPITAL<br>125 NASHUA STREET<br>BOSTON, MA 02114 | 04-1564655 | 501 (C)(3)                    | 1,495,000.               | 0.                               |   |  | THE CURE ALZ ALZHEIMER'S GENOME PROJECT   |
| MAYO CLINIC<br>200 FIRST ST. SW<br>ROCHESTER, MN 55905                  | 41-6011702 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | THE ROLE OF CLUSTERIN IN TAU PATHOLOGY  |
| MAYO CLINIC<br>200 FIRST ST. SW<br>ROCHESTER, MN 55905                  | 41-6011702 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | PATIENT-BASED STRUCTURAL AND FUNCTIONAL BIOLOGY OF TAUOPATHIES (YEAR 2)           |
| MAYO CLINIC<br>200 FIRST ST. SW<br>ROCHESTER, MN 55905                  | 41-6011702 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | HARNESSING MENINGEAL LYMPHATICS AND IMMUNITY TO ALLEVIATE APOE4-INDUCED BRAIN     |
| MAYO CLINIC<br>200 FIRST ST. SW<br>ROCHESTER, MN 55905                  | 41-6011702 | 501 (C)(3)                    | 250,000.                 | 0.                               |   |  | APOE CONSORTIUM: COUNTERACTING PATHOGENIC EVENTS IN AD WITH PERIPHERAL OR CENTRAL |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MAYO CLINIC JACKSONVILLE<br>4500 SAN PABLO ROAD S<br>JACKSONVILLE, FL 32224                | 59-3337028 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | ABCA7 LOSS OF FUNCTION IN AGING AND ALZHEIMER'S DISEASE   |
| MAYO CLINIC JACKSONVILLE<br>4500 SAN PABLO ROAD S<br>JACKSONVILLE, FL 32224                | 59-3337028 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | TARGETING MICROGLIAL TSG 101 FOR SYNAPTIC PROTECTION AND COGNITIVE ENHANCEMENT IN               |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 1ST AVE #R607 - NEW YORK, NY 10016            | 13-5562308 | 501 (C)(3)                    | 174,754.                 | 0.                               |   |  | THE ROLE OF ASTROCYTE-DERIVED TOXIC LIPIDS MEDIATING DEGENERATION IN AD                         |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 1ST AVE #R607 - NEW YORK, NY 10016            | 13-5562308 | 501 (C)(3)                    | 250,000.                 | 0.                               |   |  | NEUROINFLAMMATION CONSORTIUM: INVESTIGATION OF AD RISK ALLELES IN ASTROCYTES FOCUS ON           |
| THE BROAD INSTITUTE INC.<br>415 MAIN ST<br>CAMBRIDGE, MA 02142                             | 26-3428781 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | REVEALING NEW GENES AND PATHWAYS AT THE INTERSECTION OF LIPOTOXIC AND GENETIC RISK FOR          |
| THE BROAD INSTITUTE INC.<br>415 MAIN ST<br>CAMBRIDGE, MA 02142                             | 26-3428781 | 501 (C)(3)                    | 550,000.                 | 0.                               |   |  | CIRCUITS: CONSORTIUM TO INFER REGULATORY CIRCUITS AND UNCOVER INNOVATIVE THERAPEUTIC STRATEGIES |
| THE ROCKEFELLER UNIVERSITY<br>1230 YORK AVENUE<br>NEW YORK, NY 10065                       | 13-1624158 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | APOE CONSORTIUM: REGULATION BY APOE OF SELECTIVE NEURONAL VULNERABILITY TO                      |
| THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037 | 95-2160097 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | THE ROLE OF ASTROCYTE-SECRETED IGF2BP2 IN THE PROGRESSION OF ALZHEIMER'S DISEASE                |
| THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037 | 95-2160097 | 501 (C)(3)                    | 115,000.                 | 0.                               |   |  | CIRCUITS: IMPACT OF EPIGENETIC AND CELLULAR VARIANTS ON ALZHEIMER'S DISEASE PATHOLOGY           |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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<br>25 BUICK STREET<br>BOSTON, MA 02115              | 04-2103547 | 501 (C)(3)                    | 250,000.                 | 0.                               |   |  | APOE CONSORTIUM:<br>REGULATION BY APOE OF<br>SELECTIVE NEURONAL<br>VULNERABILITY TO                         |
| THE TRUSTEES OF BOSTON UNIVERSITY<br>25 BUICK STREET<br>BOSTON, MA 02115              | 04-2103547 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | ALZHEIMER'S DISEASE DRUG<br>DISCOVERY AND DEVELOPMENT<br>CONSORTIUM: BLOCKING<br>SYNAPTOTOXICITY IN         |
| THE TRUSTEES OF BOSTON UNIVERSITY<br>25 BUICK STREET<br>BOSTON, MA 02115              | 04-2103547 | 501 (C)(3)                    | 25,000.                  | 0.                               |   |  | BLOCKING SYNAPTOTOXICITY<br>IN ALZHEIMER'S 3D MODELS  |
| THE UNIVERSITY OF CALIFORNIA, SAN<br>DIEGO - 9500 GILMAN RIVE - LA<br>JOLLA, CA 92093 | 95-2872494 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | BRAIN ENTRY & EXIT<br>CONSORTIUM: IDENTIFYING<br>THE BLOOD-BRAIN BARRIER<br>CHANGES DURING                  |
| THE UNIVERSITY OF CALIFORNIA, SAN<br>DIEGO - 9500 GILMAN RIVE - LA<br>JOLLA, CA 92093 | 95-2872494 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | FUNCTIONAL BASIS FOR<br>NOVEL PKC, K56R MUTATION<br>IN ALZHEIMER'S DISEASE                                  |
| THE UNIVERSITY OF CALIFORNIA, SAN<br>DIEGO - 9500 GILMAN RIVE - LA<br>JOLLA, CA 92093 | 95-2872494 | 501 (C)(3)                    | 291,374.                 | 0.                               |   |  | CONTINUING STUDIES OF THE<br>EFFECTS OF GSM 776890<br>ADMINISTRATION ON AMYLOID<br>SPECIES AND MICROGLIOSIS |
| THE UNIVERSITY OF CALIFORNIA, SAN<br>DIEGO - 9500 GILMAN RIVE - LA<br>JOLLA, CA 92093 | 95-2872494 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | THE NEDD4-1 AND PKCA<br>CONNECTION IN ALZHEIMER'S<br>DISEASE  |
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>UNIVERSITY PARK<br>LOS ANGELES, CA 90089         | 95-1642394 | 501 (C)(3)                    | 191,008.                 | 0.                               |   |  | PROTECTION AGAINST APOE4<br>WITH LONGEVITY-PROMOTING<br>INTERVENTIONS                                       |
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>UNIVERSITY PARK<br>LOS ANGELES, CA 90089         | 95-1642394 | 501 (C)(3)                    | 257,679.                 | 0.                               |   |  | AIR POLLUTION AND AD RISK<br>INTERACT WITH PREMATURE<br>AGING OF NEURAL STEM<br>CELLS AND APOE ALLELES      |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>UNIVERSITY PARK<br>LOS ANGELES, CA 90089                    | 95-1642394 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | AIR POLLUTION AND AD RISK INTERACT WITH PREMATURE AGING OF NEURAL STEM CELLS AND APOE ALLELES |
| UNIVERSITY OF SOUTHERN CALIFORNIA<br>UNIVERSITY PARK<br>LOS ANGELES, CA 90089                    | 95-1642394 | 501 (C)(3)                    | 250,000.                 | 0.                                |   |  | CELLULAR AND MOLECULAR STUDIES OF APOE REGULATION OF BLOOD-BRAIN BARRIER, SYNAPTIC AND        |
| UNIVERSITY OF TEXAS SOUTHWESTERN<br>MEDICAL CENTER - 5323 HARRY HINES<br>BLVD - DALLAS, TX 75390 | 75-2556007 | 501 (C)(3)                    | 250,000.                 | 0.                                |   |  | MECHANISMS OF TAU PROPAGATION ACROSS THE PLASMA MEMBRANE                                      |
| UNIVERSITY OF VIRGINIA<br>1001 EMMET ST N<br>CHARLOTTESVILLE, VA 22903                           | 54-6001796 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | TARGETING A MASTER INNATE IMMUNE ADAPTOR MOLECULE IN ALZHEIMER'S DISEASE                      |
| UNIVERSITY OF VIRGINIA<br>1001 EMMET ST N<br>CHARLOTTESVILLE, VA 22903                           | 54-6001796 | 501 (C)(3)                    | 229,249.                 | 0.                                |   |  | ADULT HUMAN INEURONS: A NEXT GENERATION DRUG SCREENING PLATFORM FOR ALZHEIMER'S DISEASE       |
| WASHINGTON UNIVERSITY, ST. LOUIS<br>700 ROSEDALE AVE<br>ST. LOUIS, MO 63112                      | 43-0653611 | 501 (C)(3)                    | 250,000.                 | 0.                                |   |  | BRAIN ENTRY & EXIT CONSORTIUM: CROSSTALK OF CNS BARRIERS AND CLEARANCE ROUTES IN              |
| WASHINGTON UNIVERSITY, ST. LOUIS<br>700 ROSEDALE AVE<br>ST. LOUIS, MO 63112                      | 43-0653611 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | NEURONAL SUBTYPE-SPECIFIC MODELING OF ALZHEIMER'S DISEASE BY DIRECT NEURONAL REPROGRAMMING OF |
| WASHINGTON UNIVERSITY, ST. LOUIS<br>700 ROSEDALE AVE<br>ST. LOUIS, MO 63112                      | 43-0653611 | 501 (C)(3)                    | 300,000.                 | 0.                                |   |  | APOE CONSORTIUM: UNDERSTANDING THE EFFECT OF APOE ON TAU-MEDIATED NEURODEGENERATION           |
| WASHINGTON UNIVERSITY, ST. LOUIS<br>700 ROSEDALE AVE<br>ST. LOUIS, MO 63112                      | 43-0653611 | 501 (C)(3)                    | 172,500.                 | 0.                                |   |  | CONTRIBUTION OF SKULL BONE MARROW-DERIVED CELLS TO ALZHEIMER'S DISEASE                        |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| WASHINGTON UNIVERSITY, ST. LOUIS<br>700 ROSEDALE AVE<br>ST. LOUIS, MO 63112            | 43-0653611 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | UNDERSTANDING THE ROLE OF NATURAL AB-SPECIFIC B CELL RESPONSES IN AD PROGRESSION             |
| WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1167 YORK AVE - NEW YORK, NY 10065       | 13-6094042 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | BRAIN ENTRY AND EXIT CONSORTIUM: LYMPHATICS AND CNS FLUID HOMEOSTASIS                        |
| WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1167 YORK AVE - NEW YORK, NY 10065       | 13-6094042 | 501 (C)(3)                    | 250,000.                 | 0.                               |   |  | DEVELOPMENT OF HUMAN CGAS INHIBITORS TO TREAT ALZHEIMER'S DISEASE                            |
| WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1167 YORK AVE - NEW YORK, NY 10065       | 13-6094042 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | ROLE OF MICROGLIA IN DEGRADATION AND TRIMMING OF ALZHEIMER'S AMYLOID BETA                    |
| WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 9 CAMBRIDGE CENTER - CAMBRIDGE, MA 02142 | 06-1043412 | 501 (C)(3)                    | 307,500.                 | 0.                               |   |  | CIRCUITS: IMPACT OF GENETIC, EPIGENETIC AND CELLULAR VARIANTS ON ALZHEIMER'S DISEASE         |
| YALE UNIVERSITY<br>333 CEDAR ST<br>NEW HAVEN, CT 06510                                 | 06-0646973 | 501 (C)(3)                    | 114,679.                 | 0.                               |   |  | 2021 BEE: BENVENISTE TANNENBAUM: BRAIN ENTRY & EXIT CONSORTIUM: GLYMPHATIC-LYMPHATIC         |
| YALE UNIVERSITY<br>333 CEDAR ST<br>NEW HAVEN, CT 06510                                 | 06-0646973 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | THE NEUROPROTECTIVE GLIAL BARRIER: A MULTICELLULAR REACTION WITH THERAPEUTIC POTENTIAL IN AD |
| THE BAYLOR COLLEGE OF MEDICINE<br>1 BAYLOR PLAZA<br>HOUSTON, TX 77030                  | 74-1613878 | 501 (C)(3)                    | 167,920.                 | 0.                               |   |  | ELUCIDATING THE ROLE OF SOLUBLE EPOXIDE HYDROLASE AND ARACHIDONIC ACID METABOLISM IN         |
| CARNEGIE MELLON UNIVERSITY<br>500 FORBES AVE<br>PITTSBURGH, PA 15213                   | 25-0969449 | 501 (C)(3)                    | 200,000.                 | 0.                               |   |  | CIRCUITS: INTERPRETING ALZHEIMER'S DISEASEASSOCIATED GENETIC VARIATION AT ENHANCER           |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139 | 04-2103597 | 501 (C)(3)                    | 100,000.                 | 0.                               |   |  | (YR 2) BRAIN ENTRY & EXIT CONSORTIUM: HUMAN 3D NEUROVASCULAR INTERACTION AND MENINGEAL LYMPHATICS |
| MEMORIAL SLOAN KETTERING CANCER 1250 1ST AVE NEW YORK, NY 10065                    | 13-1924236 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | THE ROLE OF IFITM3 AND GAMMA SECRETASE IN MICROGLIA   |
| NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208                            | 36-2167817 | 501 (C)(3)                    | 164,314.                 | 0.                               |   |  | INTERROGATING LEVETIRACETAM'S IMPACT ON AMYLOID PATHOLOGY AND PRESYNAPTIC PROTEOSTASIS            |
| NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208                            | 36-2167817 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | T CELL EPIGENETICS IN ALZHEIMER'S DISEASE   |
| STONYBROOK UNIVERSITY 100 NICILSS RD STONEY BOOK, NY 11794                         | 16-1514621 | 501 (C)(3)                    | 50,051.                  | 0.                               |   |  | 3DDS CONSORTIUM: PROTEOMICS OF ALZHEIMER'S DISEASE 3D CULTURES                                    |
| THE BRAIN DONOR PROJECT PO BOX 111002 NAPLES, FL 34108                             | 81-2333601 | 501 (C)(3)                    | 35,050.                  | 0.                               |   |  | TARGET RECRUITMENT OF UNDERREPRESENTED AMERICANS FOR BRAIN DONOR REGISTRATION                     |
| UNIVERSITY OF KENTUCKY 301 PETERSON SERVICE BLDG LEXINGTON, KY 40506               | 61-6001218 | 501 (C)(3)                    | 172,500.                 | 0.                               |   |  | APOLIPOPROTEIN E AND IMMUNOMETABOLISM IN ALZHEIMER'S DISEASE                                      |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |



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

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

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

**PART I, LINE 2:**

THE 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: HOUSTON METHODIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 3DDS CONSORTIUM: UNCOVERING THE MOLECULAR MECHANISMS OF SELECTED DRUG CANDIDATES DERIVED FROM SYSTEMATIC ALZHEIMER'S DRUG REPOSITIONING

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISHING THE MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4-MEDIATED SUSCEPTIBILITY TO TAU-RELATED COGNITIVE IMPAIRMENTS

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTIGATING BONE MARROW HEMATOPOIESIS AS THE LINK BETWEEN SLEEP FRAGMENTATION AND VASCULAR INFLAMMATION IN AD

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: EFFECTS OF CEREBROVASCULAR

**Part IV Supplemental Information**

INSUFFICIENCY AND EXERCISE ON THE AD BRAIN VASCULOMA

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT OF A MULTICELLULAR BRAIN MODEL TO STUDY BRAIN-VASCULAR-PERIPHERAL IMMUNE CELLS CROSSTALK IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: EFFECTS OF DE-PALMITOYLATION AND ACAT INHIBITION ON AXONAL AB GENERATION VIA MAM-ASSOCIATED PALAPP

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALZHEIMER'S DISEASE DRUG DISCOVERY AND DEVELOPMENT CONSORTIUM: MODULATING CD33 FUNCTION AND NEUROINFLAMMATION AS A THERAPEUTIC APPROACH FOR ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: ALZHEIMER'S DISEASE DRUG DISCOVERY AND DEVELOPMENT CONSORTIUM: HIGH-THROUGHPUT DRUG SCREENING FOR ALZHEIMER'S DISEASE USING 3D HUMAN

NEURAL CULTURE SYSTEMS YR 1 OF 2

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: (YR 2) BRAIN ENTRY & EXIT CONSORTIUM: HUMAN 3D NEUROVASCULAR INTERACTION AND MENINGEAL LYMPHATICS MODELS WITH APPLICATION TO ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARACTERIZING GUT MICROBIOME SYNERGY WITH EMPHASIS ON MYCOBIOME AND ITS IMPACT ON ALZHEIMER'S DISEASE

(AD) PATHOLOGY IN AD MOUSE MODELS

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: HARNESSING MENINGEAL LYMPHATICS AND IMMUNITY TO ALLEVIATE APOE4-INDUCED BRAIN DYSFUNCTION

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: COUNTERACTING PATHOGENIC EVENTS IN AD WITH PERIPHERAL OR CENTRAL APOE

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TARGETING MICROGLIAL TSG 101 FOR SYNAPTIC PROTECTION AND COGNITIVE ENHANCEMENT IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: NEUROINFLAMMATION CONSORTIUM: INVESTIGATION OF AD RISK ALLELES IN ASTROCYTES FOCUS ON CHOLESTEROL TRANSPORT AND MICROGLIA INTERACTION

NAME OF ORGANIZATION OR GOVERNMENT: THE BROAD INSTITUTE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REVEALING NEW GENES AND PATHWAYS AT THE INTERSECTION OF LIPOTOXIC AND GENETIC RISK FOR ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: THE BROAD INSTITUTE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCUITS: CONSORTIUM TO INFER

**Part IV** Supplemental Information

REGULATORY CIRCUITS AND UNCOVER INNOVATIVE THERAPEUTIC STRATEGIES

PRODUCTION GROUP

NAME OF ORGANIZATION OR GOVERNMENT: THE ROCKEFELLER UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: REGULATION BY APOE OF SELECTIVE NEURONAL VULNERABILITY TO ALZHEIMER'S DISEASE (YEAR 3)

NAME OF ORGANIZATION OR GOVERNMENT: THE TRUSTEES OF BOSTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: REGULATION BY APOE OF SELECTIVE NEURONAL VULNERABILITY TO ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: THE TRUSTEES OF BOSTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALZHEIMER'S DISEASE DRUG DISCOVERY AND DEVELOPMENT CONSORTIUM: BLOCKING SYNAPTOTOXICITY IN ALZHEIMER'S 3D MODELS

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: BRAIN ENTRY & EXIT CONSORTIUM: IDENTIFYING THE BLOOD-BRAIN BARRIER CHANGES DURING ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUING STUDIES OF THE EFFECTS OF GSM 776890 ADMINISTRATION ON AMYLOID SPECIES AND MICROGLIOSIS IN OLDER ALZHEIMER'S MODEL MICE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: CELLULAR AND MOLECULAR STUDIES OF APOE REGULATION OF BLOOD-BRAIN BARRIER, SYNAPTIC AND NEURONAL FUNCTIONS AND PROTECTION STRATEGIES IN MOUSE MODELS WITH AND WITHOUT ALZHEIMER'S PATHOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY, ST. LOUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: BRAIN ENTRY & EXIT CONSORTIUM: CROSSTALK OF CNS BARRIERS AND CLEARANCE ROUTES IN HOMEOSTASIS AND ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY, ST. LOUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEURONAL SUBTYPE-SPECIFIC MODELING OF ALZHEIMER'S DISEASE BY DIRECT NEURONAL REPROGRAMMING OF PATIENT FIBROBLASTS

NAME OF ORGANIZATION OR GOVERNMENT:

WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCUITS: IMPACT OF GENETIC, EPIGENETIC AND CELLULAR VARIANTS ON ALZHEIMER'S DISEASE PATHOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: YALE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 BEE: BENVENISTE TANNENBAUM: BRAIN ENTRY & EXIT CONSORTIUM: GLYMPHATIC-LYMPHATIC COUPLING IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: THE BAYLOR COLLEGE OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: ELUCIDATING THE ROLE OF SOLUBLE EPOXIDE HYDROLASE AND ARACHIDONIC ACID METABOLISM IN NEUROINFLAMMATION

**Part IV** Supplemental Information

AND ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: CARNEGIE MELLON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCUITS: INTERPRETING ALZHEIMER'S DISEASE ASSOCIATED GENETIC VARIATION AT ENHANCER REGIONS

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: (YR 2) BRAIN ENTRY & EXIT

CONSORTIUM: HUMAN 3D NEUROVASCULAR INTERACTION AND MENINGEAL LYMPHATICS MODELS WITH APPLICATION TO ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERROGATING LEVETIRACETAM'S IMPACT ON AMYLOID PATHOLOGY AND PRESYNAPTIC PROTEOSTASIS IN KNOCK-IN MOUSE MODELS WITH HUMANIZED ABETA

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**ALZHEIMER'S DISEASE RESEARCH FOUNDATION**

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2021



**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 and/or 1099-NEC 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<br>PRESIDENT & CEO          | (i)  | 277,005.   | 0.                                  | 0.                                  | 9,315.   | 0.                      | 286,320.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) BARBARA CHAMBERS<br>EVP MARKETING & COMM.  | (i)  | 204,402.   | 0.                                  | 0.                                  | 7,410.   | 10,291.                 | 222,103.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KATHARINE HERMAN<br>EVP DEVELOPMENT        | (i)  | 408,231.   | 0.                                  | 0.                                  | 13,395.  | 15,043.                 | 436,669.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) JOHN SLATTERY<br>SVP MAJOR GIFTS           | (i)  | 185,684.   | 0.                                  | 0.                                  | 6,433.   | 0.                      | 192,117.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) MARGARET SMITH<br>EVP, RESEARCH ADMIN      | (i)  | 206,085.   | 0.                                  | 0.                                  | 7,528.   | 13,539.                 | 227,152.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) MAHUA DASGUPTA<br>SR. PHILANTROPIC ADVISOR | (i)  | 165,782.   | 0.                                  | 0.                                  | 6,121.   | 14,566.                 | 186,469.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |





**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| PROPER VILLIANS INC           | A PRINCIPAL OF THE  | 121,411.                  | CREATIVE AN                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PROPER VILLIANS INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A PRINCIPAL OF THE VENDOR IS THE SPOUSE OF A KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: CREATIVE AND PRODUCTION SERVICES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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

Name of the organization **ALZHEIMER'S DISEASE RESEARCH FOUNDATION** Employer identification number **52-2396428**

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          | 97  | 5,161,866.   | 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 ▶ ( AUCTION ITEMS ) .....                                 | X                          | 0   | 46,800.  | DONOR STATED VALUE  |
| 26     | Other ▶ ( ) .....   |                            |   |  |   |
| 27     | Other ▶ ( ) .....   |                            |   |  |   |
| 28     | Other ▶ ( ) .....   |                            |   |  |   |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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 FIRST REPUBLIC BANK AND BANK OF NEW YORK/MELLON.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

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

DISEASE.

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.

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

COMPARABILITY DATA IS SUBMITTED ANNUALLY TO THE EXECUTIVE COMMITTEE FOR

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

Schedule O (Form 990) 2021

132211 11-11-21

|  |   |
|--|---|
| Name of the organization<br><b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b> | Employer identification number<br><b>52-2396428</b> |
|--|---|

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.



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b> | Business or activity to which this form relates<br><b>FORM 990 PAGE 10</b> | Identifying number<br><b>52-2396428</b> |
|---|--|---|

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|   |           |            |
|---|-----------|------------|
| 1 Maximum amount (see instructions) .....   | <b>1</b>  | 1,050,000. |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>  |            |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>  | 2,620,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>  |            |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>  |            |
| <b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost  |           |            |
|   |           |            |
|   |           |            |
|   |           |            |
|   |           |            |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>  |            |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>  |            |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 .....  | <b>9</b>  |            |
| 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 .....  | <b>10</b> |            |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b> |            |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....   | <b>12</b> |            |
| 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 .....  | <b>13</b> |            |

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.)**

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

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

**Section A**

|   |           |        |
|---|-----------|--------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2021 .....   | <b>17</b> | 8,423. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |        |

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

|                |   |  |         |    |     |  |
|----------------|---|--|---------|----|-----|--|
| 20a Class life |   |  |         |    | S/L |  |
| b 12-year      |   |  | 12 yrs. |    | S/L |  |
| c 30-year      | / |  | 30 yrs. | MM | S/L |  |
| d 40-year      | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|  |           |        |
|--|-----------|--------|
| 21 Listed property. Enter amount from line 28 .....  | <b>21</b> |        |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | 8,423. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....   | <b>23</b> |        |

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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
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
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
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

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:
43 Amortization of costs that began before your 2021 tax year
44 Total. Add amounts in column (f). See the instructions for where to report