

Return of Organization Exempt From Income Tax

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND		D Employer identification number 52-2396428
	Doing business as CURE ALZHEIMER'S FUND		E Telephone number 781-237-3800
	Number and street (or P.O. box if mail is not delivered to street address) 34 WASHINGTON ST	Room/suite 310	
	City or town, state or province, country, and ZIP or foreign postal code WELLESLEY HILLS, MA 02481		G Gross receipts \$ 47,449,763.
	F Name and address of principal officer: TIMOTHY W. ARMOUR SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

J Website: [HTTP://CUREALZ.ORG/](http://CUREALZ.ORG/) **H(c)** Group exemption number

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
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	26,547,838.	32,354,655.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,050.	8,359,727.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,161.	-6,137.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,572,727.	40,708,245.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,719,354.	23,431,727.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,128,684.	3,951,303.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,662,785.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,317,237.	3,229,984.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,165,275.	30,613,014.
19 Revenue less expenses. Subtract line 18 from line 12	3,407,452.	10,095,231.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,967,152.	End of Year 30,192,784.
	21 Total liabilities (Part X, line 26)	5,766,651.	1,734,174.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,200,501.	28,458,610.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Timothy W. Armour</i>	Date 5.08.2023			
	TIMOTHY W. ARMOUR, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SANDY ROSS	Preparer's signature SANDY ROSS	Date	Check if self-employed <input type="checkbox"/>	PTIN P01399337
	Firm's name KAHN, LITWIN, RENZA & CO., LTD.	Firm's EIN 05-0409384	Phone no. 401-274-2001		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 24,460,315. including grants of \$ 23,431,727.) (Revenue \$) IN 2022, CURE ALZHEIMER'S FUND SUPPORTED 100 RESEARCH PROJECTS AT 59 LEADING RESEARCH INSTITUTIONS, FOR RESEARCH OUTPUT OF MORE THAN \$24.4 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

4b (Code:) (Expenses \$ 3,426,801. 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 27,887,116.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational activities.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHARINE HERMAN EVP DEVELOPMENT	40.00				X		327,432.	0.	27,571.	
(2) TIMOTHY ARMOUR PRESIDENT & CEO	40.00	X		X			242,641.	0.	8,311.	
(3) BARBARA CHAMBERS EVP MARKETING & COMM.	40.00				X		194,964.	0.	18,645.	
(4) LISA RAND VP MARKETING & COMM.	40.00					X	183,812.	0.	16,131.	
(5) MARGARET SMITH EVP, RESEARCH ADMIN	30.00				X		177,400.	0.	21,482.	
(6) DOUGLAS HARPER SENIOR PHILANTHROPIC ADVISOR	40.00					X	185,943.	0.	11,501.	
(7) JOHN SLATTERY SVP MAJOR GIFTS	40.00					X	179,157.	0.	6,339.	
(8) MAHUA DASGUPTA SR. PHILANTHROPIC ADVISOR	40.00					X	161,817.	0.	21,937.	
(9) KELLY WESTERHOUSE VP GIVING	40.00					X	147,868.	0.	10,146.	
(10) LAUREL LYLE SECRETARY & VP BOARD RELATIONS AND D	30.00	X		X			105,067.	0.	3,711.	
(11) HENRY MCCANCE CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(12) JEFFREY MORBY CO-CHAIRMAN	20.00	X		X			0.	0.	0.	
(13) PHYLLIS RAPPAPORT TREASURER	2.00	X		X			0.	0.	0.	
(14) ROBERT GREENHILL DIRECTOR	2.00	X					0.	0.	0.	
(15) JACQUELINE MORBY DIRECTOR	5.00	X					0.	0.	0.	
(16) SHERRY SHARP (TO 12/22) 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	313,024.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	32,041,631.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,919,199.				
	h Total. Add lines 1a-1f		32,354,655.				
Program Service Revenue			Business Code				
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		93,408.			93,408.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,929,740.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,663,421.				
	c Gain or (loss)	7c	8,266,319.				
	d Net gain or (loss)		8,266,319.			8,266,319.	
8 a Gross income from fundraising events (not including \$ 313,024. of contributions reported on line 1c). See Part IV, line 18	8a		71,960.				
			78,097.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-6,137.			-6,137.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			40,708,245.	0.	0.	8,353,590.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	19,201,841.	19,201,841.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,229,886.	4,229,886.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,127,225.	450,674.	88,620.	587,931.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,381,842.	1,600,832.	366,697.	414,313.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,929.	42,857.	11,117.	11,955.
9 Other employee benefits	130,430.	72,783.	18,273.	39,374.
10 Payroll taxes	245,877.	155,536.	28,738.	61,603.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,537.	8,491.	3,229.	3,817.
c Accounting	149,145.		149,145.	
d Lobbying	75,000.	75,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,344.		30,344.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	545,564.	166,869.	190,534.	188,161.
12 Advertising and promotion	777,562.	777,562.		
13 Office expenses	245,287.	148,991.	37,156.	59,140.
14 Information technology	89,313.	8,057.	81,256.	
15 Royalties				
16 Occupancy	196,349.	111,388.	26,933.	58,028.
17 Travel	108,919.	36,940.	116.	71,863.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	250,410.	243,623.		6,787.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,907.		3,907.	
23 Insurance	23,125.	3,625.	17,605.	1,895.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RESEARCH LAB EXPENSES	528,064.	528,064.		
b GIFT PROCESSING FEES	137,649.		70.	137,579.
c MISCELLANEOUS	53,809.	24,097.	9,373.	20,339.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,613,014.	27,887,116.	1,063,113.	1,662,785.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,850,918.	1	2,778,505.
	2 Savings and temporary cash investments	4,457,855.	2	7,254,987.
	3 Pledges and grants receivable, net	1,496,905.	3	1,877,735.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	160,657.	9	218,532.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,458.		
	b Less: accumulated depreciation	10b 51,416.	6,949.	10c 3,042.
	11 Investments - publicly traded securities	12,993,868.	11	17,733,326.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	326,657.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,967,152.	16	30,192,784.	
Liabilities	17 Accounts payable and accrued expenses	430,625.	17	129,949.
	18 Grants payable	5,103,487.	18	763,585.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	232,539.	25	840,640.
	26 Total liabilities. Add lines 17 through 25	5,766,651.	26	1,734,174.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,316,372.	27	26,297,281.
	28 Net assets with donor restrictions	1,884,129.	28	2,161,329.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,200,501.	32	28,458,610.
33 Total liabilities and net assets/fund balances	23,967,152.	33	30,192,784.	

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,708,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,613,014.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,095,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,200,501.
5	Net unrealized gains (losses) on investments	5	162,878.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,458,610.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,798,072.	30,497,342.	22,873,948.	26,576,211.	32,354,655.	132,100,228.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,798,072.	30,497,342.	22,873,948.	26,576,211.	32,354,655.	132,100,228.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,939,079.
6 Public support. Subtract line 5 from line 4.						117,161,149.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	19,798,072.	30,497,342.	22,873,948.	26,576,211.	32,354,655.	132,100,228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,320.	83,306.	15,472.	4,497.	93,408.	274,003.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						132,374,231.
12 Gross receipts from related activities, etc. (see instructions)					12	253,982.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	88.51	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.76	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter 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) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			75,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A REGISTERED LOBBYIST CONTACTED VARIOUS CONGRESSIONAL LEGISLATORS FOR

THE PURPOSE OF ENCOURAGING INCREASED FUNDING OF ALZHEIMER'S DISEASE

RESEARCH BY THE FEDERAL GOVERNMENT.

Part IV Supplemental Information *(continued)*

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,767.	7,767.	0.
e Other		46,691.	43,649.	3,042.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,042.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	528,365.
(3) LEASE PAYABLE	312,275.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	840,640.

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	40,840,779.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 162,878.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -30,344.		
e	Add lines 2a through 2d		2e	132,534.
3	Subtract line 2e from line 1		3	40,708,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	40,708,245.

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	30,582,670.
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	30,582,670.
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 30,344.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	30,344.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,613,014.

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 LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 RETURNS OF ORGANIZATIONS

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE

SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF

THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX

EXAMINATIONS IN PROGRESS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES -30,344.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I 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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH .LIST 59 _ 3 SWHEELER - 03/04/21	3,494,976.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH .LIST 64 _ 2 SWHEELER - 03/08/22	658,950.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	75,960.
3 a Subtotal	0	0			4,229,886.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,229,886.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2022
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CIRCUITS: CHARACTERIZING EPIGENETIC BIOMARKERS OF HUMAN COGNITIVE	252,250.	ACH	0.		
		EUROPE	PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS DISEASE USING PROTEOME	54,921.	ACH	0.		
		EUROPE	CELLULAR VULNERABILITY TO AGEING	230,000.	ACH	0.		
		EUROPE	SFRP1 AS A THERAPEUTIC TARGET AND DIAGNOSTIC/PROGNOSTIC	172,500.	ACH	0.		
		EUROPE	NOVEL ENTRY ROUTES FOR THERAPEUTIC BIOLOGICALS TO THE BRAIN	172,500.	ACH	0.		
		EUROPE	EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMERS DISEASE	67,500.	ACH	0.		
		EUROPE	ADTC: IMPACT OF TAU MUTATIONS AND A ON TAU POST-TRANSLATIONAL	345,000.	ACH	0.		
		EUROPE	TURNING UP MITOPHAGY TO BLUNT ALZHEIMER TAU PATHOLOGIES	201,250.	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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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 (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)
		NORTH AMERICA	SEX MATTERS: UNDERSTANDING THE INFLUENCE OF SEX AND APOE GENOTYPE ON	170,200.	ACH	0.		
		NORTH AMERICA	COMBINED HORMONE THERAPY AS A NOVEL TREATMENT FOR ALZHEIMERS DISEASE IN	201,250.	ACH	0.		
		EUROPE	USING LONG-READ SEQUENCING TO INVESTIGATE THE MAPT LOCUS AND TRANSCRIPTS	201,250.	ACH	0.		
		EUROPE	CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMERS DISEASE AND RELATED	139,840.	ACH	0.		
		EUROPE	STRUCTURAL MIMICRY IN MICROBIAL AND ANTIMICROBIAL AMYLOIDS CONNECTED TO	124,800.	ACH	0.		
		MIDDLE EAST AND NORTH AFRICA	STRUCTURAL MIMICRY IN MICROBIAL AND ANTIMICROBIAL AMYLOIDS CONNECTED TO	75,960.	ACH	0.		
		EUROPE	CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMERS DISEASE AND RELATED	40,710.	ACH	0.		
		EUROPE	PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS DISEASE USING PROTEOME	17,816.	ACH	0.		
		EUROPE	PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS DISEASE USING PROTEOME	469,160.	ACH	0.		

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 (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	NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMERS DISEASE: ROLE OF THE CHOROID	23,000.	ACH	0.		
		EUROPE	CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY ACROSS THE ALZHEIMERS	201,250.	ACH	0.		
		EUROPE	EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMERS DISEASE	105,000.	ACH	0.		
		EUROPE	UNDERSTANDING, AND MIMICKING, THE BIOLOGICAL EFFECTS OF THE PLC2 P522R	173,104.	ACH	0.		
		EUROPE	TARGETING TAUOPATHIES WITH ANTISENSE OLIGONUCLEOTIDES TO SYNAPTOGYRIN-3	215,625.	ACH	0.		
		NORTH AMERICA	APOE CONSORTIUM: EFFECT OF CHOLESTERYL ESTER TRANSFER PROTEIN ACTIVITY ON	287,500.	ACH	0.		
		EUROPE	DEEP MASS SPECTROMETRY PROFILING OF TAU AGGREGATES IN	287,500.	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 PROJECT FOR FIT WITH THE
 CUREALZ 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 TWO-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 THE PROJECT SERVES THE ORGANIZATION'S MISSION TO FUND RESEARCH
 ACCELERATING BENEFITS TO CURRENT AND POTENTIAL ALZHEIMER'S PATIENTS.

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 I, LINE 3, COLUMN (E):

(A) REGION:

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: ALZHEIMER'S DISEASE RESEARCH

.LIST 59 _ 3

SWHEELER - 03/04/21 10:18AM WORKSHEET SCHEDULE F

249550

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.

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REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: ALZHEIMER'S DISEASE RESEARCH

.LIST 64 _ 2

SWHEELER - 03/08/22 10:46AM WORKSHEET SCHEDULE F

229425

PART II, COLUMN (D):

REGION: EUROPE

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

REGION: EUROPE

(D) PURPOSE OF GRANT: PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS DISEASE USING PROTEOME PROFILING: THE EPIC4AD STUDY

REGION: EUROPE

(D) PURPOSE OF GRANT: SFRP1 AS A THERAPEUTIC TARGET AND DIAGNOSTIC/PROGNOSTIC FACTOR IN

ALZHEIMER'S DISEASE

REGION: EUROPE

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

REGION: EUROPE

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.

(D) PURPOSE OF GRANT: ADTC: IMPACT OF TAU MUTATIONS AND A ON TAU

POST-TRANSLATIONAL MODIFICATIONS AND CONFORMATION

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: SEX MATTERS: UNDERSTANDING THE INFLUENCE OF SEX

AND APOE GENOTYPE ON HIPPOCAMPAL PLASTICITY AND COGNITION

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: COMBINED HORMONE THERAPY AS A NOVEL TREATMENT FOR

ALZHEIMERS DISEASE IN THE FACE OF A METABOLIC CHALLENGE: INFLUENCE OF SEX

AND GENOTYPE

REGION: EUROPE

(D) PURPOSE OF GRANT: USING LONG-READ SEQUENCING TO INVESTIGATE THE MAPT

LOCUS AND TRANSCRIPTS IN NEURODEGENERATION

REGION: EUROPE

(D) PURPOSE OF GRANT: CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMERS

DISEASE AND RELATED PROTEOPATHIES

REGION: EUROPE

(D) PURPOSE OF GRANT: STRUCTURAL MIMICRY IN MICROBIAL AND ANTIMICROBIAL

AMYLOIDS CONNECTED TO NEURODEGENERATIVE DISEASES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: STRUCTURAL MIMICRY IN MICROBIAL AND ANTIMICROBIAL

AMYLOIDS CONNECTED TO NEURODEGENERATIVE DISEASES

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

(D) PURPOSE OF GRANT: CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMERS

DISEASE AND RELATED PROTEOPATHIES

REGION: EUROPE

(D) PURPOSE OF GRANT: PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS

DISEASE USING PROTEOME PROFILING: THE EPIC4AD STUDY

REGION: EUROPE

(D) PURPOSE OF GRANT: PERSONALIZED DISEASE PREDICTION FOR ALZHEIMERS

DISEASE USING PROTEOME PROFILING: THE EPIC4AD STUDY

REGION: EUROPE

(D) PURPOSE OF GRANT: NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMERS

DISEASE: ROLE OF THE CHOROID PLEXUS

REGION: EUROPE

(D) PURPOSE OF GRANT: CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY

ACROSS THE ALZHEIMERS DISEASE SPECTRUM

REGION: EUROPE

(D) PURPOSE OF GRANT: EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING

ALZHEIMERS DISEASE NEUROINFLAMMATION

REGION: EUROPE

(D) PURPOSE OF GRANT: UNDERSTANDING, AND MIMICKING, THE BIOLOGICAL

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.

EFFECTS OF THE PLC2 P522R VARIANT THAT PROTECT AGAINST ALZHEIMERS DISEASE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: APOE CONSORTIUM: EFFECT OF CHOLESTERYL ESTER

TRANSFER PROTEIN ACTIVITY ON AMYLOID AND CEREBROVASCULAR PATHOLOGIES IN

ANIMAL MODELS OF ALZHEIMERS DISEASE

REGION: EUROPE

(D) PURPOSE OF GRANT: DEEP MASS SPECTROMETRY PROFILING OF TAU AGGREGATES

IN ALZHEIMERS DISEASE AND OTHER TAUOPATHIES

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 NONE	(d) Total events (add col. (a) through col. (c))
		FISHER ISLAND GOLF (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	384,984.		384,984.
	2	Less: Contributions	313,024.		313,024.
	3	Gross income (line 1 minus line 2)	71,960.		71,960.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	58,806.		58,806.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	19,291.		19,291.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			78,097.
11	Net income summary. Subtract line 10 from line 3, column (d)			-6,137.	

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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
UNIVERSITY OF CONNECTICUT 263 FARMINGTON AVE FARMINGTON, CT 06053	06-0772160	501 (C)(3)	230,000.	0.			AD PATHOPHYSIOLOGY ALTERS THE LEVEL OF ELECTRICAL AND CHEMICAL SYNAPSE COUPLING IN THE NETWORK
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVE., MSC 8111-29 ST. LOUIS, MO 63110	43-0653611	501 (C)(3)	252,077.	0.			APOE: ASSESSING THE ADDED DIAGNOSTIC VALUE OF PERIPHERAL APOE PROTEIN LEVELS IN CURRENT
YALE 789 HOWARD AVE, PO BOX 208051 NEW HAVEN, CT 06520	06-0646973	501 (C)(3)	204,238.	0.			BEE: CNS FLUID HOMEOSTASIS AND WASTE CLEARANCE IN ALZHEIMERS DISEASE CHARACTERIZED BY EFFECTS OF
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	172,500.	0.			DE-PALMITOYLATION AND ACAT INHIBITION ON AXONAL AB GENERATION VIA
DUKE 210 RESEARCH DRIVE DURHAM, NC 27710	56-2247203	501 (C)(3)	194,253.	0.			CONTRIBUTIONS OF IL34 SIGNALING TO MICROGLIAL FUNCTION AND ALZHEIMERS PATHOLOGY IN MICE
MOUNT SINAI ONE GUSTAVE L. LEVY PLACE, BOX 163 NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			ESTABLISHING THE MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4-MEDIATED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **86.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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
UNIVERSITY OF VIRGINIA PO BOX 400328 CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	198,932.	0.			TOXIC EFFECTS OF EXTRACELLULAR TAU OLIGOMERS ON NEURONS
UNIVERSITY OF CALIFORNIA, IRVINE 3014 GROSS HALL IRVINE, CA 92697	95-2226406	501 (C)(3)	250,000.	0.			NIC: EXAMINING THE ROLE OF HUMAN MICROGLIA IN THE TRANSITION BETWEEN PARENCHYMAL AND VASCULAR
UNIVERSITY OF SOUTHERN CALIFORNIA 1501 SAN PABLO STREET LOS ANGELES, CA 90033	95-1642394	501 (C)(3)	201,250.	0.			PRENATAL INFLAMMATION EFFECTS ON BLOOD BRAIN BARRIER FUNCTION AND AD-RELATED PATHOLOGIES
BRIGHAM AND WOMEN'S 60 FENWOOD ROAD BOSTON, MA 02115	04-2312909	501 (C)(3)	287,500.	0.			APOE CONSORTIUM: APOE4-MEDIATED DYSFUNCTION OF CD8 T CELL-MICROGLIA CROSSTALK
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	172,500.	0.			NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN ALZHEIMERS DISEASE
MAYO JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	172,500.	0.			HARNESSING MENINGEAL LYMPHATICS AND IMMUNITY TO ALLEVIATE APOE4-INDUCED BRAIN
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, BSB3092 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	287,500.	0.			BEE: IDENTIFYING THE BLOOD-BRAIN BARRIER CHANGES DURING ALZHEIMERS DISEASE
HARVARD MEDICAL SCHOOL 200 LONGWOOD AVENUE, WAB 336 BOSTON, MA 02115	04-2103580	501 (C)(3)	250,000.	0.			NIC: ASSESSING THE LINKS BETWEEN THE MS4A RISK GENES, MICROGLIA, AND ALZHEIMERS DISEASE
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	230,000.	0.			RNA AND TAU SEED FORMATION

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
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	287,000.	0.			ADTC: THE ROLE OF VCP/P97 IN TAU PRION REPLICATION
YALE 310 CEDAR ST., BML330A NEW HAVEN, CT 06519	06-0646973	501 (C)(3)	172,500.	0.			ROLE OF MICROGLIAL MATRICELLULAR PROTEIN SPARC IN CONTROL OF INFLAMMASOME ACTIVATION
DUKE 3550 HOSPITAL SOUTH DURHAM, NC 27710	56-2247203	501 (C)(3)	199,162.	0.			SEX DIFFERENCES IN ALZHEIMER'S DISEASE PROGRESSION: FRAMINGHAM HEART STUDY
SALK 10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	95-2160097	501 (C)(3)	115,000.	0.			CIRCUITS: IMPACT OF EPIGENETIC AND CELLULAR VARIANTS ON ALZHEIMERS DISEASE PATHOLOGY
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE, VAN ETTEN 3C5B - BRONX, NY 10461	83-0621846	501 (C)(3)	100,000.	0.			APPLICATION OF MACHINE LEARNING METHODS IN ALZHEIMERS DISEASE CLINICAL TRIALS
WEILL CORNELL 407 E 61ST STREET NEW YORK, NY 10065	13-6094042	501 (C)(3)	172,500.	0.			GUT MICROBIOTA, ENDOTHELIAL DYSFUNCTION AND TAU-MEDIATED COGNITIVE IMPAIRMENT
UNIVERSITY OF SOUTHERN CALIFORNIA 3715 MCCLINTOCK AVE. LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	219,535.	0.			AIR POLLUTION AND AD RISK INTERACT WITH PREMATURE AGING OF NEURAL STEM CELLS AND APOE ALLELES
WASHINGTON UNIVERSITY 425 SOUTH EUCLID AVE., BOX 8111 ST. LOUIS, MO 63110	43-0653611	501 (C)(3)	172,500.	0.			TARGETING REACTIVE ASTROCYTES FOR THERAPEUTIC INTERVENTION OF ALZHEIMERS DISEASE
WEILL CORNELL 413 EAST 69TH STREET, ROOM 920 NEW YORK, NY 10021	13-6094042	501 (C)(3)	250,000.	0.			DEVELOPMENT OF HUMAN CGAS INHIBITORS TO TREAT ALZHEIMERS 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.)

(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
MOUNT SINAI ONE GUSTAVE L LEVY PLACE, BOX 1137 NEW YORK, NY 10029	13-6171197	501 (C)(3)	217,327.	0.			MICROGLIAL-SPECIFIC INPP5D KNOCKDOWN MODULATES BEHAVIOR, AMYLOIDOSIS, AND
UNIVERSITY OF VIRGINIA 409 LANE ROAD, MR4- 6154 CHARLOTTESVILLE, VA 22908	54-6001796	501 (C)(3)	201,250.	0.			EXPLORING THE THERAPEUTIC POTENTIAL OF CLUSTERIN IN A PRECLINICAL MODEL OF ALZHEIMERS DISEASE
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0651 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	250,000.	0.			NIC: LEVERAGING ENHANCER LANDSCAPES TO DECODE AD RISK ALLELES IN MICROGLIA
MOUNT SINAI ONE GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			SYSTEMS INTEGRATION AND THERAPEUTICS TRANSLATION IN ALZHEIMERS DISEASE
BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501 (C)(3)	171,207.	0.			REVEALING NEW GENES AND PATHWAYS AT THE INTERSECTION OF LIPOTOXIC AND GENETIC RISK FOR
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	197,500.	0.			AD4: MODULATING CD33 FUNCTION AND NEUROINFLAMMATION AS A THERAPEUTIC APPROACH FOR
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501 (C)(3)	248,980.	0.			CIRCUITS: AUNIFIED APPROACH TO ACTIONABLE ALZHEIMERS DISEASE SIGNATURES
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVE., BOX 8111 ST. LOUIS, MO 63110	43-0653611	501 (C)(3)	345,000.	0.			APOE CONSORTIUM: ROLE OF APOE ISOFORMS IN IMMUNE RESPONSES IN A MODEL OF TAUOPATHY
MASSACHUSETTS GENERAL HOSPITAL 149 13TH STREET, ROOM 2301 CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	287,500.	0.			NIC: BIOMARKER TOOL DEVELOPMENT IN CAF NEUROIMMUNE CONSORTIUM

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
HARVARD MEDICAL SCHOOL 77 AVENUE LOUIS PASTEUR, NRB 1054 BOSTON, MA 02115	04-2103580	501 (C)(3)	201,250.	0.			DISSECTING THE MODULATORY ROLES OF INTERLEUKIN-17 RECEPTOR D IN ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	286,595.	0.			ADTC: HOW DO SOLUBLE TAU SPECIES REPLICATE?
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	250,000.	0.			CREATION OF A FIBROBLAST/IPS CELL BANK TO FACILITATE PERIPHERAL/BRAIN
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	172,500.	0.			REGIONAL VARIABILITY OF PATHOLOGY-ASSOCIATED PROPERTIES OF TAU IN POSTERIOR CORTICAL
WHITEHEAD 455 MAIN STREET. CAMBRIDGE, MA 02142	06-1043412	501 (C)(3)	307,500.	0.			CIRCUITS: IMPACT OF EPIGENETIC AND CELLULAR VARIANTS ON ALZHEIMERS DISEASE PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	172,500.	0.			DEVELOPMENT OF A MULTICELLULAR BRAIN MODEL TO STUDY BRAIN-VASCULAR-PERIPHERAL
MAYO JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			ABCA7 LOSS OF FUNCTION IN AGING AND ALZHEIMERS DISEASE
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	230,590.	0.			AD4: HIGH-THROUGHPUT DRUG SCREENING FOR ALZHEIMER'S DISEASE USING 3D HUMAN NEURAL CULTURE SYSTEMS
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE, CAMPUS BO ST. LOUIS, MO 06311	43-0653611	501 (C)(3)	172,500.	0.			CONTRIBUTION OF SKULL BONE MARROW-DERIVED CELLS TO ALZHEIMERS 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.)

(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
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE, MSC 8118-0 ST. LOUIS, MO 06311	43-0653611	501 (C)(3)	345,000.	0.			BEE: CROSSTALK OF CNS BARRIERS AND CLEARANCE ROUTES IN HOMEOSTASIS AND ALZHEIMERS DISEASE
BRIGHAM AND WOMEN'S 60 FENWOOD ROAD BOSTON, MA 02115	04-2312909	501 (C)(3)	172,500.	0.			ROLE OF CHECKPOINT MOLECULE TIM-3 IN MICROGLIA REGULATION IN ALZHEIMERS DISEASE
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501 (C)(3)	149,500.	0.			NEUROINFLAMMATION CONTRIBUTIONS TO ALZHEIMERS DISEASE: ROLE OF THE CHOROID PLEXUS
MSKCC 1275 YORK AVE NEW YORK, NY 10065	13-1924236	501 (C)(3)	172,500.	0.			THE ROLE OF IFITM3 AND GAMMA SECRETASE IN MICROGLIA
NEW YORK UNIVERSITY 435 EAST 30TH STREET, FL 11 NEW YORK, NY 10016	13-5562308	501 (C)(3)	174,883.	0.			THE ROLE OF ASTROCYTE-DERIVED TOXIC LIPIDS MEDIATING DEGENERATION IN
NEW YORK UNIVERSITY 435 EAST 30TH STREET, FL 11 NEW YORK, NY 10016	13-5562308	501 (C)(3)	115,000.	0.			NIC: INVESTIGATION OF AD RISK ALLELES IN ASTROCYTES FOCUS ON CHOLESTEROL TRANSPORT AND
MASSACHUSETTS GENERAL HOSPITAL MGH EAST 149-2401, 13TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	200,417.	0.			CIRCADIAN PERTURBATIONS OF THE VASCULOME AND MICROGLIOME IN ALZHEIMERS DISEASE
UNIVERSITY OF VIRGINIA 409 LANE ROAD, MR4-6154 CHARLOTTESVILLE, VA 22908	54-6001796	501 (C)(3)	172,500.	0.			TARGETING A MASTER INNATE IMMUNE ADAPTOR MOLECULE IN ALZHEIMERS DISEASE
WEILL CORNELL 1300 YORK AVENUE, BOX 63 NEW YORK, NY 10065	13-6094042	501 (C)(3)	172,500.	0.			ROLE OF MICROGLIA IN DEGRADATION AND TRIMMING OF ALZHEIMERS AMYLOID BETA

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
WASHINGTON UNIVERSITY 4488 FOREST PARK AVE, SUITE 200 SAINT LOUIS, MO 63108	43-0653611	501 (C)(3)	120,015.	0.			CHARACTERIZATION OF MOLECULAR BIOMARKER PROFILES THROUGHOUT THE PATHOBIOLOGICAL CONTINUUM
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0721 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	172,500.	0.			FUNCTIONAL BASIS FOR NOVEL PKC K56R MUTATION IN ALZHEIMER'S DISEASE
WAKE FOREST MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	22-3849199	501 (C)(3)	172,500.	0.			INVESTIGATING THE ROLE OF TAU PROTEIN IN NEURONAL SENESCENCE INDUCTION AND MAINTENANCE
UNIVERSITY OF MICHIGAN 2101 COMMONWEALTH BLVD., SUITE A AN ANN ARBOR, MI 48105	38-6006309	501 (C)(3)	243,407.	0.			NEUROBIOLOGICAL BASIS OF COGNITIVE IMPAIRMENT IN AFRICAN AMERICANS: DEEP PHENOTYPING OF OLDER
MAYO JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			EVALUATING TMEM106B ACCUMULATION IN AD
CARNEGIE MELLON 5000 FORBES AVE., GHC 7711 PITTSBURGH, PA 15213	25-0969449	501 (C)(3)	200,000.	0.			CIRCUITS: INTERPRETING ALZHEIMERS DISEASE-ASSOCIATED GENETIC VARIATION AT
BRIGHAM AND WOMEN'S 181 LONGWOOD AVE. BOSTON, MA 02115	04-2312909	501 (C)(3)	183,562.	0.			IMMUNOTHERAPIES TARGETING THE MICROBIOTA TO PREVENT COGNITIVE DECLINE IN ALZHEIMER'S DISEASE
BRIGHAM AND WOMEN'S 60 FENWOOD ROAD, SUITE 10002J BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			NEUROIMMUNE CONNECTOME PERTURBATIONS IN ALZHEIMERS DISEASE
BARROW 240 W. THOMAS RD, SUITE 403 PHOENIX, AZ 08501	APPLIED FOR	501 (C)(3)	170,877.	0.			HARNESSING BIG DATA TO UNDERSTAND ALZHEIMER'S DISEASE RISK

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
BOSTON UNIVERSITY 72 E. CONCORD STREET, ROUSSARIE LAB BOSTON, MA 02118	04-2103547	501 (C)(3)	167,707.	0.			APOE CONSORTIUM: MODULATION OF SELECTIVE NEURONAL VULNERABILITY IN ALZHEIMERS DISEASE BY
MOUNT SINAI 1425 MADISON AVE. NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			STRESS AND NEUROVASCULAR-IMMUNE NETWORKS IN ALZHEIMERS DISEASE
NORTHWESTERN 303 E SUPERIOR AVE., TARRY 7-770 CHICAGO, IL 60611	36-2167817	501 (C)(3)	286,357.	0.			ADTC: THE ROLE OF A-INDUCED MEMBRANE DAMAGE IN TAU PATHOLOGY
WEILL CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-6094042	501 (C)(3)	287,500.	0.			BEE: BIOCHEMICAL AND FUNCTIONAL ANALYSIS OF CSF AND LYMPH FOLLOWING CHANGES IN BRAIN FLUID
JOHNS HOPKINS 725 N WOLFE ST. BALTIMORE, MD 21205	APPLIED FOR	501 (C)(3)	201,250.	0.			HUMAN BRAIN CD33 LIGAND, RPTPS3L, LIMITS MICROGLIAL PHAGOCYTOSIS AND CONTRIBUTES TO
WEILL CORNELL 413 EAST 69TH STREET NEW YORK, NY 10065	13-6094042	501 (C)(3)	172,500.	0.			IDENTIFICATION OF CD33 ANTAGONISTS
UNIVERSITY OF CHICAGO 947 EAST 58TH STREET, MC0928 CHICAGO, IL 60637	36-2177139	501 (C)(3)	210,871.	0.			IDENTIFYING THE SEX-SPECIFIC ROLES OF THE GUT-MICROBIOME-BRAIN AXIS IN A MOUSE MODEL OF AB
UNIVERSITY OF CHICAGO 947 EAST 58TH STREET, MC0926 CHICAGO, IL 60637	36-2177139	501 (C)(3)	229,033.	0.			TEMPORAL RELATIONSHIPS BETWEEN GUT DYSBIOSIS AND MICROGLIA CELL ACTIVATION FOLLOWING ANTIBIOTIC
ROCKEFELLER 1230 YORK AVE, BOX 252 NEW YORK, NY 10065	13-1624158	501 (C)(3)	172,500.	0.			STIMULATING SYNAPTIC PROTEASOME ACTIVITY FOR THE TREATMENT OF ALZHEIMERS 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.)

(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
BOSTON CHILDREN'S HOSPITAL BLACKFAN CIRCLE, CLS 12257 BOSTON, MA 02115	04-2774441	501 (C)(3)	300,000.	0.			NIC: UNDERSTANDING THE CONSEQUENCES OF NON-CODING AD RISK ALLELES ON MICROGLIA
STONY BROOK DEPARTMENT OF COMPUTER SCIENCE, ROO STONY BROOK, NY 11794	16-1514621	501 (C)(3)	82,166.	0.			BEE: CNS FLUID HOMEOSTASIS AND WASTE CLEARANCE IN ALZHEIMERS DISEASE CHARACTERIZED BY
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	1,955,000.	0.			THECUREALZALZHEIMERS GENOME PROJECT
TUFTS 136 HARRISON AVENUE, ST 328A BOSTON, MA 02111	04-2103634	501 (C)(3)	172,500.	0.			IN VIVO CHARACTERIZATION OF A LOSS OF FUNCTION GGA3 RARE VARIANT ASSOCIATED WITH AD
NORTHWESTERN 300 E. SUPERIOR ST., TARRY 8-711 CHICAGO, IL 60611	36-2167817	501 (C)(3)	246,804.	0.			SINGLE NUCLEUS RNA SEQUENCING ANALYSIS OF ACE1 R1284Q KNOCKIN MICE
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 513 PARNASSUS AVE, MSB, 1349C - SAN FRANCISCO, CA 94117	94-6036493	501 (C)(3)	201,250.	0.			ROLE OF THE CIRCULATING EXERKINE GPLD1 IN AMELIORATING ALZHEIMERS DISEASE PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 114 16TH STREET CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	177,675.	0.			G2T, AD4 AND GENERAL SCIENTIFIC SUPPORT
BRIGHAM AND WOMEN'S 60 FENWOOD ROAD BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			TARGETING THE MICROBIOME AND INNATE IMMUNITY IN ALZHEIMERS DISEASE
HOUSTON METHODIST 6670 BERTNER AVENUE, R6 SOUTH HOUSTON, TX 77030	76-0094743	501 (C)(3)	225,000.	0.			AD4: UNCOVERING THE MOLECULAR MECHANISM OF SELECTED DRUG CANDIDATES DERIVED FROM SYSTEMATICS

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 149 13TH ST. CHARLESTOWN, MA 02129	04-1564655	501 (C)(3)	172,500.	0.			NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN ALZHEIMERS DISEASE
STANFORD 290 JANE STANFORD WAY, E367 CHEM-H/NEURO BUILDING - STANFORD, CA 94305	94-1156365	501 (C)(3)	172,500.	0.			A TRANSCRIPTIONAL REJUVENATION SIGNATURE FOR ALZHEIMERS DISEASE
BOSTON UNIVERSITY 72 EAST CONCORD ST., L-603 BOSTON, MA 02118	04-2103547	501 (C)(3)	197,500.	0.			AD4: BLOCKING SYNAPTOTOXICITY IN ALZHEIMER'S 3D MODELS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 513 PARNASSUS AVENUE, HSW 1346 - SAN FRANCISCO, CA 94143	94-6036493	501 (C)(3)	201,250.	0.			UNDERSTANDING HOW HUMAN BRAIN VASCULAR CELLS MEDIATE GENETIC RISK FOR ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY 660 S. EUCLID AVENUE, CAMPUS BOX 81 ST. LOUIS, MO 63110	43-0653611	501 (C)(3)	172,500.	0.			NEURONAL SUBTYPE-SPECIFIC MODELING OF ALZHEIMERS DISEASE BY DIRECT NEURONAL REPROGRAMMING OF
UNC-CHAPEL HILL 4108 MARSICO HALL, CAMPUS BOX 7363 CHAPEL HILL, NC 27599	56-6001393	501 (C)(3)	172,500.	0.			SMALL MOLECULE ACTIVATORS OF PLC-Y2 AS NOVEL THERAPEUTICS FOR ALZHEIMERS DISEASE
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM230 HOUSTON, TX 77030	74-1613878	501 (C)(3)	167,637.	0.			ELUCIDATING THE ROLE OF SOLUBLE EPOXIDE HYDROLASE AND ARACHIDONIC ACID METABOLISM IN

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 PROJECT FOR FIT WITH THE CUREALZ
 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 TWO-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 THE PROJECT
 SERVES THE ORGANIZATION'S MISSION TO FUND RESEARCH ACCELERATING BENEFITS TO
 CURRENT AND POTENTIAL ALZHEIMER'S PATIENTS.

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: UNIVERSITY OF CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: AD PATHOPHYSIOLOGY ALTERS THE LEVEL OF ELECTRICAL AND CHEMICAL SYNAPSE COUPLING IN THE NETWORK OF GABAERGIC PV+ INTERNEURONS EARLY IN DISEASE COURSE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE: ASSESSING THE ADDED DIAGNOSTIC VALUE OF PERIPHERAL APOE PROTEIN LEVELS IN CURRENT BLOOD-BASED BIOMARKER ASSAYS FOR CNS AMYLOIDOSIS

NAME OF ORGANIZATION OR GOVERNMENT: YALE

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: CNS FLUID HOMEOSTASIS AND WASTE CLEARANCE IN ALZHEIMERS DISEASE CHARACTERIZED BY MRI

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: 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: UNIVERSITY OF CALIFORNIA, IRVINE

(H) PURPOSE OF GRANT OR ASSISTANCE: NIC: EXAMINING THE ROLE OF HUMAN

MICROGLIA IN THE TRANSITION BETWEEN PARENCHYMAL AND VASCULAR BETA-AMYLOID

PATHOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PRENATAL INFLAMMATION EFFECTS ON

BLOOD BRAIN BARRIER FUNCTION AND AD-RELATED PATHOLOGIES ACROSS THE

LIFESPAN

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: APOE4-MEDIATED

DYSFUNCTION OF CD8 T CELL-MICROGLIA CROSSTALK IN ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MAYO JACKSONVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: HARNESSING MENINGEAL LYMPHATICS AND

IMMUNITY TO ALLEVIATE APOE4-INDUCED BRAIN DYSFUNCTION

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: MICROGLIAL-SPECIFIC INPP5D KNOCKDOWN

MODULATES BEHAVIOR, AMYLOIDOSIS, AND TAUOPATHY IN ALZHEIMER'S MOUSE

MODELS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BROAD INSTITUTE

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

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: AD4: MODULATING CD33 FUNCTION AND NEUROINFLAMMATION AS A THERAPEUTIC APPROACH FOR ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATION OF A FIBROBLAST/IPS CELL BANK TO FACILITATE PERIPHERAL/BRAIN COMPARISONS, AND ALLOW MOLECULAR INVESTIGATIONS INTO MOLECULAR MECHANISMS UNDERLYING DIFFERENCES IN DISEASE AGGRESSIVENESS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: REGIONAL VARIABILITY OF PATHOLOGY-ASSOCIATED PROPERTIES OF TAU IN POSTERIOR CORTICAL ATROPHY

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 ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROLE OF ASTROCYTE-DERIVED TOXIC LIPIDS MEDIATING DEGENERATION IN ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: NIC: INVESTIGATION OF AD RISK

ALLELES IN ASTROCYTES FOCUS ON CHOLESTEROL TRANSPORT AND MICROGLIA

INTERACTIONS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: NEUROBIOLOGICAL BASIS OF COGNITIVE

IMPAIRMENT IN AFRICAN AMERICANS: DEEP PHENOTYPING OF OLDER AFRICAN

AMERICANS AT RISK OF DEMENTIA

NAME OF ORGANIZATION OR GOVERNMENT: CARNEGIE MELLON

(H) PURPOSE OF GRANT OR ASSISTANCE: CIRCUITS: INTERPRETING ALZHEIMERS

DISEASE-ASSOCIATED GENETIC VARIATION AT ENHANCER REGIONS

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: MODULATION OF

SELECTIVE NEURONAL VULNERABILITY IN ALZHEIMERS DISEASE BY APOE

NAME OF ORGANIZATION OR GOVERNMENT: WEILL CORNELL

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: BIOCHEMICAL AND FUNCTIONAL

ANALYSIS OF CSF AND LYMPH FOLLOWING CHANGES IN BRAIN FLUID DYNAMICS

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMAN BRAIN CD33 LIGAND, RPTPS3L,

LIMITS MICROGLIAL PHAGOCYTOSIS AND CONTRIBUTES TO ALZHEIMERS DISEASE

PROGRESSION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFYING THE SEX-SPECIFIC ROLES

Part IV Supplemental Information

OF THE GUT-MICROBIOME-BRAIN AXIS IN A MOUSE MODEL OF AB AMYLOIDOSIS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TEMPORAL RELATIONSHIPS BETWEEN GUT
DYSBIOSIS AND MICROGLIA CELL ACTIVATION FOLLOWING ANTIBIOTIC TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON CHILDREN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: NIC: UNDERSTANDING THE CONSEQUENCES
OF NON-CODING AD RISK ALLELES ON MICROGLIA FUNCTION

NAME OF ORGANIZATION OR GOVERNMENT: STONY BROOK

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: CNS FLUID HOMEOSTASIS AND WASTE
CLEARANCE IN ALZHEIMERS DISEASE CHARACTERIZED BY MRI

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON METHODIST

(H) PURPOSE OF GRANT OR ASSISTANCE: AD4: UNCOVERING THE MOLECULAR
MECHANISM OF SELECTED DRUG CANDIDATES DERIVED FROM SYSTEMATICS ALZHEIMERS
DRUG REPOSITIONING

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

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

NAME OF ORGANIZATION OR GOVERNMENT: BAYLOR COLLEGE OF MEDICINE

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

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION D/B/A CURE ALZHEIMER'S FUND	Employer identification number 52-2396428
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Part I 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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) KATHARINE HERMAN EVP DEVELOPMENT	(i)	327,432.	0.	0.	10,128.	17,443.	355,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY ARMOUR PRESIDENT & CEO	(i)	242,641.	0.	0.	7,351.	960.	250,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA CHAMBERS EVP MARKETING & COMM.	(i)	194,964.	0.	0.	6,188.	12,457.	213,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA RAND VP MARKETING & COMM.	(i)	183,812.	0.	0.	5,777.	10,354.	199,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET SMITH EVP, RESEARCH ADMIN	(i)	177,400.	0.	0.	5,802.	15,680.	198,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUGLAS HARPER SENIOR PHILANTHROPIC ADVISOR	(i)	185,943.	0.	0.	5,585.	5,916.	197,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN SLATTERY SVP MAJOR GIFTS	(i)	179,157.	0.	0.	5,457.	882.	185,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAHUA DASGUPTA SR. PHILANTHROPIC ADVISOR	(i)	161,817.	0.	0.	5,188.	16,749.	183,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KELLY WESTERHOUSE VP GIVING	(i)	147,868.	0.	0.	4,609.	5,537.	158,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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	279,563.	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

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
52-2396428

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	56	5,919,199.	SALE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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**

	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 3 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) 2022

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

DISEASE.

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

PRIORITIES.

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.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

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

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

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