

PUBLIC INSPECTION COPY

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2023

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2023 calendar year, or tax year beginning and ending

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

**C** Name of organization  
ALZHEIMER'S DISEASE RESEARCH FOUNDATION  
Doing business as CURE ALZHEIMER'S FUND

**D** Employer identification number  
52-2396428

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

**F** Name and address of principal officer: MARGARET E. SMITH  
SAME AS C ABOVE

**G** Gross receipts \$ 46,196,573.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number

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

**J** Website: [HTTP://CUREALZ.ORG/](http://CUREALZ.ORG/)

**K** Form of organization:  Corporation  Trust  Association  Other  
**L** Year of formation: 2004  
**M** State of legal domicile: PA

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	36
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	85
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	32,354,655.	36,697,205.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,359,727.	1,042,285.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,137.	-14,283.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,708,245.	37,725,207.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,431,727.	26,431,117.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,951,303.	4,878,104.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,897,310.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,229,984.	3,324,327.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,613,014.	34,633,548.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,095,231.	3,091,659.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	30,192,784.	33,488,279.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,734,174.	1,727,324.
		28,458,610.	31,760,955.

## 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: *Margaret E. Smith*  
 Date: 5/16/24  
 MARGARET E. SMITH, CEO  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: SANDY ROSS  
 Preparer's signature: SANDY ROSS  
 Date: 04/26/24  
 Check if self-employed:   
 PTIN: P01399337  
 Firm's name: KAHN, LITWIN, RENZA & CO., LTD.  
 Firm's EIN: 05-0409384  
 Firm's address: 951 NORTH MAIN STREET  
 PROVIDENCE, RI 02904  
 Phone no.: 401-274-2001

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S DISEASE. ALL OVERHEAD EXPENSES ARE PAID BY THE BOARD OF DIRECTORS, TRUSTEES AND CORE GROUP OF SELECT DONORS, ALLOWING 100% OF GENERAL DONATIONS TO FUND OUR RESEARCH PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

4a (Code: ) (Expenses \$ 27,793,083. including grants of \$ 26,431,117. ) (Revenue \$ ) IN 2023, CURE ALZHEIMER'S FUND SUPPORTED 114 RESEARCH PROJECTS AT 53 LEADING RESEARCH INSTITUTIONS, FOR RESEARCH OUTPUT OF MORE THAN \$27.7 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 GUT MICROBIOME AND IMMUNE SYSTEM IN HEALTHY BRAIN FUNCTION. ADDITIONAL EXPENSES INCLUDE HUSBANDRY OF TRANSGENIC ANIMAL MODELS BY A CONTRACT RESEARCH ORGANIZATION; THE DIRECT SUPPORT OF FACILITATING GRANTS AND THE AWARD PROCESS; AND COSTS ASSOCIATED WITH ASSESSING RESEARCH PROPOSALS AND DETERMINING FUNDING PRIORITIES.

4b (Code: ) (Expenses \$ 3,607,458. 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 31,400,541.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding 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 response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain 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
MARGARET E. SMITH - 781-237-3800
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		405,657.	0.	30,315.	
(2) TIMOTHY ARMOUR FORMER PRESIDENT & CEO (TO 09/23)	40.00	X		X			350,862.	0.	10,860.	
(3) MARGARET SMITH CEO (AS OF 10/23)	40.00	X		X			321,513.	0.	28,490.	
(4) BARBARA CHAMBERS EVP MARKETING & COMM.	40.00				X		254,908.	0.	22,740.	
(5) LISA RAND VP MARKETING & COMM.	40.00					X	193,830.	0.	18,277.	
(6) JOHN SLATTERY SVP MAJOR GIFTS	40.00					X	190,709.	0.	6,713.	
(7) MAHUA DASGUPTA SR. PHILANTHROPIC ADVISOR	40.00					X	168,942.	0.	25,164.	
(8) DANIEL HARPER SENIOR PHILANTHROPIC ADVISOR	40.00					X	181,380.	0.	11,960.	
(9) KELLY WESTERHOUSE VP LEADERSHIP GIVING	40.00					X	155,421.	0.	10,356.	
(10) JOSEPHINE ANTONELLIS CHIEF FINANCIAL OFFICER (AS OF 8/23)	30.00			X			150,986.	0.	5,543.	
(11) LAUREL LYLE SECRETARY & VP BOARD RELAT	30.00	X		X			113,594.	0.	3,982.	
(12) HENRY MCCANCE CHAIR	5.00	X		X			0.	0.	0.	
(13) JACQUELINE MORBY DIRECTOR	5.00	X					0.	0.	0.	
(14) ROBERT GREENHILL DIRECTOR	5.00	X					0.	0.	0.	
(15) RICHARD BIRNBAUM DIRECTOR (AS OF 7/23)	5.00	X					0.	0.	0.	
(16) JEFFREY MORBY DIRECTOR (DECEASED 9/23)	20.00	X					0.	0.	0.	
(17) PHYLLIS RAPPAPORT TREASURER	2.00	X		X			0.	0.	0.	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
<b>1b Subtotal</b> .....							2,487,802.	0.	174,400.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							2,487,802.	0.	174,400.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROPER VILLAINS LLC, 855 BOYLSTON STREET 10TH FLOOR, BOSTON, MA 02116	CREATIVE AND PRODUCTION SERVICES	257,856.
SPENCER STUART, 353 NORTH CLARK STREET SUITE 2400, CHICAGO, IL 60654	RECRUITING CEO SEARCH	180,566.
GRYPHON CONSULTING LLC 21 DEAN ST, BELMONT, MA 02478	FINANCIAL & MGT CONSULTANT	125,651.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	199,600.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	36,497,605.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,382,433.				
	<b>h Total.</b> Add lines 1a-1f .....		36,697,205.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		992,260.			992,260.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	8,436,908.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	8,386,883.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	50,025.				
	<b>d</b> Net gain or (loss) .....		50,025.			50,025.	
<b>8 a</b> Gross income from fundraising events (not including \$ 199,600. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		70,200.				
			84,483.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-14,283.		-14,283.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			37,725,207.	0.	0.	1,028,002.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	23,118,277.	23,118,277.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,312,840.	3,312,840.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,736,973.	1,010,353.	355,663.	370,957.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,586,851.	1,423,565.	371,733.	791,553.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,504.	39,467.	8,979.	20,058.
<b>9</b> Other employee benefits .....	182,234.	95,435.	34,395.	52,404.
<b>10</b> Payroll taxes .....	303,542.	170,378.	51,703.	81,461.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	69,536.	7,989.	55,337.	6,210.
<b>c</b> Accounting .....	105,190.		105,190.	
<b>d</b> Lobbying .....	78,000.	78,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	14,857.		14,857.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	560,597.	235,251.	164,943.	160,403.
<b>12</b> Advertising and promotion .....	727,294.	700,412.		26,882.
<b>13</b> Office expenses .....	192,314.	73,256.	37,420.	81,638.
<b>14</b> Information technology .....	77,392.	9,383.	68,009.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	199,250.	114,272.	32,882.	52,096.
<b>17</b> Travel .....	134,887.	58,136.	1,540.	75,211.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	273,478.	260,906.		12,572.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	3,042.		3,042.	
<b>23</b> Insurance .....	26,714.	4,403.	20,304.	2,007.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> RESEARCH LAB EXPENSES	659,485.	659,485.		
<b>b</b> GIFT PROCESSING FEES	147,164.			147,164.
<b>c</b> MISCELLANEOUS	55,127.	28,733.	9,700.	16,694.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	34,633,548.	31,400,541.	1,335,697.	1,897,310.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,778,505.	<b>1</b>	1,219,384.
	<b>2</b> Savings and temporary cash investments .....	7,254,987.	<b>2</b>	3,993,426.
	<b>3</b> Pledges and grants receivable, net .....	1,877,735.	<b>3</b>	3,783,152.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	218,532.	<b>9</b>	239,429.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 54,458.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 54,458.	3,042.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....	17,733,326.	<b>11</b>	24,112,740.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	326,657.	<b>15</b>	140,148.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	30,192,784.	<b>16</b>	33,488,279.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	129,949.	<b>17</b>	316,299.
	<b>18</b> Grants payable .....	763,585.	<b>18</b>	718,427.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	840,640.	<b>25</b>	692,598.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,734,174.	<b>26</b>	1,727,324.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	26,297,281.	<b>27</b>	27,791,118.
	<b>28</b> Net assets with donor restrictions .....	2,161,329.	<b>28</b>	3,969,837.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	28,458,610.	<b>32</b>	31,760,955.
<b>33</b> Total liabilities and net assets/fund balances .....	30,192,784.	<b>33</b>	33,488,279.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	37,725,207.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	34,633,548.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,091,659.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	28,458,610.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	210,686.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	31,760,955.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? .....
- 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2023)

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> ALZHEIMER'S DISEASE RESEARCH FOUNDATION	<b>Employer identification number</b> 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		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	30,497,342.	22,874,388.	26,547,838.	32,354,655.	36,697,205.	148,971,428.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	30,497,342.	22,874,388.	26,547,838.	32,354,655.	36,697,205.	148,971,428.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						17,584,394.
<b>6 Public support.</b> Subtract line 5 from line 4.						131,387,034.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	30,497,342.	22,874,388.	26,547,838.	32,354,655.	36,697,205.	148,971,428.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	83,306.	15,472.	4,497.	93,408.	992,260.	1,188,943.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						150,160,371.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	213,300.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.50 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	88.51 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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](http://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 <b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b>	Employer identification number <b>52-2396428</b>
--	---

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		78,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			78,000.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1(G)

A REGISTERED LOBBYIST CONTACTED VARIOUS CONGRESSIONAL LEGISLATORS FOR THE

PURPOSE OF ENCOURAGING INCREASED FUNDING OF ALZHEIMER'S DISEASE RESEARCH

BY THE FEDERAL GOVERNMENT.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in Part XIII

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

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

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

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

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

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

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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	566,892.
(3) LEASE PAYABLE	125,706.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	692,598.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	37,921,036.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 210,686.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	210,686.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	37,710,350.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 14,857.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	14,857.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	37,725,207.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	34,618,691.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	34,618,691.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 14,857.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	14,857.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	34,633,548.

**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.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	2,284,252.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	540,155.
EAST ASIA AND THE PACIFIC	0	0	GRANTS AWARDED	ALZHEIMER'S DISEASE RESEARCH	488,433.
<b>3 a</b> Subtotal .....	0	0			3,312,840.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,312,840.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2023**  
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)
		BELGIUM	IDENTIFYING MEDIATORS OF TAU MEDIATED NEURONAL NECROPTOSIS USING AN INNOVATIVE	230,000.	ACH	0.		
		FINLAND	NEUROINFLAMMATION AT THE CHOROID PLEXUS IN ALZHEIMER'S DISEASE	11,500.	ACH	0.		
		GERMANY	SIGNALING FUNCTION OF TREM2 CLEAVAGE PRODUCTS, WHICH ARE AFFECTED BY AGONISTIC	172,500.	ACH	0.		
		GERMANY	CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMER'S DISEASE AND RELATED	180,550.	ACH	0.		
		GERMANY	ADDING GENOMICS AND METHYLOMICS TO PERSONALIZED DISEASE PREDICTION FOR	116,684.	ACH	0.		
		GERMANY	CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES OF THE SYNAPTIC BLOOD MARKER	144,325.	ACH	0.		
		HONG KONG	APOE CONSORTIUM: APOE GENOTYPE-SPECIFIC EFFECTS OF HUMAN YOUNG PLASMA ON	287,500.	ACH	0.		
		ISRAEL	DECODING MICROBIAL PRODUCTS MODULATING ALZHEIMER'S DISEASE - TOWARDS PRECISION	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 ..... 15

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		ISRAEL	A PROPOSAL TO EVALUATE THE EFFECT OF BCG VACCINATION ON ALZHEIMER'S DISEASE	223,100.	ACH	0.		
		ISRAEL	UNDERSTANDING THE MECHANISM UNDERLYING VACCINATION FOR ALZHEIMER'S DISEASE	115,805.	ACH	0.		
		ITALY	EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING ALZHEIMER'S DISEASE	150,000.	ACH	0.		
		NETHERLANDS	DISENTANGLING THE ROLE OF INTRACRANIAL ARTERIOSCLEROSIS IN ALZHEIMER'S DISEASE	167,207.	ACH	0.		
		NETHERLANDS	UNDERSTANDING THE DYNAMIC LIPID-IMMUNOMETABOLOME OF PROTECTIVE AND	201,250.	ACH	0.		
		NEW ZEALAND	CHARACTERIZATION AND VALIDATION OF TWO RECENTLY CREATED SHEEP MODELS OF	200,933.	ACH	0.		
		SWEDEN	CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY ACROSS THE ALZHEIMER'S	201,250.	ACH	0.		
		UNITED KINGDOM	INFLUENCE OF PLAQUE VICINITY ON MICROGLIAL AND ASTROCYTE GENE	172,369.	ACH	0.		
		UNITED KINGDOM	SCALING THE DIVIDE IN ALZHEIMER'S DISEASE: AN INTEGRATED MOLECULAR, CELLULAR	191,624.	ACH	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	ADTC: IMPACT OF TAU MUTATIONS AND A ON TAU POST-TRANSLATIONAL	344,993.	ACH	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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 the 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 the 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 the 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 the 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 the 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 the 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 RESEARCH 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

0

PART II, COLUMN (D):

**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: BELGIUM

(D) PURPOSE OF GRANT: IDENTIFYING MEDIATORS OF TAU MEDIATED NEURONAL

NECROPTOSIS USING AN INNOVATIVE IN VIVO CRISPR SCREEN

REGION: GERMANY

(D) PURPOSE OF GRANT: SIGNALING FUNCTION OF TREM2 CLEAVAGE PRODUCTS,

WHICH ARE AFFECTED BY AGONISTIC ANTIBODIES TO THE STALK REGION

REGION: GERMANY

(D) PURPOSE OF GRANT: CSF NEUROINFLAMMATORY SIGNATURE IN ALZHEIMER'S

DISEASE AND RELATED PROTEOPATHIES

REGION: GERMANY

(D) PURPOSE OF GRANT: ADDING GENOMICS AND METHYLOMICS TO PERSONALIZED

DISEASE PREDICTION FOR ALZHEIMER'S DISEASE (EPIC4AD)

REGION: GERMANY

(D) PURPOSE OF GRANT: CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES

OF THE SYNAPTIC BLOOD MARKER -SYNUCLEIN DURING AD PATHOGENESIS AND

IMPROVEMENT OF THE MEASUREMENT PROCEDURE

REGION: HONG KONG

(D) PURPOSE OF GRANT: APOE CONSORTIUM: APOE GENOTYPE-SPECIFIC EFFECTS OF

HUMAN YOUNG PLASMA ON CEREBROVASCULATURE AND AD PATHOLOGY

REGION: ISRAEL

(D) PURPOSE OF GRANT: DECODING MICROBIAL PRODUCTS MODULATING ALZHEIMER'S

**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.

DISEASE - TOWARDS PRECISION POSTBIOTICS TREATMENT

REGION: ISRAEL

(D) PURPOSE OF GRANT: A PROPOSAL TO EVALUATE THE EFFECT OF BCG

VACCINATION ON ALZHEIMER'S DISEASE DEVELOPMENT

REGION: ITALY

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

ALZHEIMER'S DISEASE NEUROINFLAMMATION

REGION: NETHERLANDS

(D) PURPOSE OF GRANT: UNDERSTANDING THE DYNAMIC LIPID-IMMUNOMETABOLOME

OF PROTECTIVE AND RISK ALZHEIMER MICROGLIA

REGION: NEW ZEALAND

(D) PURPOSE OF GRANT: CHARACTERIZATION AND VALIDATION OF TWO RECENTLY

CREATED SHEEP MODELS OF ALZHEIMER'S DISEASE IN PREPARATION FOR USE AS A

PRECLINICAL PHARMACEUTICAL TESTING MODELS

REGION: SWEDEN

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

ACROSS THE ALZHEIMER'S DISEASE SPECTRUM

REGION: UNITED KINGDOM

(D) PURPOSE OF GRANT: INFLUENCE OF PLAQUE VICINITY ON MICROGLIAL AND

ASTROCYTE GENE EXPRESSION; ROLE OF HUMAN TAU AND TREM2

**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: UNITED KINGDOM

(D) PURPOSE OF GRANT: SCALING THE DIVIDE IN ALZHEIMER'S DISEASE: AN

INTEGRATED MOLECULAR, CELLULAR AND NETWORK-LEVEL STUDY

REGION: UNITED KINGDOM

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

POST-TRANSLATIONAL MODIFICATIONS AND CONFORMATION

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number 52-2396428

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**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	<b>1</b> Gross receipts .....	269,800.			269,800.
	<b>2</b> Less: Contributions .....	199,600.			199,600.
	<b>3</b> Gross income (line 1 minus line 2) .....	70,200.			70,200.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	52,000.			52,000.
	<b>7</b> Food and beverages .....	4,793.			4,793.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	27,690.			27,690.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				84,483.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-14,283.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501 (C)(3)	118,450.	0.			AGP: GENOMIC VARIANT CALLING AND DATA MANAGEMENT FOR THE CURE ALZHEIMER'S FUND
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501 (C)(3)	344,085.	0.			NIC: EFFECTS OF PERIPHERAL INFLAMMATION ON MYELOID CELL FUNCTION IN ALZHEIMER'S DISEASE
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501 (C)(3)	189,750.	0.			NEUROINFLAMMATION AT THE CHOROID PLEXUS IN ALZHEIMER'S DISEASE
BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501 (C)(3)	287,500.	0.			APOE CONSORTIUM: MODULATION OF SELECTIVE NEURONAL VULNERABILITY IN ALZHEIMER'S DISEASE BY
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	287,500.	0.			APOE CONSORTIUM: APOE4-MEDIATED DYSFUNCTION OF CD8 T CELL-MICROGLIA CROSSTALK
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	287,500.	0.			MBC: HARNESSING DIET-MICROBE INTERACTIONS TO PREVENT ALZHEIMER'S DISEASE PATHOGENESIS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 36.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			TARGETING NEUROINFLAMMATION WITH NASAL ADMINISTRATION OF ANTI-CD3 MONOCLONAL
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			ROLE OF CHECKPOINT MOLECULES TIM-3 AND LAG-3 IN MICROGLIAL FUNCTION IN ALZHEIMER'S DISEASE
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	431,250.	0.			A NEW MODEL OF MICROGLIA GENETIC PERTURBATION IN VIVO TO SCREEN ALL RISK FACTORS ASSOCIATED WITH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02111	04-2312909	501 (C)(3)	201,250.	0.			NEUROIMMUNE CONNECTOME PERTURBATIONS IN ALZHEIMER'S DISEASE
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			TARGETING THE MICROBIOME AND INNATE IMMUNITY IN ALZHEIMER'S DISEASE
BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501 (C)(3)	172,550.	0.			REVEALING NEW GENES AND PATHWAYS AT THE INTERSECTION OF LIPOTOXIC AND GENETIC RISK FOR
COLUMBIA UNIVERSITY 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,250.	0.			NONCODING TRANSLATION FEEDBACK LOOP IN ALZHEIMER'S DISEASE
COLUMBIA UNIVERSITY 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,501.	0.			NEUROPROTEASOMES MECHANISTICALLY CONNECT APOE ISOFORMS TO ENDOGENOUS TAU
DUKE UNIVERSITY SCHOOL OF MEDICINE 324 BLACKWELL STREET SUITE 900 DURHAM, NC 27701	56-0532129	501 (C)(3)	229,994.	0.			UTILITY OF BLOOD BASED MARKERS FOR PREDICTING ARIA AND ITS COURSE IN MCI AND AD SUBJECTS

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
DUKE UNIVERSITY SCHOOL OF MEDICINE 324 BLACKWELL STREET SUITE 900 DURHAM, NC 27701	56-0532129	501 (C)(3)	195,434.	0.			CONTRIBUTIONS OF IL34 SIGNALING TO MICROGLIAL FUNCTION AND ALZHEIMER'S PATHOLOGY IN MICE
EMORY UNIVERSITY 1599 CLIFTON ROAD NE 4TH FLOOR ATLANTA, GA 30322	58-0566256	501 (C)(3)	201,250.	0.			MITOCHONDRIAL ALZHEIMER'S RISK FACTORS CONTROL APOE EXPRESSION AND SECRETION
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS VE 3RD FLOOR BOSTON, MA 02138	04-2103580	501 (C)(3)	40,250.	0.			GENETIC ANCESTRY-SPECIFIC RISK ESTIMATION OF ALZHEIMER'S DISEASE (AD) IN THE APOE REGION
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS VE 3RD FLOOR CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	150,000.	0.			PRECISION MEDICINE PREDICTION MODEL FOR ALZHEIMER'S DISEASE USING COOPERATIVE LEARNING
HARVARD MEDICAL SCHOOL 1033 MASSACHUSETTS VE 3RD FLOOR CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	220,071.	0.			ANALYTICAL AND STATISTICAL TOOLS FOR SEQUENCE ANALYSIS FOR ALZHEIMER'S DISEASE
ICAHN SCOO OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			IN VIVO MODELS FOR GOLGI FRAGMENTATION AND THE MOLECULAR PATHOGENESIS OF ALZHEIMER'S DISEASE
ICAHN SCOO OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			STRESS AND NEUROVASCULAR-IMMUNE NETWORKS IN ALZHEIMER'S DISEASE
ICAHN SCOO OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			INVESTIGATING MEF2C TRANSCRIPTION FACTOR AS THERAPEUTIC TARGET TO REPROGRAM PATHOLOGICAL
ICAHN SCOO OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			INVESTIGATING BONE MARROW HEMATOPOIESIS AND THE LINK BETWEEN SLEEP FRAGMENTATION AND

Schedule I (Form 990)

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			INVESTIGATING LYSOSOMAL MECHANISMS OF RISK AND RESILIENCE IN ALZHEIMER'S DISEASE
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY MRB SUITE 117 BALTIMORE, MD 21205	52-0595110	501 (C)(3)	201,250.	0.			HUMAN BRAIN CD33 LIGAND, RPTPS3L, LIMITS MICROGLIAL PHAGOCYTOSIS AND CONTRIBUTES TO
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	1,955,000.	0.			THE CUREALZ ALZHEIMER'S GENOME PROJECT
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	172,500.	0.			TAU AND -AMYLOID ARE INNATE IMMUNE ANTIMICROBIAL PEPTIDES IN THE BRAIN
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	172,000.	0.			REGIONAL VARIABILITY OF PATHOLOGY-ASSOCIATED PROPERTIES OF TAU IN POSTERIOR CORTICAL
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			ROLE OF STABILIZATION OF MAM AND MAM-ASSOCIATED PALMITOYLATED APP (MAM-PALAPP) IN
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	230,000.	0.			BEE: A 3D IN-VITRO NEURO-VASCULAR HUMAN BRAIN MODEL WITH MENINGEAL LYMPHATICS FOR
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			ROLE OF RIN3 AND BIN1 INTERACTION IN THE NEURONS FOR ALZHEIMER'S DISEASE DEVELOPMENT
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			CHARACTERIZING GUT BACTERIOME-MYCOBIOME SYNERGY IN CORRELATION TO AMYLIN-A ANTIMICROBIAL

Schedule I (Form 990)

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MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	287,169.	0.			ADTC: HOW DO SOLUBLE TAU SPECIES REPLICATE?
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	125,000.	0.			THE IMPACT OF MUTATIONS IN THE LIGAND-BINDING DOMAIN OF CD33 ON ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			ROLE OF CD8+ T CELL-GLIAL INTERACTIONS IN MEDIATING ALZHEIMER'S DISEASE PATHOGENESIS
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	300,000.	0.			UNDERSTANDING HUMAN BRAIN RESILIENCE TO ALZHEIMER'S PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	345,000.	0.			NEUROPROTECTIVE EFFECTS OF THE EXERCISE HORMONE IRISIN IN ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			VALIDATION AND CHARACTERIZATION OF COMPOUNDS MODULATING NEUROINFLAMMATION AND
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	258,750.	0.			FUNCTIONAL CHANGES TO CEREBROSPINAL FLUID IMMUNE CELLS RESULTING FROM BACILLUS
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			CHARACTERIZATION OF CNS-PENETRANT HDAC11-SELECTIVE INHIBITORS IN ALZHEIMER'S
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	95,594.	0.			GENERAL SCIENTIFIC SUPPORT

Schedule I (Form 990)



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MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			GROWTH, CHARACTERIZATION, AND DISTRIBUTION OF A NEURODEGENERATIVE DISEASE-FOCUSED
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	287,500.	0.			MBC: MICROBIAL PROFILING OF HUMAN BRAIN AND GUT MICROBIOMES IN ALZHEIMER'S DISEASE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	300,000.	0.			CIRCUITS: DISSECTING MICROGLIAL STATE DYNAMICS IN ALZHEIMER'S DISEASE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			RESTORE MENINGEAL LYMPHATIC DRAINAGE TO ALLEVIATE WHITE MATTER DAMAGE AND CEREBRAL
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			ABCA7 LOSS OF FUNCTION IN AGING AND ALZHEIMER'S DISEASE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	172,500.	0.			TARGETING MICROGLIAL TSG 101 FOR SYNAPTIC PROTECTION AND COGNITIVE ENHANCEMENT IN
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			EVALUATING TMEM106B ACCUMULATION IN AD
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501 (C)(3)	201,250.	0.			ELUCIDATING THE PROTECTIVE EFFECTS OF APOE2 IN THE PRESENCE OF APOE4 GENE ALLELE IN
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	13-1924236	501 (C)(3)	230,000.	0.			THE ROLE OF IFITM3 AND Y-SECRETASE IN MICROGLIA

Schedule I (Form 990)

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NEW YORK UNIVERSITY 550 FIRST AVE NEW YORK, NY 10016	13-5562308	501 (C)(3)	208,033.	0.			MECHANISMS OF ASTROCYTE-DERIVED LIPID TOXICITY IN ALZHEIMER'S DISEASE
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501 (C)(3)	172,500.	0.			T CELL EPIGENETICS IN ALZHEIMER'S DISEASE
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501 (C)(3)	345,000.	0.			MBC: INTERACTION OF THE MICROBIOME WITH ASTROCYTES AND AMYLOID PATHOLOGY
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501 (C)(3)	286,448.	0.			ADTC: THE ROLE OF A-INDUCED MEMBRANE DAMAGE IN TAU PATHOLOGY
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501 (C)(3)	136,827.	0.			INTERROGATING LEVETIRACETAM'S IMPACT ON AMYLOID PATHOLOGY AND PRESYNAPTIC PROTEOSTASIS
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	201,250.	0.			MULTIOMICS CHARACTERIZATION OF TAU PATHOLOGY ONSET AND ITS RELATIONSHIP WITH AMYLOID
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	198,751.	0.			OLIGODENDROGLIAL DYNAMICS AND MYELINATION IN ALZHEIMER'S DISEASE
THE METHODIST HOSPITAL FOUNDATION PO BOX 4384 HOUSTON, TX 77210	76-0094743	501 (C)(3)	201,199.	0.			A MUTI-MODALITY STUDY ON LIPID MOLECULAR BASIS OF OBESITY AND ITS ROLES IN REGULATING ALZHEIMER'S
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET 4TH FLOOR - SAN FRANCISCO, CA 94143	94-3067788	501 (C)(3)	201,250.	0.			NEURONAL MECHANISMS DRIVING SYNAPSE LOSS IN ALZHEIMER'S DISEASE

Schedule I (Form 990)

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THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	201,250.	0.			TO ELUCIDATE THE ROLE OF MEMORY T CELLS AS A DETERMINANT OF AGE-RELATED INFLAMMATION
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	172,500.	0.			THE ROLE OF ASTROCYTE-SECRETED IGF2 IN THE PROGRESSION OF ALZHEIMER'S DISEASE
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501 (C)(3)	201,250.	0.			MULTIDISCIPLINARY PHENOTYPING OF A NOVEL HUMANIZED LOAD MOUSE MODEL
UNIVERSITY OF CALIFORNIA, IRVINE 120 THEORY SUITE 200 IRVINE, CA 92697	95-2226406	501 (C)(3)	287,493.	0.			NIC: EXAMINING THE IMPACT OF PERIPHERALLY DERIVED HUMAN MACROPHAGES IN AD PATHOGENESIS
UNIVERSITY OF CALIFORNIA, IRVINE 120 THEORY SUITE 200 IRVINE, CA 92697	95-2226406	501 (C)(3)	230,000.	0.			ENDOGENOUS HUMAN ANTIBODIES ASSOCIATED WITH ALZHEIMER'S DISEASE
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0721 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	287,500.	0.			NIC: MECHANISMS MEDIATING MICROGLIA SENSING OF PERIPHERAL INFLAMMATION
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, BSB3092 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	230,000.	0.			APP GENE DOSE-MEDIATED DYSREGULATION OF THE ENDOLYSOSOMAL NETWORK ACTS COMPROMISE SYNAPTIC
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0651 - LA JOLLA, CA 92093	95-2872494	501 (C)(3)	287,500.	0.			BEE: IDENTIFYING THE BLOOD-BRAIN BARRIER CHANGES DURING ALZHEIMER'S DISEASE
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501 (C)(3)	250,000.	0.			MBC: TEMPORAL RELATIONSHIPS BETWEEN GUT DYSBIOSIS, BRAIN AB METABOLISM AND MICROGLIA

Schedule I (Form 990)

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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
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	201,250.	0.			MORPHOLOGICAL, ELECTROPHYSIOLOGICAL, AND TRANSCRIPTIONAL CHARACTERIZATION OF
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	57,500.	0.			IN VIVO MODELS FOR GOLGI FRAGMENTATION AND THE MOLECULAR PATHOGENESIS OF ALZHEIMER'S DISEASE
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON, RI 02881	22-3011455	501 (C)(3)	201,250.	0.			EFFECT OF APOE GENOTYPE IN A NOVEL RAT MODEL OF CEREBRAL AMYLOID ANGIOPATHY
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	201,250.	0.			PRENATAL INFLAMMATION EFFECTS ON BLOOD BRAIN BARRIER FUNCTION AND AD-RELATED PATHOLOGIES
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	301,069.	0.			AIR POLLUTION AND AD RISK INTERACT WITH PREMATURE AGING OF NEURAL STEM CELLS AND APOE ALLELES
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	234,709.	0.			PROTECTION AGAINST APOE4 WITH LONGEVITY-PROMOTING INTERVENTIONS
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394	501 (C)(3)	250,000.	0.			CELLULAR AND MOLECULAR STUDIES OF APOE REGULATION OF BLOOD-BRAIN BARRIER, SYNAPTIC AND
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	501 (C)(3)	201,250.	0.			IDENTIFICATION AND VALIDATION OF PLASMA-BASED LIPID BIOMARKERS FOR EARLY

Schedule I (Form 990)

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UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	287,000.	0.			ADTC: ROLE OF VCP/P97 IN TAU PRION REPLICATION
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	230,000.	0.			RNA AS A DETERMINANT OF TAU SEEDING
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	192,020.	0.			TOXIC EFFECTS OF EXTRACELLULAR TAU OLIGOMERS ON NEURONS
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	201,250.	0.			ELUCIDATING THE ROLE OF CLEC7A IN TAU-MEDIATED NEURODEGENERATIVE DISEASE
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	201,250.	0.			EXPLORING THE THERAPEUTIC POTENTIAL OF CLUSTERIN IN A PRECLINICAL MODEL OF ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	113,655.	0.			CHARACTERIZATION OF MOLECULAR BIOMARKER PROFILES THROUGHOUT THE PATHOBIOLOGICAL CONTINUUM
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	287,500.	0.			MBC: THE ROLE OF GUT MICROBIAL METABOLISM IN TAU-MEDIATED NEURODEGENERATION
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	172,500.	0.			UNDERSTANDING THE ROLE OF NATURAL A-SPECIFIC B CELL RESPONSES IN AD PROGRESSION
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	189,902.	0.			DECIPHERING AND RESTORING COMPUTATIONAL SET-POINTS IN ALZHEIMER'S DISEASE THROUGH SLEEP-ENHANCED

Schedule I (Form 990)

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WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			CONTRIBUTION OF SKULL BONE MARROW-DERIVED CELLS TO ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			BEE: CROSSTALK OF CNS BARRIERS AND CLEARANCE ROUTES IN HOMEOSTASIS AND ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			APOE CONSORTIUM: ROLE OF APOE ISOFORMS IN IMMUNE RESPONSES IN A MODEL OF TAUOPATHY
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,248.	0.			ANTIVIRAL T CELLS INFILTRATION TO THE MENINGES AND BRAIN INFLUENCES
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			DISSECTING ALZHEIMER'S DISEASE PHENOTYPES IN DIRECTLY REPROGRAMMED PATIENT-DERIVED NEURONS
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	198,994.	0.			CIRCADIAN DESYNCHRONY, GLIAL DYSFUNCTION, AND ALZHEIMER'S DISEASE PATHOGENESIS
WEILL CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-6094042	501 (C)(3)	201,250.	0.			IDENTIFICATION AND DEVELOPMENT OF CD33 INHIBITORS AND PRE-RNA SPLICING MODULATORS
WEILL CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-6094042	501 (C)(3)	250,000.	0.			DEVELOPMENT OF HUMAN CGAS INHIBITORS TO TREAT ALZHEIMER'S DISEASE
WEILL CORNELL 1300 YORK AVENUE NEW YORK, NY 10065	13-6094042	501 (C)(3)	201,250.	0.			TAU-INDUCED POSTSYNAPTIC DYSFUNCTION IN TAUOPATHY MODELS

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
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
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 06520	06-0646973	501 (C)(3)	204,081.	0.			BEE: CNS FLUID HOMEOSTASIS AND WASTE CLEARANCE IN ALZHEIMER'S DISEASE CHARACTERIZED BY

**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 RESEARCH 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: BETH ISRAEL DEACONESS MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: AGP: GENOMIC VARIANT CALLING AND DATA MANAGEMENT FOR THE CURE ALZHEIMER'S FUND ALZHEIMER'S GENOME PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY

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

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: APOE4-MEDIATED DYSFUNCTION OF CD8 T CELL-MICROGLIA CROSSTALK IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TARGETING NEUROINFLAMMATION WITH NASAL ADMINISTRATION OF ANTI-CD3 MONOCLONAL ANTIBODY TO TREAT ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S HOSPITAL

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: A NEW MODEL OF MICROGLIA GENETIC

PERTURBATION IN VIVO TO SCREEN ALL RISK FACTORS ASSOCIATED WITH

ALZHEIMER'S DISEASE

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 ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: NEUROPROTEASOMES MECHANISTICALLY

CONNECT APOE ISOFORMS TO ENDOGENOUS TAU AGGREGATION

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY SCHOOL OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: UTILITY OF BLOOD BASED MARKERS FOR

PREDICTING ARIA AND ITS COURSE IN MCI AND AD SUBJECTS UNDERGOING ROUTINE

CLINICAL TREATMENT WITH AMYLOID-DIRECTED ANTIBODIES

NAME OF ORGANIZATION OR GOVERNMENT: HARVARD MEDICAL SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PRECISION MEDICINE PREDICTION MODEL

FOR ALZHEIMER'S DISEASE USING COOPERATIVE LEARNING APPROACHES FOR

MULTI-OMIC DATA

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTIGATING MEF2C TRANSCRIPTION

FACTOR AS THERAPEUTIC TARGET TO REPROGRAM PATHOLOGICAL MICROGLIAL STATES

IN ALZHEIMER'S DISEASE

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTIGATING BONE MARROW

HEMATOPOIESIS AND THE LINK BETWEEN SLEEP FRAGMENTATION AND VASCULAR

INFLAMMATION IN AD

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSITY

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

LIMITS MICROGLIAL PHAGOCYTOSIS AND CONTRIBUTES TO ALZHEIMER'S DISEASE

PROGRESSION

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: ROLE OF STABILIZATION OF MAMS AND

MAM-ASSOCIATED PALMITOYLATED APP (MAM-PALAPP) IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: A 3D IN-VITRO NEURO-VASCULAR

HUMAN BRAIN MODEL WITH MENINGEAL LYMPHATICS FOR ELUCIDATING MECHANISMS

UNDERLYING ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARACTERIZING GUT

BACTERIOME-MYCOBIOME SYNERGY IN CORRELATION TO AMYLIN-A ANTIMICROBIAL

SYNERGY IN ALZHEIMER'S DISEASE (AD) IN AD MOUSE MODELS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE IMPACT OF MUTATIONS IN THE LIGAND-BINDING DOMAIN OF CD33 ON ALZHEIMER'S DISEASE PATHOGENESIS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: VALIDATION AND CHARACTERIZATION OF COMPOUNDS MODULATING NEUROINFLAMMATION AND AMYLOID BETA UPTAKE IN MICROGLIAL CELLS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNCTIONAL CHANGES TO CEREBROSPINAL FLUID IMMUNE CELLS RESULTING FROM BACILLUS CALMETTE-GURIN (BCG) VACCINATION IN OLDER ADULTS WITH AND WITHOUT ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARACTERIZATION OF CNS-PENETRANT HDAC11-SELECTIVE INHIBITORS IN ALZHEIMER'S DISEASE MODELS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GROWTH, CHARACTERIZATION, AND DISTRIBUTION OF A NEURODEGENERATIVE DISEASE-FOCUSED FIBROBLAST/IPS CELL BANK TO SUPPORT MOLECULAR MODELS OF PATIENT-SPECIFIC VARIATION WITH VALIDATION IN MATCHED DONATED BRAIN TISSUES

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORE MENINGEAL LYMPHATIC DRAINAGE TO ALLEVIATE WHITE MATTER DAMAGE AND CEREBRAL AMYLOID ANGIOPATHY IN A

**Part IV** Supplemental Information

MODEL OF ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE

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

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: ELUCIDATING THE PROTECTIVE EFFECTS OF APOE2 IN THE PRESENCE OF APOE4 GENE ALLELE IN ANIMAL MODELS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

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

MODELS WITH HUMANIZED ABETA

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: MULTIOMICS CHARACTERIZATION OF TAU PATHOLOGY ONSET AND ITS RELATIONSHIP WITH AMYLOID IN THE HUMAN HIPPOCAMPUS

NAME OF ORGANIZATION OR GOVERNMENT: THE METHODIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: A MUTI-MODALITY STUDY ON LIPID MOLECULAR BASIS OF OBESITY AND ITS ROLES IN REGULATING ALZHEIMER'S PATHOGENESIS FOR DEVELOPING POTENTIAL TARGETED INTERVENTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ELUCIDATE THE ROLE OF MEMORY T

**Part IV Supplemental Information**

CELLS AS A DETERMINANT OF AGE-RELATED INFLAMMATION IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: APP GENE DOSE-MEDIATED DYSREGULATION

OF THE ENDOLYSOSOMAL NETWORK ACTS COMPROMISE SYNAPTIC STRUCTURE AND

FUNCTION LEADING TO ALZHEIMER'S DISEASE IN DOWN SYNDROME

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: MBC: TEMPORAL RELATIONSHIPS BETWEEN

GUT DYSBIOSIS, BRAIN AB METABOLISM AND MICROGLIA CELL ACTIVATION

FOLLOWING ANTIBIOTIC TREATMENT

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: UNIVERSITY OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: MORPHOLOGICAL, ELECTROPHYSIOLOGICAL,

AND TRANSCRIPTIONAL CHARACTERIZATION OF SINGLE NEURONS FROM RESILIENT AND

SUSCEPTIBLE MODELS OF HUMAN AD

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: UNIVERSITY OF SOUTHERN CALIFORNIA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: CELLULAR AND MOLECULAR STUDIES OF

APOE REGULATION OF BLOOD-BRAIN BARRIER, SYNAPTIC AND NEURONAL FUNCTIONS

AND PROTECTION STRATEGIES IN MOUSE MODELS WITH AND WITHOUT ALZHEIMER'S

PAHTOLOGY

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFICATION AND VALIDATION OF

PLASMA-BASED LIPID BIOMARKERS FOR EARLY ALZHEIMER'S DISEASE IN THE

UNIQUE, PRIMARILY HISPANIC, SOUTH TEXAS POPULATION

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DECIPHERING AND RESTORING

COMPUTATIONAL SET-POINTS IN ALZHEIMER'S DISEASE THROUGH SLEEP-ENHANCED

NETWORK HOMEOSTASIS

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANTIVIRAL T CELLS INFILTRATION TO

THE MENINGES AND BRAIN INFLUENCES NEURODEGENERATION IN ALZHEIMER'S

DISEASE

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: YALE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: CNS FLUID HOMEOSTASIS AND WASTE

CLEARANCE IN ALZHEIMER'S DISEASE CHARACTERIZED BY MRI

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023



**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)	405,657.	0.	0.	9,900.	20,415.	435,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY ARMOUR FORMER PRESIDENT & CEO (TO 09/23)	(i)	350,862.	0.	0.	9,900.	960.	361,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET SMITH CEO (AS OF 10/23)	(i)	321,513.	0.	0.	9,900.	18,590.	350,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA CHAMBERS EVP MARKETING & COMM.	(i)	254,908.	0.	0.	8,001.	14,739.	277,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA RAND VP MARKETING & COMM.	(i)	193,830.	0.	0.	6,088.	12,189.	212,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN SLATTERY SVP MAJOR GIFTS	(i)	190,709.	0.	0.	5,813.	900.	197,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAHUA DASGUPTA SR. PHILANTHROPIC ADVISOR	(i)	168,942.	0.	0.	5,439.	19,725.	194,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL HARPER SENIOR PHILANTHROPIC ADVISOR	(i)	181,380.	0.	0.	5,565.	6,395.	193,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KELLY WESTERHOUSE VP LEADERSHIP GIVING	(i)	155,421.	0.	0.	4,819.	5,537.	165,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOSEPHINE ANTONELLIS CHIEF FINANCIAL OFFICER (AS OF 8/23)	(i)	150,986.	0.	0.	4,537.	1,006.	156,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

SCHEDULE J, PART I, LINE 3

AN EXECUTIVE SEARCH FIRM WAS HIRED TO RECRUIT THE NEW CEO. THEY ALSO

PROVIDED AN INDEPENDENT COMPENSATION CONSULTATION. WHEN THE NEW CEO

CAME ON BOARD A WRITTEN EMPLOYMENT CONTRACT WAS CREATED.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b>	Employer identification number <b>52-2396428</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

Total .....

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**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
(1) PROPER VILLIANS LLC	A PRINCIPAL OF THE	257,856.	CREATIVE AN		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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 LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A PRINCIPAL OF THE INDEPENDENT CONTRACTOR 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

**2023**

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](http://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** 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	42	8,382,433.	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** 0

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? **30a**

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? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

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.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

WHEN STOCK IS RECEIVED AS A CONTRIBUTION IT IS SOLD IMMEDIATELY UPON  
RECEIPT OR SOON THEREAFTER AS IS PRACTICAL THROUGH FIRST REPUBLIC BANK  
AND BANK OF NEW YORK/MELLON.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

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

DISEASE.

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

JEFFREY MORBY (DECEASED 9/2023) AND JACQUELINE MORBY WERE BOTH DIRECTORS

AND SPOUSES.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE CHANGES TO THE BYLAWS AND ARTICLES OF INCORPORATION

TO UPDATE FOR CURRENT LANGUAGE AND BEST PRACTICES. THIS INCLUDED REMOVING

LIMITS ON THE TOTAL NUMBER OF DIRECTORS AND MOVING FROM NAMES TO TITLES FOR

STAFF POSITIONS. THE ARTICLES OF INCORPORATION WERE UPDATED TO ESTABLISH

CUREALZ'S FULL INDEPENDENCE.

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

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY THE 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION	Employer identification number 52-2396428
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CONFLICT ACTUALLY EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT, THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:  
COMPARABILITY DATA IS SUBMITTED ANNUALLY TO THE EXECUTIVE COMMITTEE FOR COMPENSATION APPROVAL FOR THE CEO AND ALL OTHER EMPLOYEES.

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.

FORM 990, PART XII, LINE 2C  
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.