

Form **991**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION Address 52-2396428 CURE ALZHEIMER'S FUND Name Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial 781-237-3800 34 WASHINGTON ST Final return 46 196 573. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return WELLESLEY HILLS, MA 02481 F Name and address of principal officer: MARGARET E. SMITH for subordinates? Yes X No Applica-H(b) Are all subordinates included? pending SAME AS C ABOVE If "No." attach a list, See instructions I Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 501(c) (H(c) Group exemption number HTTP://CUREALZ.ORG/ L Year of formation: 2004 M State of legal domicile: PA Other K Form of organization: X Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities: TO FUND RESEARCH WITH THE HIGHEST PROBABILITY OF PREVENTING, SLOWING OR REVERSING ALZHEIMER'S Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 36 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Activities & 85 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 36,697,205. 32,354,655 Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 1,042,285. 8,359,727. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -6,137. -14,283. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,725,207. 40.708,245 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,431,727. 26,431,117. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 4,878,104. 3,951,303. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,324,327. 3,229,984. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 34,633,548. 30,613,014. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3.091,659. 10,095,231. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 33,488,279. 30,192,784. 20 Total assets (Part X, line 16) 1,727,324. 1 734 174. Total liabilities (Part X, line 26) 21 31,760,955. 28,458,610. Net assets or fund balances. Subtract line 21 from line 20 | 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 tother than officer is based on all information of which preparer has any knowledge Margaret Signature of officer Sign MARGARET E. SMITH, CEO Here Type or print name and title PTIN Check Preparer's signature Print/Type preparer's name P01399337 04/26/24 SANDY ROSS self-employed SANDY ROSS Paid 05-0409384 Firm's EIN KAHN, LITWIN, RENZA & CO., LTD. Preparer Firm's name 951 NORTH MAIN STREET Firm's address Use Only Phone no. 401-274-2001 PROVIDENCE, RI 02904 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
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	
		es X No
	If "Yes," describe these new services on Schedule O.	□
3		es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	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 \$)
	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 \$	1
710	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 \$)	
<u>4e</u>	Total program service expenses 31,400,541.	n 990 (2023)
	FORM	1 200 (2023)

Form 990 (2023) ALZHEIMER'S DISEASE RESEARCH FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
_		 		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		116		<u> </u>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	\vdash
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		\vdash
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
		_		_

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	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
·	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
2F ~	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	х	
	· · · · · · · · · · · · · · · · · ·			

O23) ALZHEIMER'S DISEASE RESEARCH FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions?	6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Gh		
7		6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	۳,		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	
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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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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?	2	х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'u		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availat	ole
	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	financ	cial	
	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.

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

- 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ar	ia a a	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	100011120)	and related
	below	Individual trustee or director	Institutional trustee	, in	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) KATHARINE HERMAN	40.00									
EVP DEVELOPMENT					Х			405,657.	0.	30,315.
(2) TIMOTHY ARMOUR	40.00									
FORMER PRESIDENT & CEO (TO 09/23)		Х		Х				350,862.	0.	10,860.
(3) MARGARET SMITH	40.00									
CEO (AS OF 10/23)		Х		Х				321,513.	0.	28,490.
(4) BARBARA CHAMBERS	40.00									
EVP MARKETING & COMM.					Х			254,908.	0.	22,740.
(5) LISA RAND	40.00									
VP MARKETING & COMM.						Х		193,830.	0.	18,277.
(6) JOHN SLATTERY	40.00									
SVP MAJOR GIFTS						Х		190,709.	0.	6,713.
(7) MAHUA DASGUPTA	40.00									
SR. PHILANTROPIC ADVISOR						Х		168,942.	0.	25,164.
(8) DANIEL HARPER	40.00									
SENIOR PHILANTHROPIC ADVISOR						Х		181,380.	0.	11,960.
(9) KELLY WESTERHOUSE	40.00									
VP LEADERSHIP GIVING						Х		155,421.	0.	10,356.
(10) JOSEPHINE ANTONELLIS	30.00									
CHIEF FINANCIAL OFFICER (AS OF 8/23)				Х				150,986.	0.	5,543.
(11) LAUREL LYLE	30.00									
SECRETARY & VP BOARD RELAT		Х		Х				113,594.	0.	3,982.
(12) HENRY MCCANCE	5.00									
CHAIR		Х		Х				0.	0.	0.
(13) JACQUELINE MORBY	5.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT GREENHILL	5.00									
DIRECTOR		Х						0.	0.	0.
(15) RICHARD BIRNBAUM	5.00									
DIRECTOR (AS OF 7/23)		Х						0.	0.	0.
(16) JEFFREY MORBY	20.00									
DIRECTOR (DECEASED 9/23)		Х						0.	0.	0.
(17) PHYLLIS RAPPAPORT	2.00									
TREASURER		Х		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	Hiç	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable		Esti	mate	∍d
	hours per	box,	unles	ss per	son is	s both	an	compensation	compensation	ո	amo	unt	of
	week		cer an	d a d	irecto	r/trus I	tee)	from	from related		O [†]	ther	
	(list any	ector						the	organizations		compe	ensa	tion
	hours for	or dir	е			rted		organization	(W-2/1099-MIS	C/		n the	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations below	ıal tru	onal 1		oloye	E co		1099-NEC)			and		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	ızatı	ons
	11110)	Ē	ï	10 10	χ.	± 5	요						
1b Subtotal								2,487,802.		0.	1	74,	400.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								2,487,802.		0.	1	74,	400.
2 Total number of individuals (including but n	ot limited to the	ose l	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable				1.0
compensation from the organization												,	16
										1	1	es	No
3 Did the organization list any former officer,	•	ee, k	ey e	mpl	oye	e, or	higl	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	dule	J fo	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				•			•					
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	tion fron	า	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin T		ear.				
(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
PROPER VILLAINS LLC, 855 BOYLSTON STREET	CREATIVE AND PRODUCTION	
10TH FLOOR, BOSTON, MA 02116	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 lis \$100,000 of compensation from the organization 3	leed above) who received more than	

Form 990 (2023) ALZHEIMER'S Part VIII Statement of Revenue

		Check if Schedule O	contai	ins a res	sponse	or note to any lin	e in this Part VIII			
						•	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b									
င်္ပ		Fundraising events				199,600.				
fts,		Related organizations								
ية إق										
Sir		Government grants (contri			e					
utio er	ī	All other contributions, gifts,				36,497,605.				
들 된		similar amounts not included		··· —						
ont od	g		lines 1a	ı-1f 1	g \$	8,382,433.	26 605 005			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f				I	36,697,205.			
						Business Code				
9	2 a									
e <u>Š</u>	b									
S	С									
eve eve	d									
Program Service Revenue	е	·								
Ā	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f								
	3	Investment income (includ								
							992,260.			992,260.
	4	Income from investment of								
	5	Royalties		•	•					
	•			(i) F	eal	(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
		Rental income or (loss)	6c							
	ا	Net rental income or (loss)								
		Gross amount from sales of	<u> </u>	(i) Sec	ırities	(ii) Other				
	<i>i</i> a		<u>-</u> -	.,	5,908.	(ii) Otrici				
	_	assets other than inventory	7a	0,430	,,,,,,,,					
	b	Less: cost or other basis		0 20/	- 002					
nue		and sales expenses	-	8,386						
Revenue		Gain or (loss)			,025.		F0 00F			50.005
Ä,		Net gain or (loss)				T	50,025.			50,025.
ther	8 a	Gross income from fundraising								
Ö		including \$1			f					
		contributions reported on		-						
		Part IV, line 18								
	b	Less: direct expenses			8b	84,483.				
		Net income or (loss) from		-			-14,283.			-14,283.
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gamir	ng activi	ties					
	10 a	Gross sales of inventory, I	ess re	eturns						
		and allowances			10a	1				
	b	Less: cost of goods sold								
_		Net income or (loss) from								
	_		_			Business Code				
Snc	11 a									
Miscellaneous Revenue	b									
ella Yei	c									
ŠŠ		All other revenue								
Σ		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					37,725,207.	0.	0.	1,028,002.

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Section	501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	7.5.		(0)	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,118,277.	23,118,277.		
2 G	rants and other assistance to domestic	, ,	, ,		
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
10	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16	3,312,840.	3,312,840.		
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
tr	ustees, and key employees	1,736,973.	1,010,353.	355,663.	370,957
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	2,586,851.	1,423,565.	371,733.	791,553.
	ension plan accruals and contributions (include	, ,	7 == 1 7 1 2 4		, , , , , , ,
	•	68,504.	39,467.	8,979.	20,058
	ection 401(k) and 403(b) employer contributions)	182,234.	95,435.	34,395.	52,404
	ther employee benefits	,	,		
	ayroll taxes	303,542.	170,378.	51,703.	81,461.
	ees for services (nonemployees):				
a M	lanagement				
b Le	egal	69,536.	7,989.	55,337.	6,210.
c A	ccounting	105,190.		105,190.	
d Lo	obbying	78,000.	78,000.		
e Pr	rofessional fundraising services. See Part IV, line 17				
f In	vestment management fees	14,857.		14,857.	
g O	ther. (If line 11g amount exceeds 10% of line 25,				
CC	olumn (A), amount, list line 11g expenses on Sch O.)	560,597.	235,251.	164,943.	160,403
	dvertising and promotion	727,294.	700,412.		26,882.
	ffice expenses	192,314.	73,256.	37,420.	81,638.
	formation technology	77,392.	9,383.	68,009.	
	oyalties	·		·	
	ccupancy	199,250.	114,272.	32,882.	52,096.
		134,887.	58,136.	1,540.	75,211.
	ravel ayments of travel or entertainment expenses	202,007,	50,200.	2,010.	, , , , , , , , , , , , , , , , , , , ,
	·				
	or any federal, state, or local public officials	273,478.	260,906.		12,572
	onferences, conventions, and meetings	2/3,4/0.	200,300.		12,372,
	iterest				
	ayments to affiliates	2.040		2 040	
	epreciation, depletion, and amortization	3,042.	4 400	3,042.	0.005
	surance	26,714.	4,403.	20,304.	2,007
ab Iir	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	ESEARCH LAB EXPENSES	659,485.	659,485.		
~ -	IFT PROCESSING FEES	147,164.	,		147,164
~	ISCELLANEOUS	55,127.	28,733.	9,700.	16,694
		20,127.	20,700.	5,,,,,,	20,054
d _	Il other expenses				
	Il other expenses	34 633 640	31 400 541	1 335 607	1 207 210
	otal functional expenses. Add lines 1 through 24e	34,633,548.	31,400,541.	1,335,697.	1,897,310
re	point costs. Complete this line only if the organization exported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
Cl	heck here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (2023) Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,778,505.	1	1,219,384
	2	Savings and temporary cash investments			7,254,987.	2	3,993,426
	3	Pledges and grants receivable, net	1,877,735.	3	3,783,15		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			218,532.	9	239,429
	10a	Land, buildings, and equipment: cost or other	-				
		basis. Complete Part VI of Schedule D		54,458.			
	b	Less: accumulated depreciation		54,458.	3,042.	10c	(
	11	Investments - publicly traded securities			17,733,326.	11	24,112,74
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			326,657.	15	140,14
	16	Total assets. Add lines 1 through 15 (must ed	30,192,784.	16	33,488,27		
	17	Accounts payable and accrued expenses		129,949.	17	316,29	
	18	Grants payable			763,585.	18	718,42
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
<u>a</u>		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24	. Complete Part X	840,640.	٥- ا	692,598
	00	of Schedule D			1,734,174.	25	1,727,324
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	haak bar		1,734,174.	26	1,727,32
ွှ		and complete lines 27, 28, 32, and 33.	neck ner				
မှ ၂	27				26,297,281.	27	27,791,118
<u>a</u>	27 28	Net assets with donor restrictions			2,161,329.	28	3,969,837
<u> </u>	20	Organizations that do not follow FASB ASC			2,101,323.	20	3,303,03
틸		and complete lines 29 through 33.	, 936, CH	ck fiere			
<u></u>	20	Capital stock or trust principal, or current fund	10			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
155	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			28,458,610.	32	31,760,955
Ζl	33	Total liabilities and net assets/fund balances			30,192,784.	33	33,488,279

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37	,725,	207.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	,633,	548.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	,458,	610.		
5	Net unrealized gains (losses) on investments	5		210,	686.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	31	,760,	955.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	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?		2b	Х			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	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?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

		ALZHEI	MER'S DISEASE R	ESEARCH FOUNDATION	1				52-2396428		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 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	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental i	unit or from th	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:									
10	Ш	An organization that norma									
		activities related to its exen	•	•				• •	· ·	nt	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	itter June 30, 1975.		
		See section 509(a)(2). (Co	• •		f-t- 0		NO(-)(4)				
11	H	An organization organized	•	•	•						
12	Ш	An organization organized a more publicly supported or	•	•	-			-			
		lines 12a through 12d that	•						Sheck the box on		
а		Type I. A supporting orga	* *					-	aivina		
а		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-					
		organization. You must o		• • • •	majority o	i trie direc	tors or trusted	3 01 1116 31	apporting		
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s) by hav	vina		
-		control or management o	•				-	•	-		
		organization(s). You mus			po.co.			,	50.104		
С		☐ Type III functionally inte			in connect	tion with, a	and functional	v integrate	ed with.		
		its supported organization	-					, 0	,		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.					
f		er the number of supported o	•								
g		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotony	(vi) Amount of other		
	,	organization	(ii) Liiv	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructi		
				above (see instructions))	Yes	No					
F - 4 -											

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	30,497,342.	22,874,388.	26,547,838.	32,354,655.	36,697,205.	148,971,428.
	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.
6	Public support. Subtract line 5 from line 4.						131,387,034.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	30,497,342.	22,874,388.	26,547,838.	32,354,655.	36,697,205.	148,971,428.
	Gross income from interest,	, , ,	, , ,	, , ,	, ,	, , ,	, , , -
Ū	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.
0		03,300.	13,172.	1,157,	33,100.	332,200.	1,100,310.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						150,160,371.
	Total support. Add lines 7 through 10					40	213,300.
	Gross receipts from related activities,	•	,			12	213,300.
13	First 5 years. If the Form 990 is for the	· ·				. , . ,	
<u>Sac</u>	organization, check this box and stop etion C. Computation of Publication						
	Public support percentage for 2023 (li			olumn (fl)		14	87.50 %
						15	
	Public support percentage from 2022 33 1/3% support test - 2023. If the control of the control o						
10a	* *	-					
L	stop here. The organization qualifies		-		line 15 in 22 1/20/		
b	33 1/3% support test - 2022. If the condition have						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts		•	•		· ·	
	meets the facts-and-circumstances te	_	· ·	*	-	7 1: 4F:-:	
b	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n ala not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar		(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Т.,

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
O1-		
9b		
0-		
9c		
40-		
10a		
401-		
10b	~ 000\	

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations							
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	st complete	Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
_6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see						
	instructions).									

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s 3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1						
	(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						
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
<u>a</u>	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
e	From 2022								
f_	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>_i</u>	Carryover from 2018 not applied (see instructions)								
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	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	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
е	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.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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.

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 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 orga	nization	ions. Complete Fait III.		l En	nployer identification number
3		S DISEASE RESEARCH FOUNI	DATION		52-2396428
Part I-A		anization is exempt und		or is a section 527	
2 Political	campaign activity expendit	ation's direct and indirect polition ures gn activities			\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1 Enter the	e amount of any excise tax	incurred by the organization un	der section 4955		\$
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
					Yes No
	describe in Part IV.	anization is exempt und	lor poetion F01/a	eveent eastion FO1	(0)(3)
Part I-C				-	
		by the filing organization for se			\$
		ization's funds contributed to o	•		¢
		. Add lines 1 and 2. Enter here			\$
			•		\$
		1120-POL for this year?			
5 Enter the made particular contribution	e names, addresses, and er lyments. For each organiza tions received that were pro	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	EIN) of all section 527 po id from the filing organiz a separate political orga	olitical organizations to w lation's funds. Also enter anization, such as a sepa	nich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter-	contributions received and

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

Schedule C (Form 990) 2023

Pa	rt II-A Complete if the organization 501(h)).	anizatio	ı is exer	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection under
_	Check if the filing organizat expenses, and share	e of excess	lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
<u>B (</u>	Limit	ts on Lobb	ying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence publi	c opinion (grassroots lobbying)			
	Total lobbying expenditures to influ	-					
c C	, , , , , ,						
d e)			
	Lobbying nontaxable amount. Ente				h columns.		
•	If the amount on line 1e, column (a) or	1		bying nontaxable am			
	not over \$500,000,	, , ,		the amount on line 1e			
	over \$500,000 but not over \$1,000	,000,	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,50	00,000,	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,0	000,000,	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,	000.			
_	Grassroots nontaxable amount (ent		,				
	Subtract line 1g from line 1a. If zero	,	••				
	Subtract line 1f from line 1c. If zero	-					
j			line 1h or	line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this y			eraging Period Under	Coation E01/b)		Yes No
	(Some organizations th	nat made a	section 5		have to complete all c	of the five columns b	elow.
		Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
<u>c</u>	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						- L. O (F 000) 0000

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
_	or referendum, through the use of:		Х	
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x	
	Media advertisements?		X	
	Mailings to members, legislators, or the public?		Х	
	Publications, or published or broadcast statements?		Х	
	Grants to other organizations for lobbying purposes?		Х	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		78,000.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
j	Total. Add lines 1c through 1i			78,000.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х	
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?tIII-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o\/	5) or oo	tion
Pai	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 50 1(0)(o), or sec	Juon
	551(5)(5).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100 110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			
	expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
	Carryover from last year			
	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			
_	expenditures next year?		I	
	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5	
		list\. Dort II	Λ lines 1 s	nd 0 (ooo
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); Part II-	A, lines i a	na ∠ (see
	! II-B, LINE 1(G)			
A RE	GISTERED LOBBYIST CONTACTED VARIOUS CONGRESSIONAL LEGISLATORS FOR THE			
PURI	OSE OF ENCOURAGING INCREASED FUNDING OF ALZHEIMER'S DISEASE RESEARCH			
BY T	THE FEDERAL GOVERNMENT.			

Schedule C (Form 990) 2023

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.

Inspection

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52 - 2396428

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Sim	ilar Funds or A	ccour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised f	unds	(b) Fun	ids and other accounts
1	Total number at end of year	. ,				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		held i	n donor advised fun	ds	
	are the organization's property, subject to the organization's	~				Yes No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes" o	on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	/)			
	Preservation of land for public use (for example, recreated	tion or education)	P	reservation of a hist	orically	important land area
	Protection of natural habitat	L	P	reservation of a cert	ified his	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ributio	n in the form of a co	nserva	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a		2c	
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r tern	ninated by the organ	ization	during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and e	enforcing conservation	on ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfor	cing conservation ea	semen	ts during the year
_						
8	Does each conservation easement reported on line 2d above					
_	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	n's tin	anciai statements th	at desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Ti	reas	ures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" on Form			,		
	If the organization elected, as permitted under FASB ASC 95		evenu	e statement and bal	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•	•			
b	If the organization elected, as permitted under FASB ASC 95				e sheet	works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items.	,				,
	(i) Revenue included on Form 990, Part VIII, line 1					\$
						\$
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					\$

332051 09-28-23

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

Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Simila	r Assets	(cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I	Loan or excl	hange progra	m					
b	Scholarly research	е		Other							
С	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the	organization	answered "Y	es" on F	orm 990	, Part IV, li	ne 9, oı	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other ass	sets not i	ncluded		_	_	
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe						y?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.									L	
Par	t V Endowment Funds Complete if								I <u>-</u>		
		(a) Current year	(b) F	Prior year	(c) Two years	s back ((d) Three	ears back	(e) Fo	ur year	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held an	nd administere	ed for the	9			_	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i))	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV			Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	I		cumulate reciation	I	(d) Bo	ok val	ue
1a	Land	`	,								
	Buildings										
	Leasehold improvements										
	Equipment	I			7,767.		7.	767.			0.
	Other				46,691.			691.			0.
	. Add lines 1a through 1e. (Column (d) must e		X line 1	Oc column	· ·						0.
	S (Column to) must e	gaar Com Ooo, Lalt.		co, coluiniii	·-//			Schodule	D /Ear	00t	n 2022

Schedule D (Form 990) 2023

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 material derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C	arket value
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year or end-of-	narket value
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C)	larket value
(2) Closely held equity interests (3) Other (A) (B) (C)	
(3) Other	
(A) (B) (C)	
(B) (C)	
(C)	
nn 1	
(D) (E)	
(F)	
(r) (G)	
(d) (H)	
Total. (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 m	arket value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) I	Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Total. (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.	
	Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	566,892
(3) LEASE PAYABLE	125,706
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 report	the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in F	Part XIII X

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Stat		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			27 021 026
1				1	37,921,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		210 696		
a	Net unrealized gains (losses) on investments		210,686.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			20	210,686.
e	Add lines 2a through 2d			2e 3	37,710,350.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	37,710,330.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,857.		
a b					
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	14,857.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	37,725,207.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F		07,720,207.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	34,618,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , ,
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	34,618,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,857.		
b	Other (Describe in Part XIII.)				
				4c	14,857.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	34,633,548.
	t XIII Supplemental Information	5.)		<u> </u>	,,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Dart IV lines 1h ar	nd 2h: Part V. line 4	· Dart V Ii	ino 2: Part VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			, ran A, II	ille 2, Part Ai,
111162	zu and 45, and Fart Air, lines zu and 45. Also complete this part to provide an	y additional illionna	ition.		
PART	X, LINE 2:				
	·				
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHAR	ITY UNDER			
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE CODE, MANAGEMENT BE	LIEVES THAT			
THE	ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX	-EXEMPT			
STAT	US AT BOTH THE STATE AND FEDERAL LEVELS.				
THE	ORGANIZATION ANNUALLY FILES IRS FORM 990 RETURNS OF ORGAN	IZATIONS			
EXEM	PT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT TH	E IRS USES TO			
MONI	TOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETU	RNS ARE			
י מוזס	ECM TO DEVITED BY THE MAYTME ANTHUODITHIES CENTEDATIVE FOR A	DEDIOD OF			
הפהפ	ECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A	FERIOD OF			
ТНБЕ	E YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY	HAS NO TAX			
EXAM	INATIONS IN PROGRESS.				

Schedule D (Form 990) 2023	ALZHEIMER'S DISEASE RESEARCH FOUNDATION	52-2396428	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)		
	(continuou)		
-			
-			
_			

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** ALZHEIMER'S DISEASE RESEARCH FOUNDATION 52-2396428 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, ALZHEIMER'S DISEASE AUSTRIA, BELGIUM 0 GRANTS AWARDED RESEARCH 2,284,252. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, ALZHEIMER'S DISEASE 540,155. DJIBOUTI, EGYPT, 0 0 GRANTS AWARDED RESEARCH EAST ASIA AND THE ALZHEIMER'S DISEASE RESEARCH PACIFIC 0 0 GRANTS AWARDED 488,433. 0 0 3,312,840. 3 a Subtotal **b** Total from continuation 0 sheets to Part I

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2023

3,312,840.

and 3b)

c Totals (add lines 3a

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)
			IDENTIFYING MEDIATORS					
			OF TAU MEDIATED					
			NEURONAL NECROPTOSIS					
		BELGIUM	USING AN INNOVATIVE	230,000.	ACH	0.		
			NEUROINFLAMMATION AT					
		L	THE CHOROID PLEXUS IN		L			
		FINLAND	ALZHEIMER'S DISEASE	11,500.	ACH	0.		
			SIGNALING FUNCTION OF					
			TREM2 CLEAVAGE					
			PRODUCTS, WHICH ARE					
		GERMANY	AFFECTED BY AGONISTIC	172,500.	ACH	0.		
			CSF NEUROINFLAMMATORY					
			SIGNATURE IN					
			ALZHEIMER'S DISEASE					
		GERMANY	AND RELATED	180,550.	ACH	0.		
			ADDING GENOMICS AND					
			METHYLOMICS TO					
			PERSONALIZED DISEASE					
		GERMANY	PREDICTION FOR	116,684.	ACH	0.		
			CHARACTERIZATION OF					
			THE LONGITUDINAL					
			TRAJECTORIES OF THE					
		GERMANY	SYNAPTIC BLOOD MARKER	144,325.	ACH	0.		
			APOE CONSORTIUM: APOE					
			GENOTYPE-SPECIFIC					
			EFFECTS OF HUMAN					
		HONG KONG	YOUNG PLASMA ON	287,500.	ACH	0.		
			DECODING MICROBIAL					
			PRODUCTS MODULATING					
			ALZHEIMER'S DISEASE -					
		ISRAEL	TOWARDS PRECISION	201,250.	ACH	0.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

15

I								Fage 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM
	(-		g			assistance	assistance	appraisal, other)
			A PROPOSAL TO					
			EVALUATE THE EFFECT					
			OF BCG VACCINATION ON					
		ISRAEL	ALZHEIMER'S DISEASE	223,100.	ACH	0.		
			UNDERSTANDING THE					
			MECHANISM UNDERLYING					
			VACCINATION FOR					
		ISRAEL	ALZHEIMER'S DISEASE	115,805.	ACH	0.		
			EXTRACELLULAR ATP IS					
			A KEY FACTOR IN					
			PROMOTING ALZHEIMER'S					
		ITALY	DISEASE	150,000.	ACH	0.		
			DISENTANGLING THE	,				
			ROLE OF INTRACRANIAL					
			ARTERIOSCLEROSIS IN					
		NETHERLANDS	ALZHEIMER'S DISEASE	167,207.	ACH	0.		
			UNDERSTANDING THE					
			DYNAMIC					
			LIPID-IMMUNOMETABOLOME					
		NETHERLANDS	OF PROTECTIVE AND	201,250.	ACH	0.		
		THE	CHARACTERIZATION AND	201,230.	1.0.1			
			VALIDATION OF TWO					
			RECENTLY CREATED					
		NEW ZEALAND	SHEEP MODELS OF	200,933.	A CU	0.		
		NEW ZEADAND	CHARACTERIZATION OF	200,933.	ACII	0.		
			TAU PATHOLOGY					
		CLUEDEN.	HETEROGENEITY ACROSS	201 250	2 011			
		SWEDEN	THE ALZHEIMER'S	201,250.	АСН	0.		
			INFLUENCE OF PLAQUE					
			VICINITY ON					
			MICROGLIAL AND	455.55	L			
		UNITED KINGDOM	ASTROCYTE GENE	172,369.	ACH	0.		-
			SCALING THE DIVIDE IN					
			ALZHEIMER'S DISEASE:					
			AN INTEGRATED					
		UNITED KINGDOM	MOLECULAR, CELLULAR	191,624.	ACH	0.		

Part III Grants and Other Assistant Part III can be duplicated if a			ites. Complete it	the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(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)

Schedule F (Form 990) 2023 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2023

ALZHEIMER'S DISEASE RESEARCH FOUNDATION 52-2396428 Schedule F (Form 990) 2023 Page 5 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):

ALZHEIMER'S DISEASE RESEARCH FOUNDATION 52-2396428 Schedule F (Form 990) 2023 Page 5 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

REGION: HONG KONG

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

HUMAN YOUNG PLASMA ON CEREBROVASCULATURE AND AD PATHOLOGY

IMPROVEMENT OF THE MEASUREMENT PROCEDURE

REGION: ISRAEL

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

Schedule F (Form 990) 2023 ALZHEIMER'S DISEASE RESEARCH FOUNDATION	52-2396428	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting in	nethod; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); a	nd Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	n. 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		
PROTON TRAVE		
REGION: ITALY		
(D) PURPOSE OF GRANT: EXTRACELLULAR ATP IS A KEY FACTOR IN PROMOTING		
(D) FORFOSE OF GRANT: EXTRACEDHOLLAR ATF 15 A RET FACTOR IN FROMOTING		
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		
DECTON. GWEDEN		
REGION: SWEDEN		
(D) PURPOSE OF GRANT: CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY		
(2) I SALODE OF CAMALL CAMAGE HAVE AND THE PROPERTY OF THE PRO		
ACROSS THE ALZHEIMER'S DISEASE SPECTRUM		
REGION: UNITED KINGDOM		
(D) PURPOSE OF GRANT: INFLUENCE OF PLAQUE VICINITY ON MICROGLIAL AND		
ACEDOGYME CENE EVENEGATON, DOLLE OF HIMAN MAY AND MERVA		
ASTROCYTE GENE EXPRESSION; ROLE OF HUMAN TAU AND TREM2		

Schedule F (Form 990) 2023 ALZHEIMER'S DISEASE RESEARCH FOUNDATION	52-2396428	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	ting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. 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		
DOGE EDANGIAMIONAL MODIETGAMIONG AND GONDODVARION		
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 FOUNDATI	ON				Employer ide 52-239642	ntification number
	- Complete if the organization answe		'es" or	n Form 990, Part IV, I	ine 1		
Indicate whether the organization rais a	sed funds through any of the following sed funds through any of the following Solicitates for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursur	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Tatal	1	1	I				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o			I or has been notified	it is e	exempt from re	<u>l</u> gistration
or incertaing.							
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z .			Schedule	G (Form 990) 2023

Pa	ırt	II Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1 FISHER ISLAND GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts	269,800.			269,800.
	2	Less: Contributions	199,600.			199,600.
	3	Gross income (line 1 minus line 2)	70,200.			70,200.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs	52,000.			52,000.
Direct Expenses	7	Food and beverages	4,793.			4,793.
	8	Entertainment				
	9	Other direct expenses				27,690.
	10	- · · · · · · · · · · · · · · · · · · ·				84,483. -14,283.
Pa	11 irt				reported more than	-14,203.
		\$15,000 on Form 990-EZ, line 6a.	answered res on romi	330, 1 art 14, mic 13, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev		Cross revenue				
	_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				<u> </u>
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
а	Is	ter the state(s) in which the organization condu the organization licensed to conduct gaming a "No," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re				Yes No
	_					
2220	-	0.12.23			Sche	edule G (Form 990) 2023

30116	dule G (Form 990) 2023 ALZHEIMER S DISEASE RESEARCH FOUNDATION 52	-2396428	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
+	to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	. 13a	<u>%</u>
b A	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
ı	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
ı	Name		
	Address		
16	Gaming manager information:		
ı	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatan, distributions		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		140
	organization's own exempt activities during the tax year \$		
Par		Part III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,
	· · · · · · · · · · · · · · · · · · ·		

Schedule 6	G (Form 990)	ALZHEIMER'S DISEASE RESEARCH FOUNDATION	52-2396428	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		<u> </u>
		(continued)		
	<u> </u>			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Name of the organization	ISEASE RESEARO	TH FOUNDAMION					Employer identification number 52-2396428
Part I General Information on Grants a		EN FOUNDATION					32 2330420
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the						
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
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) a 3 Enter total number of other organization	-	-					36,

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(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
							TARGETING
BRIGHAM AND WOMEN'S HOSPITAL							NEUROINFLAMMATION WITH
75 FRANCIS STREET				_			NASAL ADMINISTRATION OF
BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			ANTI-CD3 MONOCLONAL
							ROLE OF CHECKPOINT
BRIGHAM AND WOMEN'S HOSPITAL							MOLECULES TIM-3 AND LAG-3
75 FRANCIS STREET				_			IN MICROGLIAL FUNCTION IN
BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
							A NEW MODEL OF MICROGLIA
BRIGHAM AND WOMEN'S HOSPITAL							GENETIC PERTURBATION IN
75 FRANCIS STREET							VIVO TO SCREEN ALL RISK
BOSTON, MA 02115	04-2312909	501 (C)(3)	431,250.	0.			FACTORS ASSOCIATED WITH
BRIGHAM AND WOMEN'S HOSPITAL							NEUROIMMUNE CONNECTOME
75 FRANCIS STREET							PERTURBATIONS IN
BOSTON, MA 02111	04-2312909	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
							L
BRIGHAM AND WOMEN'S HOSPITAL							TARGETING THE MICROBIOME
75 FRANCIS STREET		L		_			AND INNATE IMMUNITY IN
BOSTON, MA 02115	04-2312909	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
							REVEALING NEW GENES AND
BROAD INSTITUTE							PATHWAYS AT THE
415 MAIN STREET							INTERSECTION OF LIPOTOXIC
CAMBRIDGE, MA 02142	26-3428781	501 (C)(3)	172,550.	0.			AND GENETIC RISK FOR
COLUMBIA UNIVERSITY							NONCODING TRANSLATION
630 WEST 168TH STREET, BOX 49							FEEDBACK LOOP IN
NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
							NEUROPROTEASOMES
COLUMBIA UNIVERSITY							MECHANISTICALLY CONNECT
630 WEST 168TH STREET, BOX 49							APOE ISOFORMS TO
NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,501.	0.			ENDOGENOUS TAU
							UTILITY OF BLOOD BASED
DUKE UNIVERSITY SCHOOL OF MEDICINE							MARKERS FOR PREDICTING
324 BLACKWELL STREET SUITE 900							ARIA AND ITS COURSE IN
DURHAM, NC 27701	56-0532129	501 (C)(3)	229,994.	0.			MCI AND AD SUBJECTS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
							CONTRIBUTIONS OF IL34
DUKE UNIVERSITY SCHOOL OF MEDICINE							SIGNALING TO MICROGLIAL
324 BLACKWELL STREET SUITE 900							FUNCTION AND ALZHEIMER'S
DURHAM, NC 27701	56-0532129	501 (C)(3)	195,434.	0.			PATHOLOGY IN MICE
EMORY UNIVERSITY							MITOCHONDRIAL ALZHEIMER'S
1599 CLIFTON ROAD NE 4TH FLOOR							RISK FACTORS CONTROL APOE
ATLANTA, GA 30322	58-0566256	501 (C)(3)	201,250.	0.			EXPRESSION AND SECRETION
THE THE THE TENT OF THE TENT O	30 0300230	301 (0)(3)	201,230.	•			GENETIC ANCESTRY-SPECIFIC
HARVARD MEDICAL SCHOOL							RISK ESTIMATION OF
1033 MASSACHUSETTS VE 3RD FLOOR							ALZHEIMER'S DISEASE (AD)
	04-2103580	E01 /G\/3\	40.250	0.			· ·
BOSTON, MA 02138	04-2103560	501 (C)(3)	40,250.	0.			IN THE APOE REGION
HADNADD MEDICAL CONOCI							PRECISION MEDICINE
HARVARD MEDICAL SCHOOL							PREDICTION MODEL FOR
1033 MASSACHUSETTS VE 3RD FLOOR							ALZHEIMER'S DISEASE USING
CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	150,000.	0.			COOPERATIVE LEARNING
							ANALYTICAL AND
HARVARD MEDICAL SCHOOL							STATISTICAL TOOLS FOR
1033 MASSACHUSETTS VE 3RD FLOOR							SEQUENCE ANALYSIS FOR
CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	220,071.	0.			ALZHEIMER'S DISEASE
							IN VIVO MODELS FOR GOLGI
ICAHN SCOOL OF MEDICINE AT MOUNT							FRAGMENTATION AND THE
SINAI - ONE GUSTAVE L LEVY PLACE,							MOLECULAR PATHOGENESIS OF
BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			ALZHEIMER'S DISEASE
							STRESS AND
ICAHN SCOOL OF MEDICINE AT MOUNT							NEUROVASCULAR-IMMUNE
SINAI - ONE GUSTAVE L LEVY PLACE,							NETWORKS IN ALZHEIMER'S
BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			DISEASE
,			, ·				INVESTIGATING MEF2C
ICAHN SCOOL OF MEDICINE AT MOUNT							TRANSCRIPTION FACTOR AS
SINAI - ONE GUSTAVE L LEVY PLACE,							THERAPEUTIC TARGET TO
BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			REPROGRAM PATHOLOGICAL
		(0)(0)		•			INVESTIGATING BONE MARROW
ICAHN SCOOL OF MEDICINE AT MOUNT							HEMATOPOIESIS AND THE
SINAI - ONE GUSTAVE L LEVY PLACE,							LINK BETWEEN SLEEP
BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	172,500.	0.			FRAGMENTATION AND
DOX 10/3 - NEW TORK, NI 10029	13-01/119/	Por (C)(3)	1/2,500.	<u> </u>			E MAGNENTATION AND

(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
							INVESTIGATING LYSOSOMAL
ICAHN SCOOL OF MEDICINE AT MOUNT							MECHANISMS OF RISK AND
SINAI - ONE GUSTAVE L LEVY PLACE,				_			RESILIENCE IN ALZHEIMER'S
BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			DISEASE
TOWNS WORKENS WITH STREET							HUMAN BRAIN CD33 LIGAND,
JOHNS HOPKINS UNIVERSITY							RPTPS3L, LIMITS
733 N. BROADWAY MRB SUITE 117	50 0505440	504 (5) (2)	004 050	•			MICROGLIAL PHAGOCYTOSIS
BALTIMORE, MD 21205	52-0595110	501 (C)(3)	201,250.	0.			AND CONTRIBUTES TO
MASSACHUSETTS GENERAL HOSPITAL							
125 NASHUA ST SUITE 540							THE CUREALZ ALZHEIMER'S
BOSTON, MA 02114	04-1564655	E01 /G\/2\	1,955,000.	0.			GENOME PROJECT
BOSION, MA UZII4	04-1304033	301 (0)(3)	1,955,000.	0.			TAU AND -AMYLOID ARE
MASSACHUSETTS GENERAL HOSPITAL							INNATE IMMUNE
125 NASHUA ST SUITE 540							ANTIMICROBIAL PEPTIDES IN
BOSTON, MA 02114	04-1564655	501 (C)(3)	172,500.	0.			THE BRAIN
DOSTON, PAR 02114	04 1304033	301 (0)(3)	172,500.	· ·			REGIONAL VARIABILITY OF
MASSACHUSETTS GENERAL HOSPITAL							PATHOLOGY-ASSOCIATED
125 NASHUA ST SUITE 540							PROPERTIES OF TAU IN
BOSTON, MA 02114	04-1564655	501 (C)(3)	172,000.	0.			POSTERIOR CORTICAL
2021011, 1111 02111	01 1301033	301 (0)(3)	1,2,000.	•			ROLE OF STABILIZATION OF
MASSACHUSETTS GENERAL HOSPITAL							MAMS AND MAM-ASSOCIATED
125 NASHUA ST SUITE 540							PALMITOYLATED APP
BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			(MAM-PALAPP) IN
,			 				BEE: A 3D IN-VITRO
MASSACHUSETTS GENERAL HOSPITAL							NEURO-VASCULAR HUMAN
125 NASHUA ST SUITE 540							BRAIN MODEL WITH
BOSTON, MA 02114	04-1564655	501 (C)(3)	230,000.	0.			MENINGEAL LYMPHATICS FOR
•			1				ROLE OF RIN3 AND BIN1
MASSACHUSETTS GENERAL HOSPITAL							INTERACTION IN THE
125 NASHUA ST SUITE 540							NEURONS FOR ALZHEIMER'S
BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			DISEASE DEVELOPMENT
							CHARACTERIZING GUT
MASSACHUSETTS GENERAL HOSPITAL							BACTERIOME-MYCOBIOME
125 NASHUA ST SUITE 540							SYNERGY IN CORRELATION TO
BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			AMYLIN-A ANTIMICROBIAL

Part II Continuation of Grants and Other	r Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	72-2390420 Page 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 non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL							
125 NASHUA ST SUITE 540							ADTC: HOW DO SOLUBLE TAU
BOSTON, MA 02114	04-1564655	501 (C)(3)	287,169.	0.			SPECIES REPLICATE?
•			,				THE IMPACT OF MUTATIONS
MASSACHUSETTS GENERAL HOSPITAL							IN THE LIGAND-BINDING
125 NASHUA ST SUITE 540							DOMAIN OF CD33 ON
BOSTON, MA 02114	04-1564655	501 (C)(3)	125,000.	0.			ALZHEIMER'S DISEASE
			,				ROLE OF CD8+ T CELL-GLIAL
MASSACHUSETTS GENERAL HOSPITAL							INTERACTIONS IN MEDIATING
125 NASHUA ST SUITE 540							ALZHEIMER'S DISEASE
BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			PATHOGENESIS
MASSACHUSETTS GENERAL HOSPITAL							UNDERSTANDING HUMAN BRAIN
125 NASHUA ST SUITE 540							RESILIENCE TO ALZHEIMER'S
BOSTON, MA 02114	04-1564655	501 (C)(3)	300,000.	0.			PATHOLOGY
							NEUROPROTECTIVE EFFECTS
MASSACHUSETTS GENERAL HOSPITAL							OF THE EXERCISE HORMONE
125 NASHUA ST SUITE 540				_			IRISIN IN ALZHEIMER'S
BOSTON, MA 02114	04-1564655	501 (C)(3)	345,000.	0.			DISEASE
							VALIDATION AND
MASSACHUSETTS GENERAL HOSPITAL							CHARACTERIZATION OF
125 NASHUA ST SUITE 540	04 1564655	F01 (G)(2)	001 050				COMPOUNDS MODULATING
BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			NEUROINFLAMMATION AND
Wiggigung gruppin vogrami							FUNCTIONAL CHANGES TO
MASSACHUSETTS GENERAL HOSPITAL							CEREBROSPINAL FLUID
125 NASHUA ST SUITE 540	0.4.1564655	F04 (#) (D)	050 550				IMMUNE CELLS RESULTING
BOSTON, MA 02114	04-1564655	501 (C)(3)	258,750.	0.			FROM BACILLUS
W1 661 6W16 FMT6 6 FMT-1-1							CHARACTERIZATION OF
MASSACHUSETTS GENERAL HOSPITAL							CNS-PENETRANT
125 NASHUA ST SUITE 540	04 455455	F01 (a) (a)	001 050	_			HDAC11-SELECTIVE
BOSTON, MA 02114	04-1564655	DUI (C)(3)	201,250.	0.			INHIBITORS IN ALZHEIMER'S
MASSACHUSETTS GENERAL HOSPITAL							
125 NASHUA ST SUITE 540							GENERAL SCIENTIFIC
BOSTON, MA 02114	04-1564655	501 (C)(3)	95,594.	0.			SUPPORT

Part II Continuation of Grants and Other				Terriments (een		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt 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
							MECHANISMS OF
NEW YORK UNIVERSITY							ASTROCYTE-DERIVED LIPID
550 FIRST AVE	40 5560000	504 (5) (2)					TOXICITY IN ALZHEIMER'S
NEW YORK, NY 10016	13-5562308	501 (C)(3)	208,033.	0.			DISEASE
NORTHWESTERN UNIVERSITY							
710 N. LAKE SHORE DRIVE							T CELL EPIGENETICS IN
CHICAGO, IL 60611	36-2167817	501 (C)(3)	172,500.	0.			ALZHEIMER'S DISEASE
,			<u> </u>				MBC: INTERACTION OF THE
NORTHWESTERN UNIVERSITY							MICROBIOME WITH
710 N. LAKE SHORE DRIVE							ASTROCYTES AND AMYLOID
CHICAGO, IL 60611	36-2167817	501 (C)(3)	345,000.	0.			PATHOLOGY
NORTHWESTERN UNIVERSITY							ADTC: THE ROLE OF
710 N. LAKE SHORE DRIVE							A-INDUCED MEMBRANE DAMAGE
CHICAGO, IL 60611	36-2167817	501 (C)(3)	286,448.	0.			IN TAU PATHOLOGY
							INTERROGATING
NORTHWESTERN UNIVERSITY							LEVETIRACETAM'S IMPACT ON
710 N. LAKE SHORE DRIVE							AMYLOID PATHOLOGY AND
CHICAGO, IL 60611	36-2167817	501 (C)(3)	136,827.	0.			PRESYNAPTIC PROTEOSTASIS
							MULTIOMICS
STANFORD UNIVERSITY							CHARACTERIZATION OF TAU
485 BROADWAY							PATHOLOGY ONSET AND ITS
REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	201,250.	0.			RELATIONSHIP WITH AMYLOII
STANFORD UNIVERSITY							OLIGODENDROGLIAL DYNAMICS
485 BROADWAY							AND MYELINATION IN
REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	198,751.	0.			ALZHEIMER'S DISEASE
REDWOOD CITT, CA 94003	94-1130303	501 (0)(3)	190,731.	0.			A MUTI-MODALITY STUDY ON
THE METHODIST HOSPITAL FOUNDATION							LIPID MOLECULAR BASIS OF
PO BOX 4384							OBESITY AND ITS ROLES IN
HOUSTON, TX 77210	76-0094743	501 (C)(3)	201,199.	0.			REGULATING ALZHEIMER'S
THE REGENTS OF THE UNIVERSITY OF	70 0034743	01 (0)(3)	201,199.	0.			RECOUNTING ADDRESSES 5
CALIFORMIA, SAN FRANCISCO - 490							NEURONAL MECHANISMS
ILLINOIS STREET 4TH FLOOR - SAN							DRIVING SYNAPSE LOSS IN
FRANCISCO, CA 94143	94-3067788	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
IMMOIDED, CA 74143	J = 3007700	001 (0/(0/	201,230.	<u> </u>			INDINGTION O DISEASE

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
							TO ELUCIDATE THE ROLE OF
THE SALK INSTITUTE FOR BIOLOGIAL							MEMORY T CELLS AS A
STUDIES - 10010 NORTH TORREY PINES							DETERMINANT OF
ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	201,250.	0.			AGE-RELATED INFLAMMATION
							THE ROLE OF
THE SALK INSTITUTE FOR BIOLOGIAL							ASTROCYTE-SECRETED IGFBP2
STUDIES - 10010 NORTH TORREY PINES							IN THE PROGRESSION OF
ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	172,500.	0.			ALZHEIMER'S DISEASE
							MULTIDISCIPLINARY
TUFTS UNIVERSITY							PHENOTYPING OF A NOVEL
136 HARRISON AVENUE							HUMANIZED LOAD MOUSE
BOSTON, MA 02111	04-2103634	501 (C)(3)	201,250.	0.			MODEL
							NIC: EXAMINING THE IMPACT
UNIVERSITY OF CALIFORNIA, IRVINE							OF PERIPHERALLY DERIVED
120 THEORY SUITE 200							HUMAN MACROPHAGES IN AD
IRVINE, CA 92697	95-2226406	501 (C)(3)	287,493.	0.			PATHOGENESIS
UNIVERSITY OF CALIFORNIA, IRVINE							ENDOGENOUS HUMAN
120 THEORY SUITE 200							ANTIBODIES ASSOCIATED
IRVINE, CA 92697	95-2226406	501 (C)(3)	230,000.	0.			WITH ALZHEIMER'S DISEASE
INTUEDCIMY OF CALTEODATA CAN							NIC: MECHANISMS MEDIATING
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0721							MICROGLIA SENSING OF
'	95-2872494	E01 (C)(2)	207 500	0.			
- LA JOLLA, CA 92093	95-26/2494	501 (C)(3)	287,500.	٠.			PERIPHERAL INFLAMMATION APP GENE DOSE-MEDIATED
INTUEDCITA OF CALTEODALA CAN							DYSREGULATION OF THE
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE							
'	95-2872494	E01 (Q)(2)	220 000	0.			ENDOLYSOSOMAL NETWORK
BSB3092 - LA JOLLA, CA 92093	95-26/2494	DUI (C)(3)	230,000.	٠.			ACTS COMPROMISE SYNAPTIC
INTURDATED OF CALTRODALA CAN							BEE: IDENTIFYING THE
UNIVERSITY OF CALIFORNIA, SAN							BLOOD-BRAIN BARRIER
DIEGO - 9500 GILMAN DRIVE, DEPT	05 2072404	E01 (Q)(2)	207 500	•			CHANGES DURING
0651 - LA JOLLA, CA 92093	95-2872494	DOT (C)(3)	287,500.	0.			ALZHEIMER'S DISEASE
INTURDATEL OF GUIDAGO							MBC: TEMPORAL
UNIVERSITY OF CHICAGO							RELATIONSHIPS BETWEEN GUT
5801 SOUTH ELLIS AVE	26 04 = = 4 5 5	E01 (G) (C)	050 000	_			DYSBIOSIS, BRAIN AB
CHICAGO, IL 60637	36-2177139	bot (G)(3)	250,000.	0.			METABOLISM AND MICROGLIA

UNIVERSITY OF CONNECTICUT 263 FARMINOTON AVE FARMINGTON, OT 06033 06-0772160 501 (C)(3) 230,000. 0. COUPLING IN THE NETWOOL MORPHOLOGICAL, FRANSCRIPTIONAL BLESTROPHYSIOLOGICAL, TRANSCRIPTIONAL ANN ARBOR, MI 48109 38-606309 501 (C)(3) 201,250. UNIVERSITY OF MICHIGAN 38-606309 501 (C)(3) 201,250. UNIVERSITY OF MICHIGAN 38-606309 501 (C)(3) 57,500. UNIVERSITY OF MICHIGAN 38-606309 501 (C)(3) 57,500. UNIVERSITY OF RODE SILAND TO HORD SILAND TO LOWER COLLEGE ROAD KINGSTON, RI 02881 UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGURAOA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 201,250. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. UNIVERSITY OF SOUTHERN CALIFOR	(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
263 FARKINGTON AVE FARMINGTON, CT 06053 06-0772160 501 (C)(3) 230,000. 0. COULLING IN THE NETWOON UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 201,250. 0. CHARACTERIZATION OF UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. CHARACTERIZATION AND THE MOLECULAR PATHOGENERI ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. CHARACTERIZATION AND THE MOLECULAR PATHOGENERI ALMHERS'S DISEASE UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD ENGINEERING OF SOUTHERN CALIFORNIA 3500 S. FIGUREOA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 201,250. 0. CHARACTERIZATION AND AD INVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUREOA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI AND AD INVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUREOA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. CHARACTERI SUITE 102 L								AD PATHOPHYSIOLOGY ALTERS
PARMINGTON, CT 06053 06-0772160 501 (C)(3) 230,000. 0. COUPLING IN THE NETWON MORPHOLOGICAL, ELECTROPHYSIOLOGICAL, ELECTROPHYSIOLOGI	UNIVERSITY OF CONNECTICUT							THE LEVEL OF ELECTRICAL
MORPHOLOGICAL, ELECTROPHYSIOLOGICAL, TRANSCRIPTIONAL ELECTROPHYSIOLOGICAL,	263 FARMINGTON AVE							AND CHEMICAL SYNAPSE
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 201,250. 0. UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 38-6006309 501 (C)(3) 38-6006309 501 (C)(3) 57,500. 0. UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. REFRECT OF AROG GENOTY IN A NOVEL RAT MODEL OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF THE NAME OF THE NAME OF THE STREET OF THE NAME OF TH	FARMINGTON, CT 06053	06-0772160	501 (C)(3)	230,000.	0.			COUPLING IN THE NETWORK
3003 SOUTH STATE STREET ANN ABOR, NI 48109 38-6006309 501 (C)(3) 201,250. 0. IN VIVO MODELS FOR COULDINGSTRY OF MICHIGAN 3003 SOUTH STATE STREET 3003 SOUTH STATE STREET 3003 SOUTH STATE STREET 3004 SOUTH STATE STREET 3005 SOUTH STATE STREET 3005 SOUTH STATE STREET 3006 SOUTH STATE STREET 3007 SOUTH STATE STREET 3008 STREET SUITE 102 3008 SOUTH STATE STREET 3008 STREET SUITE 102 3008 SOUTH STATE STREET 3008 SOUTH STATE STREET 3008 STREET SUITE 102 3008 SOUTH STATE STREET 3008 STREET SUITE 102 3008 STREET SUITE 1								MORPHOLOGICAL,
ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 201,250. 0. CHARACTERIZATION OF IN VIVW MODELS FOR GO PRAGMENTARION AND THE MOLECULAR PATHOGENESIS ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. ALZHEIMER'S DISEASE UNIVERSITY OF RHODE ISLAND UNIVERSITY OF RHODE ISLAND To LOWER COLLEGE ROAD KINGSTON, RI 02881 22-3011455 501 (C)(3) 201,250. 0. ANGIOPATHY UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 201,250. 0. AD RELATED PATHOLOGISE AGING OF NEURAL STEM UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. CHARACTERIZATION OF IN VIVW RODEL FOR GO CEREBRAL AMYLOID ANGIOPATHY PRENATAL INFLAMMATION AFRICATE ON ELOOD BRAIL BARRIER FUNCTION AND AD RELATED PATHOLOGISE AGING OF NEURAL STEM UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. CELLS AND APOR ALLELES UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. CELLULAR AND NOLECULAR STUDIES OF APOE REGULATION OF BARRIER, SYMAPTIC AND CELLULAR AND NOLECULAR STUDIES OF APOE AGRICATION AND UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOOD	UNIVERSITY OF MICHIGAN							ELECTROPHYSIOLOGICAL, ANI
IN VIVO MODELS FOR GO PRAGMENTATION AND THE MOLECULAR PATHOSENESI ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. ALZHEIMER'S DISEASE EFFECT OF APOE GENORY: UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON, RI 02881 22-3011455 501 (C)(3) 201,250. 0. MOTHER PREMATAL INFLAMMATION EFFECTS ON BLOOD BRAID BARRIER FUNCTION AND UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 201,250. 0. MOTHER PREMATAL INFLAMMATION EFFECTS ON BLOOD BRAID BARRIER FUNCTION AND AD INTERACT WITH PREMATUL INTERACT WITH PREMATUL STOURY SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. EELIS AND AFOE ALLEES UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. EILURA AND MOLECULAI STUDIES OF APOE REGULATION AND THE REGULATION AND THE REGULATION AND MOLECULAI STUDIES OF APOE REGULATION OF BLOOD—BI ARRIER, SYMAPTIC AND UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOUD UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOUD UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOUD CENTER AT SAN ANTONIO - 7703 FLOUD CENTER AT SAN ANTONIO - 7703 FLOUD UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOUD CENTER AT SAN ANTONI	3003 SOUTH STATE STREET							TRANSCRIPTIONAL
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C)(3) 57,500. 0. ALRHEIMER'S DISASSE EFFECT OF AFOE GENOTY: UNIVERSITY OF RHODE ISLAND UNIVERSITY OF RHODE ISLAND VANIOPATHY UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 201,250. 0. AURIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. EFFECT OF AFOE SOUTH ARROWS OF A STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. ELISAND AFOE STUDIES OF REURAL STEM WITH LONGEVITY-FROMOT. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 301,069. 0. ELISAND AFOE STUDIES OF REURAL STEM WITH LONGEVITY-FROMOT. UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. BARRIER, SYNAPTIC AND UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 234,709. 0. BARRIER, SYNAPTIC AND UNIVERSITY OF FEXAS HEALTH SCIENCE CELULAR AND MOLECULAR STUDIES OF AFOE REGULATION OF BIOLOD-BI LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. BARRIER, SYNAPTIC AND UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD VALIDATION OF CENTER AT SAN ANTONIO - 7703 FLOYD	ANN ARBOR, MI 48109	38-6006309	501 (C)(3)	201,250.	0.			CHARACTERIZATION OF
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3500 S. FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089 95-1642394 501 (C)(3) 250,000. 0. REGULATION OF BLOOD-BI BARRIER, SYNAPTIC AND IDENTIFICATION AND VALIDATION OF CENTER AT SAN ANTONIO - 7703 FLOYD PLASMA-BASED LIPID	UNIVERSITY OF SOUTHERN CALIFORNIA							
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UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD LIDENTIFICATION AND VALIDATION OF PLASMA-BASED LIPID		95-1642394	501 (C)(3)	250 000	0			
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CENTER AT SAN ANTONIO - 7703 FLOYD	UNIVERSITY OF TEXAS HEALTH SCIENCE							
CURL DRIVE - SAN ANTONIO, TX 78229 74-1586031 501 (C)(3) 201,250. 0.	CURL DRIVE - SAN ANTONIO, TX 78229		501 (C)(3)	201,250.	0.			BIOMARKERS FOR EARLY

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL CENTER - 5323 HARRY HINES							ADTC: ROLE OF VCP/P97 IN
BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	287,000.	0.			TAU PRION REPLICATION
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UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL CENTER - 5323 HARRY HINES							RNA AS A DETERMINANT OF
BLVD - DALLAS, TX 75390	75-2556007	501 (C)(3)	230,000.	0.			TAU SEEDING
UNIVERSITY OF VIRGINIA							TOXIC EFFECTS OF
1001 N. EMMETT ST							EXTRACELLULAR TAU
CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	192,020.	0.			OLIGOMERS ON NEURONS
UNIVERSITY OF VIRGINIA							ELUCIDATING THE ROLE OF
1001 N. EMMETT ST							CLEC7A IN TAU-MEDIATED
CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	201,250.	0.			NEURODEGENERATIVE DISEASE
							EXPLORING THE THERAPEUTIC
UNIVERSITY OF VIRGINIA							POTENTIAL OF CLUSTERIN IN
1001 N. EMMETT ST							A PRECLINICAL MODEL OF
CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	201,250.	0.			ALZHEIMER'S DISEASE
							CHARACTERIZATION OF
WASHINGTON UNIVERSITY							MOLECULAR BIOMARKER
1 BROOKINGS DRIVE							PROFILES THROUGHOUT THE
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	113,655.	0.			PATHOBIOLOGICAL CONTINUUM
							MBC: THE ROLE OF GUT
WASHINGTON UNIVERSITY							MICROBIAL METABOLISM IN
1 BROOKINGS DRIVE							TAU-MEDIATED
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	287,500.	0.			NEURODEGENERATION
							UNDERSTANDING THE ROLE OF
WASHINGTON UNIVERSITY							NATURAL A-SPECIFIC B CELI
1 BROOKINGS DRIVE							RESPONSES IN AD
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	172,500.	0.			PROGRESSION
							DECIPHERING AND RESTORING
WASHINGTON UNIVERSITY							COMPUTATIONAL SET-POINTS
1 BROOKINGS DRIVE							IN ALZHEIMER'S DISEASE
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	189,902.	0.			THROUGH SLEEP-ENHANCED

Part II Continuation of Grants and Oth	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WASHINGTON UNIVERSITY							CONTRIBUTION OF SKULL		
1 BROOKINGS DRIVE							BONE MARROW-DERIVED CELLS		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			TO ALZHEIMER'S DISEASE		
21. 20012, 110 00100	10 0000012	(0)(0)		•			BEE: CROSSTALK OF CNS		
WASHINGTON UNIVERSITY							BARRIERS AND CLEARANCE		
1 BROOKINGS DRIVE							ROUTES IN HOMEOSTASIS AND		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			ALZHEIMER'S DISEASE		
21. 20025, 110 00200	10 0000012	(0)(0)	010,000.	•			APOE CONSORTIUM: ROLE OF		
WASHINGTON UNIVERSITY							APOE ISOFORMS IN IMMUNE		
1 BROOKINGS DRIVE							RESPONSES IN A MODEL OF		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.		1	TAUOPATHY		
		() () ()	120,000				ANTIVIRAL T CELLS		
WASHINGTON UNIVERSITY							INFILTRATION TO THE		
1 BROOKINGS DRIVE							MENINGES AND BRAIN		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,248.	0.			INFLUENCES		
						-	DISSECTING ALZHEIMER'S		
WASHINGTON UNIVERSITY							DISEASE PHENOTYPES IN		
1 BROOKINGS DRIVE							DIRECTLY REPROGRAMMED		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			 PATIENT-DERIVED NEURONS		
							CIRCADIAN DESYNCHRONY,		
WASHINGTON UNIVERSITY							GLIAL DYSFUNCTION, AND		
1 BROOKINGS DRIVE							ALZHEIMER'S DISEASE		
ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	198,994.	0.			 PATHOGENESIS		
•			,				IDENTIFICATION AND		
WEILL CORNELL							DEVELOPMENT OF CD33		
1300 YORK AVENUE							INHIBITORS AND PRE-RNA		
NEW YORK, NY 10065	13-6094042	501 (C)(3)	201,250.	0.			SPLICING MODULATORS		
·			,						
WEILL CORNELL							 DEVELOPMENT OF HUMAN CGAS		
1300 YORK AVENUE							INHIBITORS TO TREAT		
NEW YORK, NY 10065	13-6094042	501 (C)(3)	250,000.	0.			ALZHEIMER'S DISEASE		
WEILL CORNELL							TAU-INDUCED POSTSYNAPTIC		
1300 YORK AVENUE							DYSFUNCTION IN TAUOPATHY		
NEW YORK, NY 10065	13-6094042	501 (C)(3)	201,250.	0.			MODELS		

Part II Continuation of Grants and Oth	S. A LOCALIANOC TO DOI	0. 3411124410113		(5011	, r	,	
(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	
EILL CORNELL							BEE: BIOCHEMICAL AND FUNCTIONAL ANALYSIS OF
300 YORK AVENUE							CSF AND LYMPH FOLLOWING
IEW YORK, NY 10065	13-6094042	501 (C)(3)	287,500.	0.			CHANGES IN BRAIN FLUID
101111, 111 10000	10 0001012	(0)(0)	207,000.				BEE: CNS FLUID
ALE UNIVERSITY							HOMEOSTASIS AND WASTE
O BOX 208239							CLEARANCE IN ALZHEIMER'S
NEW HAVEN, CT 06520	06-0646973	501 (C)(3)	204,081.	0.			DISEASE CHARACTERIZED BY

Schedule I (Form 990) 2023 ALZHEIMER'S DISEASE RE	ESEARCH FOUND	ATION			52-2396428	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncas	h assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE RESEARCH LEADERSHIP GROUP REVIEWS EACH PROJECT	FOR FIT WITH	H THE CUREALZ				
RESEARCH PORTFOLIO, SCIENTIFIC INTEGRITY, AND VALU	E TO THE SEAF	RCH FOR A				
CURE FOR ALZHEIMER'S DISEASE. ALL FUNDED RESEARCHE	RS MAY BE ASF	KED TO REVIEW				
OCCASIONAL PROPOSALS ON A TWO-WEEK TIMELINE AS A C	ONDITION OF F	RECEIVING				
FUNDING. THE RESEARCH COMMITTEE OF THE BOARD OF DI	RECTORS PROVI	DES A FINAL				
REVIEW TO ENSURE ALL PROCEDURES HAVE BEEN FOLLOWED	AND THAT THE	E PROJECT				
SERVES THE ORGANIZATION'S MISSION TO FUND RESEARCH						
CURRENT AND POTENTIAL ALZHEIMER'S PATIENTS.						
COUNTRY WAS LOTERATIVE UPPUETMEN S LYTTEMIS.						

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
Schedule I (Form 990

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 SCOOL 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 SCOOL 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 Schedule I (Form 990)

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 Schedule I (Form 990)
Schedule Liform 990

Schedule I (Form 990) ALZHEIMER'S DISEASE RESEARCH FOUNDATION Part IV Supplemental Information	52-2396428	Page 2
MODEL OF ALZHEIMER'S DISEASE		
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		
MODELS WITH HUMANIZED ADETA		
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 BIOLOGIAL STUDIES		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ELUCIDATE THE ROLE OF MEMORY T	Schodulo I	/Form 990\

332291

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

Pa	Part I Questions Regarding Compensation			
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on F	Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for p	personal use		
	Travel for companions Payments for business use of person	nal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation	n fees		
	Discretionary spending account Personal services (such as maid, cha	auffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	r		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directo	rs,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organizat	tion's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organ	nization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensat	ion 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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 compen	sation		
	contingent on the revenues of:			
	a The organization?			X
b	b Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6		sation		
	contingent on the net earnings of:			
а	a The organization?	6a		X
b	b Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	l l		X
8		to the		
		8		Х
9				
	Regulations section 53.4958-6(c)?	9		

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

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHARINE HERMAN	(i)	405,657.	0.	0.	9,900.	20,415.	435,972.	0.
EVP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY ARMOUR	(i)	350,862.	0.	0.	9,900.	960.	361,722.	0.
FORMER PRESIDENT & CEO (TO 09/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET SMITH	(i)	321,513.	0.	0.	9,900.	18,590.	350,003.	0.
CEO (AS OF 10/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA CHAMBERS	(i)	254,908.	0.	0.	8,001.	14,739.	277,648.	0.
EVP MARKETING & COMM.	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA RAND	(i)	193,830.	0.	0.	6,088.	12,189.	212,107.	0.
VP MARKETING & COMM.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN SLATTERY	(i)	190,709.	0.	0.	5,813.	900.	197,422.	0.
SVP MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAHUA DASGUPTA	(i)	168,942.	0.	0.	5,439.	19,725.	194,106.	0.
SR. PHILANTROPIC ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL HARPER	(i)	181,380.	0.	0.	5,565.	6,395.	193,340.	0.
SENIOR PHILANTHROPIC ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KELLY WESTERHOUSE	(i)	155,421.	0.	0.	4,819.	5,537.	165,777.	0.
VP LEADERSHIP GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOSEPHINE ANTONELLIS	(i)	150,986.	0.	0.	4,537.	1,006.	156,529.	0.
CHIEF FINANCIAL OFFICER (AS OF 8/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

Department of the Treasury

(Form 990)

Transactions With Interested Persons

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go to w	ww.irs.gov/Forn	n990 for i	nstructio	ons and the lat	test i	nformation.			In	spect	ion	
Name of the organization		Employ							Employer identification number				
	ALZHEIMER'S I	ISEASE RESEA	RCH FOU	NDATIO	4			5	2-239	6428			
Part I Excess Be	nefit Transact	ions (section 5	01(c)(3), s	ection 50	1(c)(4), and se	ction	501(c)(29) orga	nizatio	ns on	ıly)			
Complete if th	ne organization ans	wered "Yes" on	Form 990	, Part IV,	line 25a or 25b	o; or	Form 990-EZ, P	art V, I	ine 40	b.			
1	(b)	Relationship bet	ween disc	qualified	,	٠, ٠,			_		(d)	Corre	cted?
(a) Name of disqualifie	ea person	person and o	rganizatio	n	(0	c) De	escription of trar	isactic	on		Y	es	No
(1)													
(2)											\perp		
(3)											Д_		
(4)											—	_	
(5)											—		
(6)													
2 Enter the amount of ta	ax incurred by the	organization mar	agers or o	disqualifie	ed persons dur	ing t	he year under						
3 Enter the amount of ta	ax, if any, on line 2,	above, reimburs	sed by the	organiza	ation				\$				
Part II Loans to a	nd/or From In	torostad Bar	conc										
						_							
•	ne organization ans			-E∠, Part	V, line 38a, or	Form	n 990, Part IV, III	ne 26;	or if th	ne orga	ınızatı	on	
•	mount on Form 990		(d) Loan to	o or L	-) Original	T (6)	N D - I I	1	\ lo	(h) Ap	proved	<i>t</i> :> \A	Iritton
(a) Name of interested person	(b) Relationship with organization		from the	e Nrin	e) Original cipal amount	(1)	Balance due) In ault?	by bo	ard or nittee?	(1) **	/ritten ment?
i i			organization To Fr					Yes	No	1		Yes	No
(1)			To Fr	OIII				162	No	Yes	No	162	INO
<u>(1)</u> <u>(2)</u>													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total					\$								
Part III Grants or	Assistance Be	nefiting Inter	ested P	Persons	3								
Complete if the	ne organization ans	wered "Yes" on	Form 990	, Part IV,	line 27.								
(a) Name of intereste	ed person	(b) Relationship			(c) Amount of		(d) Type) Purp		f
		interested per the organiz	son and ation		assistance		assistar	ice		;	assista	ance	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

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

Schedule L (Form 990) 2023

(9)

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (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		Х
(2)					
_(3)					
_(4)					
_(5)					
_(6)					
_(7)					
_(8)					
_(9)	+				
(10)					
Part V Supplemental Information					
Provide additional information for resp	oonses to questions on Schedule L. See in	nstructions.			
CCU I DADM TV DIJOTNIEGO MDANGACMTONG	TINIOI VING INTERPRET DEPONG				
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: PROPER VILLIANS LI	C.C				
(A) NAME OF PERSON: PROPER VILLIANS II	10				
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION.				
(b) REDATIONSHIT DETWEEN INTERESTED IT	ENDOW AND ONGANIZATION.				
A PRINCIPAL OF THE INDEPENDENT CONTRAC	TOR IS THE SPOUSE OF A KEY EMP	PI.OYEE			
TRINCIPIE OF THE INDUITING CONTINU	TION ID THE BLOODE OF IT RELL EMP	101111			
(D) DESCRIPTION OF TRANSACTION: CREAT	IVE AND PRODUCTION SERVICES				
(b) bedekillion of interestion, exemi-	THE INDICATION SHAVIORS				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number ALZHEIMER'S DISEASE RESEARCH FOUNDATION 52-2396428

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contribution	•	+-
		applicable		Form 990, Part VIII, line 1g	Horicasii contributio	JII alliouli	15
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	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		0	1
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the		ntribution, and whi	ch isn't required to be used			1
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				ions?	31	X
32a	Does the organization hire or use third parties o		_			_ ,,	
	contributions?					32a X	
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	ked,		
	describe in Part II.						

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION 52-2396428 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	Page 2
Name of the organization ALZHEIMER'S DISEASE RESEARCH FOUNDATION	Employer identification number 52-2396428
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.	