

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

2025

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, and rows 1-22.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing fields for officer signature, date, preparer name, and firm information.

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

Part III Statement of Program Service Accomplishments

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

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 OTHER DONORS, ALLOWING 100% OF GENERAL DONATIONS TO FUND OUR RESEARCH PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 38,338,893. including grants of \$ 37,323,497. ) (Revenue \$ ) IN 2025, CURE ALZHEIMER'S FUND SUPPORTED 161 RESEARCH PROJECTS AT 74 LEADING RESEARCH INSTITUTIONS, FOR A TOTAL RESEARCH OUTPUT OF \$38.3 MILLION. PROJECTS IDENTIFIED AND INVESTIGATED MECHANISMS OF ACTION OF THE GENES AND VARIANTS WITH THE BIGGEST IMPACT ON RISK AND TIMING OF ALZHEIMER'S DISEASE AS POTENTIAL THERAPEUTIC TARGETS. OTHER STANDALONE PROJECTS AND MULTI-LAB CONSORTIA PURSUED NOVEL THEORIES AND TOOLS TO ASSESS POTENTIAL AVENUES FOR PREVENTION AND TREATMENT, IN PARTICULAR REGARDING THE ROLE OF NEUROINFLAMMATION, THE GUT MICROBIOME, AND THE IMMUNE SYSTEM IN HEALTHY BRAIN FUNCTION. CUREALZ ALSO PROVIDED FUNDING TO SUSTAIN VITAL RESEARCH ASSETS, LIKE BRAIN BANKS AND SCIENTIFIC TRAINEES, FACING UNANTICIPATED REDUCTIONS IN FEDERAL SUPPORT. ADDITIONAL EXPENSES INCLUDE SCIENTIFIC MEETING HOSTING; HUSBANDRY OF

4b (Code: ) (Expenses \$ 4,220,285. including grants of \$ ) (Revenue \$ ) CREATING AWARENESS TOOK THE FORM OF MAILINGS, OUTREACH, WEBINARS, AND SUPPORT OF THIRD PARTY EVENTS DESIGNED TO RAISE AWARENESS ABOUT THE NEED FOR MORE RESEARCH INTO THE ORIGINS AND PROGRESSION OF ALZHEIMER'S DISEASE.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 42,559,178.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARGARET E. SMITH - 781-237-3800
34 WASHINGTON STREET, STE #230, WELLESLEY HILLS, MA 02481

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET E. SMITH CEO & DIRECTOR	40.00	X		X				501,560.	0.	29,619.
(2) KATHARINE HERMAN EVP DEVELOPMENT	40.00				X			458,522.	0.	31,035.
(3) BARBARA CHAMBERS EVP MARKETING & COMM.	40.00				X			303,031.	0.	24,478.
(4) LISA RAND VP MARKETING & COMM.	40.00					X		217,091.	0.	19,494.
(5) DANIEL HARPER VP DEVELOPMENT	40.00					X		220,918.	0.	14,361.
(6) JOSEPHINE ANTONELLIS CFO	30.00			X				225,192.	0.	8,002.
(7) JOHN SLATTERY SVP, PHILANTHROPIC PARTNERSHIPS	40.00				X			213,548.	0.	7,462.
(8) MAHUA DASGUPTA SR. PHILANTHROPIC ADVISOR	40.00				X			193,723.	0.	26,754.
(9) THIDAPHORN SENGSAVANH DIRECTOR OF DEVELOPMENT OPERATIONS	40.00				X			170,896.	0.	25,682.
(10) LAUREL LYLE SECRETARY & VP, BOARD RELATIONS & DE	30.00			X				133,686.	0.	4,655.
(11) HENRY MCCANCE CHAIR & DIRECTOR	5.00	X		X				0.	0.	0.
(12) PHYLLIS RAPPAPORT TREASURER & DIRECTOR	5.00	X		X				0.	0.	0.
(13) TIMOTHY ARMOUR DIRECTOR	3.00	X						0.	0.	0.
(14) RICHARD BIRNBAUM DIRECTOR	4.00	X						0.	0.	0.
(15) BRITTANY BOWLEN DIRECTOR (AS OF 5/25)	3.00	X						0.	0.	0.
(16) MARK FAGGIANO DIRECTOR	3.00	X						0.	0.	0.
(17) MARY GREENHILL CAGLIERO DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KUMAR MAHADEVA DIRECTOR	3.00	X						0.	0.	0.
(19) JACQUELINE MORBY DIRECTOR	4.00	X						0.	0.	0.
(20) CHRISTINE VILLAS-BOAS DIRECTOR (AS OF 3/25)	3.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,638,167.	0.	191,542.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,638,167.	0.	191,542.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 19

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROPER VILLAINS LLC, 855 BOYLSTON STREET 10TH FLOOR, BOSTON, MA 02116	CREATIVE AND PRODUCTION SERVICES	130,663.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	321,940.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	55,011,900.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,675,241.				
	<b>h Total.</b> Add lines 1a-1f .....		55,333,840.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,334,483.			1,334,483.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	5,687,546.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,709,382.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-21,836.				
	<b>d</b> Net gain or (loss) .....		-21,836.			-21,836.	
<b>8 a</b> Gross income from fundraising events (not including \$ 321,940. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		108,700.				
			95,352.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			13,348.			13,348.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			56,659,835.	0.	0.	1,325,995.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	33,812,354.	33,812,354.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,511,143.	3,511,143.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,719,780.	929,771.	412,287.	377,722.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,414,234.	1,994,996.	454,082.	965,156.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,940.	50,437.	8,766.	21,737.
<b>9</b> Other employee benefits .....	336,158.	193,636.	55,697.	86,825.
<b>10</b> Payroll taxes .....	353,482.	199,198.	60,093.	94,191.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	105,987.	963.	18,560.	86,464.
<b>c</b> Accounting .....	40,676.		40,676.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	53,906.		53,906.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	597,442.	322,780.	48,011.	226,651.
<b>12</b> Advertising and promotion .....	811,566.	811,566.		
<b>13</b> Office expenses .....	180,267.	108,285.	26,885.	45,097.
<b>14</b> Information technology .....	176,806.	77,747.	72,554.	26,505.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	96,980.	56,117.	15,933.	24,930.
<b>17</b> Travel .....	133,968.	56,599.	1,110.	76,259.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	349,673.	299,741.	18,702.	31,230.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,896.	744.	476.	1,676.
<b>23</b> Insurance .....	28,809.	5,267.	21,202.	2,340.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> GIFT PROCESSING FEES	266,060.			266,060.
<b>b</b> RESEARCH LAB EXPENSES	86,974.	86,974.		
<b>c</b> MISCELLANEOUS	72,575.	40,860.	7,109.	24,606.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	46,232,676.	42,559,178.	1,316,049.	2,357,449.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,815,537.	<b>1</b>	3,565,286.
	<b>2</b> Savings and temporary cash investments .....	322,954.	<b>2</b>	1,802,130.
	<b>3</b> Pledges and grants receivable, net .....	1,707,733.	<b>3</b>	9,622,053.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	246,040.	<b>9</b>	321,471.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,688.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,620.		
		7,964.	<b>10c</b>	5,068.
	<b>11</b> Investments - publicly traded securities .....	23,255,145.	<b>11</b>	27,704,096.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	230,858.	<b>15</b>	149,480.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	28,586,231.	<b>16</b>	43,169,584.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	167,083.	<b>17</b>	363,629.
	<b>18</b> Grants payable .....	600,901.	<b>18</b>	4,812,010.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	954,059.	<b>25</b>	881,720.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,722,043.	<b>26</b>	6,057,359.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	25,165,313.	<b>27</b>	26,004,933.
	<b>28</b> Net assets with donor restrictions .....	1,698,875.	<b>28</b>	11,107,292.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	26,864,188.	<b>32</b>	37,112,225.
<b>33</b> Total liabilities and net assets/fund balances .....	28,586,231.	<b>33</b>	43,169,584.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	56,659,835.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,232,676.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,427,159.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,864,188.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-179,122.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	37,112,225.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form **990** (2025)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	26,547,838.	32,354,655.	36,697,205.	30,788,755.	55,362,142.	181,750,595.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	26,547,838.	32,354,655.	36,697,205.	30,788,755.	55,362,142.	181,750,595.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14,368,215.
<b>6 Public support.</b> Subtract line 5 from line 4.						167,382,380.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>7</b> Amounts from line 4 .....	26,547,838.	32,354,655.	36,697,205.	30,788,755.	55,362,142.	181,750,595.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,497.	93,408.	992,260.	997,714.	1,334,483.	3,422,362.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						185,172,957.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	397,698.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.39 %
<b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 .....	<b>15</b>	86.45 %
<b>16a 33 1/3% support test - 2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2024.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	<b>Total annual distributions.</b> Add lines 1 through 5.	<b>6</b>
<b>7</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>7</b>
<b>8</b>	Distributable amount for 2025 from Section C, line 6	<b>8</b>
<b>9</b>	Line 7 amount divided by line 8 amount	<b>9</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2025</b>	<b>(iii) Distributable Amount for 2025</b>
<b>1</b> Distributable amount for 2025 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2025			
<b>a</b> From 2020			
<b>b</b> From 2021			
<b>c</b> From 2022			
<b>d</b> From 2023			
<b>e</b> From 2024			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2025 distributable amount			
<b>i</b> Carryover from 2020 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2025 from Section D, line 6: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2025 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2026. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2021			
<b>b</b> Excess from 2022			
<b>c</b> Excess from 2023			
<b>d</b> Excess from 2024			
<b>e</b> Excess from 2025			

Schedule A (Form 990) 2025

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

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

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

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

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

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

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes     No

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

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

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

Yes     No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,688.	3,620.	5,068.
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,068.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	739,590.
(3) LEASE PAYABLE	142,130.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	881,720.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	56,426,807.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>	-179,122.
	<b>b</b> Donated services and use of facilities	<b>2b</b>	
	<b>c</b> Recoveries of prior year grants	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>	
	<b>e</b> Add lines 2a through 2d	<b>2e</b>	-179,122.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	56,605,929.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	53,906.
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	
	<b>c</b> Add lines 4a and 4b	<b>4c</b>	53,906.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	56,659,835.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	46,178,770.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities	<b>2a</b>	
	<b>b</b> Prior year adjustments	<b>2b</b>	
	<b>c</b> Other losses	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>	
	<b>e</b> Add lines 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	46,178,770.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	53,906.
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	
	<b>c</b> Add lines 4a and 4b	<b>4c</b>	53,906.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	46,232,676.

**Part XIII Supplemental Information**

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 RETURNS OF ORGANIZATIONS EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.





**Part 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)
		AUSTRALIA	DEVELOPING BRAIN-TARGETED AAVS USING HUMAN BLOOD-BRAIN BARRIER	201,138.	WIRE TRANSFER	0.		
		BELGIUM	BRAIN-PENETRANT COMPLEMENT BLOCKING VHHS TO REDUCE NEURO-INFLAMMATION IN	166,750.	WIRE TRANSFER	0.		
		BELGIUM	PRECLINICAL ANALYSIS OF SYNAPTOGYRIN-3 OLIGONUCLEOTIDES TO TARGET TAUOPATHY	201,250.	WIRE TRANSFER	0.		
		BELGIUM	BAC: THE 100-PLUS STUDY BRAIN COHORT: IDENTIFYING MOLECULAR DETERMINANTS OF	287,500.	WIRE TRANSFER	0.		
		CANADA	UNRAVELLING PRECISION HORMONE THERAPY USING MENOPAUSE AND HORMONE THERAPY TYPE ACROSS	201,250.	WIRE TRANSFER	0.		
		CANADA	ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING	7,763.	WIRE TRANSFER	0.		
		CANADA	ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING	47,115.	WIRE TRANSFER	0.		
		CANADA	REFERENCE INTERVALS FOR PLASMA P-TAU-217 IN THE CANADIAN POPULATION	57,500.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 19

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CANADA	APOE CONSORTIUM: APOE AND IMMUNE CHECKPOINT REGULATION DURING AGING	298,414.	WIRE TRANSFER	0.		
		FINLAND	NEUROINFLAMMATION AT THE CHOROID PLEXUS IN ALZHEIMER'S DISEASE	23,000.	WIRE TRANSFER	0.		
		GERMANY	CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES OF THE SYNAPTIC BLOOD MARKER	111,780.	WIRE TRANSFER	0.		
		GERMANY	CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES OF THE SYNAPTIC BLOOD MARKER	34,500.	WIRE TRANSFER	0.		
		ISRAEL	ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING	7,763.	WIRE TRANSFER	0.		
		NETHERLANDS	UNDERSTANDING THE DYNAMIC LIPID-IMMUNOMETABOLOME OF PROTECTIVE AND	201,250.	WIRE TRANSFER	0.		
		NORWAY	ELUCIDATING MECHANISMS DRIVING THE COMPROMISED BALANCE BETWEEN	108,000.	WIRE TRANSFER	0.		
		SINGAPORE	MULTIDIMENSIONAL PROFILING OF TREM2-MUTATED OR APOE4-MUTATED	201,250.	WIRE TRANSFER	0.		
		SWEDEN	ELUCIDATING MECHANISMS DRIVING THE COMPROMISED BALANCE BETWEEN	90,620.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SWEDEN	CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY ACROSS THE ALZHEIMER'S	201,250.	WIRE TRANSFER	0.		
		SWEDEN	UNDERSTANDING AMYLOID PATHOLOGY - MULTIOMIC ACTIVITY IMAGING OF PLAQUE FORMATION	84,004.	WIRE TRANSFER	0.		
		UNITED KINGDOM	BRAIN-PENETRANT COMPLEMENT BLOCKING VHHS TO REDUCE NEURO-INFLAMMATION IN	33,638.	WIRE TRANSFER	0.		
		UNITED KINGDOM	SCALING THE DIVIDE IN ALZHEIMER'S DISEASE: AN INTEGRATED MOLECULAR, CELLULAR	201,199.	WIRE TRANSFER	0.		
		UNITED KINGDOM	USING LONG-READ SEQUENCING TO INVESTIGATE THE MAPT LOCUS AND TRANSCRIPTS	201,250.	WIRE TRANSFER	0.		
		UNITED KINGDOM	CELLULAR VULNERABILITY TO PATHOLOGICAL TAU PROTEIN ACCUMULATION	229,770.	WIRE TRANSFER	0.		
		UNITED KINGDOM	INVESTIGATING THE SERIAL PATHOLOGIES RELATED TO PLASMA BIOMARKERS IN	197,083.	WIRE TRANSFER	0.		
		UNITED KINGDOM	UNDERSTANDING AMYLOID PATHOLOGY - MULTIOMIC ACTIVITY IMAGING OF PLAQUE FORMATION	116,107.	WIRE TRANSFER	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE RESEARCH LEADERSHIP GROUP REVIEWS EACH PROJECT FOR FIT WITH THE CUREALZ RESEARCH PORTFOLIO, SCIENTIFIC INTEGRITY, AND VALUE TO THE SEARCH FOR A CURE FOR ALZHEIMER'S DISEASE. ALL FUNDED RESEARCHERS MAY BE ASKED TO REVIEW OCCASIONAL PROPOSALS ON A TWO-WEEK TIMELINE AS A CONDITION OF RECEIVING FUNDING. THE RESEARCH COMMITTEE OF THE BOARD OF DIRECTORS PROVIDES A FINAL REVIEW TO ENSURE ALL PROCEDURES HAVE BEEN FOLLOWED AND THAT THE PROJECT SERVES THE ORGANIZATION'S MISSION TO FUND RESEARCH ACCELERATING BENEFITS TO CURRENT AND POTENTIAL ALZHEIMER'S PATIENTS.

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

**PART II, COLUMN (D):**

REGION: AUSTRALIA

(D) PURPOSE OF GRANT: DEVELOPING BRAIN-TARGETED AAVS USING HUMAN BLOOD-BRAIN BARRIER RECEPTORS

REGION: BELGIUM

(D) PURPOSE OF GRANT: BRAIN-PENETRANT COMPLEMENT BLOCKING VHHS TO REDUCE NEURO-INFLAMMATION IN ALZHEIMER'S DISEASE

REGION: BELGIUM

(D) PURPOSE OF GRANT: BAC: THE 100-PLUS STUDY BRAIN COHORT: IDENTIFYING MOLECULAR DETERMINANTS OF RESISTANCE, RESILIENCE AND EARLY COGNITIVE DECLINE IN THE OLDEST-OLD

REGION: CANADA

(D) PURPOSE OF GRANT: UNRAVELLING PRECISION HORMONE THERAPY USING MENOPAUSE AND HORMONE THERAPY TYPE ACROSS APOE GENOTYPE

REGION: CANADA

(D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING AZAPEPTIDE (AZP) TRACER

REGION: CANADA

(D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING AZAPEPTIDE (AZP) TRACER

REGION: GERMANY

(D) PURPOSE OF GRANT: CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES OF THE SYNAPTIC BLOOD MARKER -SYNUCLEIN DURING AD PATHOGENESIS AND IMPROVEMENT OF THE MEASUREMENT PROCEDURE

REGION: GERMANY

(D) PURPOSE OF GRANT: CHARACTERIZATION OF THE LONGITUDINAL TRAJECTORIES OF THE SYNAPTIC BLOOD MARKER -SYNUCLEIN DURING AD PATHOGENESIS AND IMPROVEMENT OF THE MEASUREMENT PROCEDURE

**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: ISRAEL

(D) PURPOSE OF GRANT: ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING AZAPEPTIDE (AZP) TRACER

REGION: NETHERLANDS

(D) PURPOSE OF GRANT: UNDERSTANDING THE DYNAMIC LIPID-IMMUNOMETABOLOME OF PROTECTIVE AND RISK ALZHEIMER MICROGLIA

REGION: NORWAY

(D) PURPOSE OF GRANT: ELUCIDATING MECHANISMS DRIVING THE COMPROMISED BALANCE BETWEEN MITOPHAGY AND CGAS-STING-INITIATED INFLAMMATION TOWARDS A TREATMENT FOR ALZHEIMER'S DISEASE

REGION: SINGAPORE

(D) PURPOSE OF GRANT: MULTIDIMENSIONAL PROFILING OF TREM2-MUTATED OR APOE4-MUTATED MICROGLIA IN HUMAN BRAIN ORGANOIDS TO UNDERSTAND DYSREGULATED MICROGLIA NEURONAL CROSSTALK IN AD

REGION: SWEDEN

(D) PURPOSE OF GRANT: ELUCIDATING MECHANISMS DRIVING THE COMPROMISED BALANCE BETWEEN MITOPHAGY AND CGAS-STING-INITIATED INFLAMMATION TOWARDS A TREATMENT FOR ALZHEIMER'S DISEASE

REGION: SWEDEN

(D) PURPOSE OF GRANT: CHARACTERIZATION OF TAU PATHOLOGY HETEROGENEITY ACROSS THE ALZHEIMER'S DISEASE SPECTRUM

REGION: SWEDEN

(D) PURPOSE OF GRANT: UNDERSTANDING AMYLOID PATHOLOGY - MULTIOMIC ACTIVITY IMAGING OF PLAQUE FORMATION DYNAMICS (AMYPAP)

REGION: UNITED KINGDOM

(D) PURPOSE OF GRANT: BRAIN-PENETRANT COMPLEMENT BLOCKING VHHS TO REDUCE NEURO-INFLAMMATION IN ALZHEIMER'S DISEASE

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: USING LONG-READ SEQUENCING TO INVESTIGATE THE MAPT LOCUS AND TRANSCRIPTS IN NEURODEGENERATION

REGION: UNITED KINGDOM

(D) PURPOSE OF GRANT: CELLULAR VULNERABILITY TO PATHOLOGICAL TAU PROTEIN ACCUMULATION IN ALZHEIMER'S DISEASE

REGION: UNITED KINGDOM

(D) PURPOSE OF GRANT: INVESTIGATING THE SERIAL PATHOLOGIES RELATED TO PLASMA BIOMARKERS IN NLFTAUM/H MICE; A NEW MOUSE MODEL FEATURING NEUROFIBRILLARY TANGLES AS A RESULT OF RISING AMYLOID WITHOUT MAPT MUTATIONS

REGION: UNITED KINGDOM

**Part V Supplemental Information**

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

(D) PURPOSE OF GRANT: UNDERSTANDING AMYLOID PATHOLOGY - MULTIOMIC  
ACTIVITY IMAGING OF PLAQUE FORMATION DYNAMICS (AMYMAP)

Lined area for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FISHER ISLAND GOLF (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	430,640.		430,640.
	2	Less: Contributions	321,940.		321,940.
	3	Gross income (line 1 minus line 2)	108,700.		108,700.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	62,400.		62,400.
	7	Food and beverages	7,664.		7,664.
	8	Entertainment			
	9	Other direct expenses	25,288.		25,288.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			95,352.
11	Net income summary. Subtract line 10 from line 3, column (d)			13,348.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC - 1120 15TH STREET, CJ3301 - AUGUSTA, GA 30912	58-1418202	501 (C)(3)	201,250.	0.			THE IMPACT OF SOLUBLE DIETARY FIBER ON TAU-MEDIATED NEURODEGENERATION IN A
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501 (C)(3)	138,000.	0.			DECIPHER THE ASTROCYTE CELL-SURFACE PROTEOME IN ALZHEIMER'S DISEASE
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501 (C)(3)	201,250.	0.			INTEGRATING SINGLE-CELL GENOMICS FOR PATHWAYS TO PROTECTION AND RESILIENCE AGAINST ALZHEIMER'S
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02215	04-2774441	501 (C)(3)	264,500.	0.			BEE: NEUROINFLAMMATION AT THE CHOROID PLEXUS IN ALZHEIMER'S DISEASE (SUPPLEMENT)
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02215	04-2774441	501 (C)(3)	57,500.	0.			TRACKING INFLAMMATION AND REPAIR AT THE CHOROID PLEXUS IN ALZHEIMER'S DISEASE
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02215	04-2774441	501 (C)(3)	344,528.	0.			NIC: EFFECTS OF PERIPHERAL INFLAMMATION ON MYELOID CELL FUNCTION IN ALZHEIMER'S DISEASE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 54.

**3** Enter total number of other organizations listed in the line 1 table 0.

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

**Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02215	04-2774441	501 (C)(3)	80,500.	0.			HOW BODY-BRAIN INFLAMMATORY SIGNALS VIA BORDER MACROPHAGES ALTER THE NEUROIMMUNE LANDSCAPE
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501 (C)(3)	575,000.	0.			APOE4 ACCELERATES CD8 EXHAUSTION VIA GLUCOCORTICOID SIGNALING IN ALZHEIMER'S FEMALE
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501 (C)(3)	431,250.	0.			A NEW MODEL OF MICROGLIA GENETIC PERTURBATION IN VIVO TO SCREEN ALL RISK FACTORS ASSOCIATED WITH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501 (C)(3)	201,250.	0.			VIRAL INFECTIONS AND ALZHEIMER'S DISEASE RISK IN WOMEN
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501 (C)(3)	228,900.	0.			DO CLASSICAL COMPLEMENT ACTIVATION AND THE ROUTE OF ADMINISTRATION OF ANTI-AMYLOID ANTIBODIES
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02215	04-2312909	501 (C)(3)	201,234.	0.			T CELL MODULATION OF MICROGLIA TO TREAT ALZHEIMER'S DISEASE
BURKE NEUROLOGICAL INSTITUTE 785 MAMARONECK AVE WHITE PLAINS, NY 10605-2523	13-3434924	501 (C)(3)	173,007.	0.			2-DEOXYGLUCOSE AND ITS ANALOGS AS NOVEL THERAPEUTICS TO BUILD RESILIENCE TO ALZHEIMER'S
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501 (C)(3)	201,250.	0.			INTERPRETING ALZHEIMER'S DISEASE-ASSOCIATED GENETIC VARIATION AT ENHANCER REGIONS
COLUMBIA UNIVERSITY 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,250.	0.			SEMAPHORIN REGULATION OF DISEASE-ASSOCIATED MICROGLIA IN ALZHEIMER'S DISEASE

Schedule I (Form 990)

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

(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
COLUMBIA UNIVERSITY 630 WEST 168TH STREET, BOX 49 NEW YORK, NY 10032	13-5598093	501 (C)(3)	201,250.	0.			NONCODING TRANSLATION FEEDBACK LOOP IN ALZHEIMER'S DISEASE
DUKE UNIVERSITY SCHOOL OF MEDICINE 324 BLACKWELL STREET, SUITE 900 DURHAM, NC 27701	56-2247203	501 (C)(3)	204,656.	0.			CONTRIBUTIONS OF IL34 SIGNALING TO MICROGLIAL FUNCTION AND ALZHEIMER'S PATHOLOGY IN MICE
DUKE UNIVERSITY SCHOOL OF MEDICINE 324 BLACKWELL STREET, SUITE 900 DURHAM, NC 27701	56-2247203	501 (C)(3)	320,033.	0.			UTILITY OF BLOOD BASED MARKERS FOR PREDICTING ARIA AND ITS COURSE IN MCI AND AD SUBJECTS
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR; 1599-001-1BA - ATLANTA, GA 30322-4250	58-0566256	501 (C)(3)	201,250.	0.			MITOCHONDRIAL ALZHEIMER'S RISK FACTORS CONTROL APOE EXPRESSION AND SECRETION
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C)(3)	258,573.	0.			DEVELOPING CELL-TYPE-SPECIFIC ENHANCER-AAV VECTORS TO CHARACTERIZE AND RESTORE
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C)(3)	201,250.	0.			DECODING PROTEIN TRANSPORT ACROSS THE BLOOD-BRAIN BARRIER TO ENABLE NEW ALZHEIMER'S
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C)(3)	258,615.	0.			DECODING PROTEIN TRANSPORT ACROSS THE BLOOD-BRAIN BARRIER TO ENABLE NEW ALZHEIMER'S
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501 (C)(3)	201,250.	0.			DEVELOPING CELL-TYPE-SPECIFIC ENHANCER-AAV VECTORS TO CHARACTERIZE AND RESTORE
HOUSTON METHODIST RESEARCH INSTITUTE (HOUSTON METHODIST HOSPITAL FOUNDATION) - P.O. BOX 4384 - HOUSTON, TX 77210	76-0094743	501 (C)(3)	201,167.	0.			A MUTI-MODALITY STUDY ON LIPID MOLECULAR BASIS OF OBESITY AND ITS ROLES IN REGULATING ALZHEIMER'S

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON METHODIST RESEARCH INSTITUTE (HOUSTON METHODIST HOSPITAL FOUNDATION) - P.O. BOX 4384 - HOUSTON, TX 77210	76-0094743	501 (C)(3)	57,500.	0.			CANCER-DERIVED EXTRACELLULAR VESICLE MICRORNAS AS SYSTEMIC MODULATORS OF ALZHEIMER'S
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,235.	0.			RESTORING BRAIN COLLECTION IN NEW YORK CITY THROUGH THE MOUNT SINAI NEUROPATHOLOGY
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	150,786.	0.			ALZHEIMER'S DISEASE PET IMAGING OF NONFIBRILLAR AMYLOID BETA AGGREGATES USING AZAPEPTIDE (AZP)
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	230,000.	0.			INVESTIGATING THE PATHOGENETIC ROLE OF MICROGLIAL MEF2C IN ALZHEIMER'S DISEASE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	80,500.	0.			COMBINATORIAL ROLES OF EED AND PICALM IN MICROGLIAL CLEARANCE PATHWAYS IN ALZHEIMER'S
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			INVESTIGATING MEF2C TRANSCRIPTION FACTOR AS THERAPEUTIC TARGET TO REPROGRAM PATHOLOGICAL
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			INVESTIGATING THE ASSOCIATION BETWEEN CLONAL HEMATOPOIESIS AND ALZHEIMER'S DISEASE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	115,000.	0.			CROSS-SPECIES ANALYSIS OF MICROGLIAL STATES IN HETEROGENEOUS ALZHEIMER'S DISEASE PROGRESSION
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1075 - NEW YORK, NY 10029	13-6171197	501 (C)(3)	201,250.	0.			ROLE OF PSYCHOSOCIAL STRESS IN ALZHEIMER'S DISEASE

Schedule I (Form 990)

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

(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
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, MRB SUITE 117 BALTIMORE, MD 21205	52-0595110	501 (C)(3)	201,250.	0.			A TEMPORALLY ALIGNED MULTIMODAL FRAMEWORK FOR INDIVIDUALIZED ALZHEIMER'S DISEASE RISK
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, MRB SUITE 117 BALTIMORE, MD 21205	52-0595110	501 (C)(3)	143,697.	0.			BRIDGE FUNDING FOR A YOUNGER DIVERSE HUMAN BRAIN BANK TO INVESTIGATE EARLY AD PATHOLOGY
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY, MRB SUITE 117 BALTIMORE, MD 21205	52-0595110	501 (C)(3)	201,250.	0.			FROM MOLECULAR HETEROGENEITY TO PREDICTIVE MEDICINE: TRANSFORMING
MARYLAND MEDICAL LEGAL FOUNDATION 900 WEST BALTIMORE STREET BALTIMORE, MD 21223	52-0786068	501 (C)(3)	57,500.	0.			BRIDGE FUNDING FOR A YOUNGER DIVERSE HUMAN BRAIN BANK TO INVESTIGATE EARLY AD PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	287,500.	0.			BEE: HUMAN 3D NEURO-VASCULAR INTERACTION AND MENINGEAL LYMPHATICS MODELS WITH
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540 BOSTON, MA 02114	04-1564655	501 (C)(3)	4,025.	0.			ROLE OF CD8+ T CELL-GLIAL INTERACTIONS IN MEDIATING ALZHEIMER'S DISEASE PATHOGENESIS (SUPPLEMENT)
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			RIN3 AND BIN1 INTERACTION CONNECTS ENDOSOMAL PATHOLOGY WITH AMYLOID PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			TAU AND B-AMYLOID ARE INNATE IMMUNE ANTIMICROBIAL PEPTIDES IN THE BRAIN
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			PRECISION GENE THERAPY TARGETING MICROGLIA IN ALZHEIMER'S DISEASE

Schedule I (Form 990)

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

(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.			ENGINEERING A HUMAN REGION-SPECIFIC SYSTEM TO PROBE APOE-LINKED CELLULAR VULNERABILITY
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	100,625.	0.			AN ENGINEERED PLATFORM TO MODEL THE YOLK SAC-BRAIN INTERACTIONS IN ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	258,750.	0.			EXPLORING NOVEL DRUG CANDIDATES FOR ALZHEIMER'S DISEASE THROUGH INTEGRATIVE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			EXPLORING NOVEL DRUG CANDIDATES FOR ALZHEIMER'S DISEASE THROUGH INTEGRATIVE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	201,250.	0.			CENTENARIAN MICROGLIA REVEAL A NEPRILYSIN-DEPENDENT MECHANISM OF RESILIENCE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	230,000.	0.			ADAM10 CLEAVAGE OF APP: PHYSIOLOGICAL FUNCTION IN BRAIN AND THERAPEUTIC POTENTIAL FOR ALZHEIMER'S
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	1,955,000.	0.			THE CUREALZ ALZHEIMER'S GENOME PROJECT
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	100,600.	0.			ELUCIDATING THE INTERPLAY BETWEEN AD GENETIC VARIANTS USING HUMAN IPSC-DERIVED
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST, SUITE 540, BOSTON, MA 02114	04-1564655	501 (C)(3)	100,625.	0.			CHARACTERIZATION AND OPTIMIZATION OF CNS-PENETRANT HDAC11-SELECTIVE

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

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MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	258,750.	0.			ALZHEIMER'S DISEASE TAU CONSORTIUM: TOXIC CONSEQUENCES OF EARLY TAU SEEDING (CFSF SUPPLEMENT)
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	252,076.	0.			MENOPAUSE AND RELATED MIDLIFE RISK FACTORS AND THEIR IMPACT ON PATHOLOGY AND COGNITION - THE
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	201,250.	0.			IDENTIFYING SEX-AWARE X-CHROMOSOME TARGETS FOR PRECLINICAL ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	300,000.	0.			UNDERSTANDING HUMAN BRAIN RESILIENCE TO ALZHEIMER'S PATHOLOGY
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	8,533.	0.			ALZHEIMER'S DISEASE TAU CONSORTIUM: TOXIC CONSEQUENCES OF EARLY TAU SEEDING (SUPPLEMENT)
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	201,250.	0.			CIRCUIT DYNAMICS IN APOE4 MICE
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	201,250.	0.			INTERNEURON THERAPY FOR ALZHEIMER'S DISEASE
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	201,250.	0.			DEVELOPMENT OF A FLAP-TARGETED NEUROIMMUNE PET TRACER FOR IMAGING MICROGLIA IN AD
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C)(3)	200,416.	0.			CIRCADIAN PERTURBATIONS OF THE VASCULOME AND MICROGLIOME IN ALZHEIMER'S DISEASE

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	287,477.	0.			BAC: INVESTIGATING LIPIDOMIC PERTURBATIONS IN THE CSF WITH AGE AND ALZHEIMER'S DISEASE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	9,752.	0.			DISSECTING MICROGLIAL STATE DYNAMICS IN ALZHEIMER'S DISEASE (SUPPLEMENT)
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-1865	59-3337028	501 (C)(3)	201,250.	0.			LINKING SLEEP DYSFUNCTION TO TAU-RELATED DEGENERATION ACROSS AD VARIANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-1865	59-3337028	501 (C)(3)	201,250.	0.			THE MULTI-OMIC ROADMAP TO NEURONAL SENESCENCE IN ALZHEIMER'S DISEASE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-1865	59-3337028	501 (C)(3)	230,000.	0.			UNRAVELING MIXED PATHOLOGY AND ITS IMPACT ON THE PROTEOME IN ALZHEIMER'S DISEASE
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-1865	59-3337028	501 (C)(3)	201,250.	0.			EVALUATING THE CONTRIBUTION OF TDP-43 DYSFUNCTION AND CRYPTIC MIS-SPLICING TO AD
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224-1865	59-3337028	501 (C)(3)	201,250.	0.			ELUCIDATING THE PROTECTIVE EFFECTS OF APOE2 IN THE PRESENCE OF APOE 4 GENE ALLELE IN
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501 (C)(3)	201,250.	0.			BRIDGING THE GAP: SEX-SPECIFIC DRIVERS OF SENESCENCE UNDERLYING NEURODEGENERATION
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	13-1924236	501 (C)(3)	201,250.	0.			DEVELOPMENT AND MECHANISM OF AUTOPHAGY ACTIVATORS FOR TREATMENT OF ALZHEIMER'S DISEASE

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NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS & STROKE - 900 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	GOVERNMENT	287,673.	0.			BEE: HIGH-RESOLUTION MRI OF THE BRAIN BORDERS
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS & STROKE - 900 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	GOVERNMENT	80,500.	0.			DYNAMIC INVESTIGATION OF LYMPHATIC PATHWAY INTERCONNECTIONS FOR CEREBROSPINAL FLUID
SEATTLE NEUROSOUND SOLUTIONS 1126 38TH AVENUE EAST SEATTLE, WA 98112	88-4199640		175,000.	0.			CONTINUOUS MONITORING AND ENHANCEMENT OF GLYMPHATIC FLOW IN HUMAN SLEEP
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS, 7TH FLO NEW YORK, NY 10013	80-0631734	501 (C)(3)	86,250.	0.			CROSS-SPECIES ANALYSIS OF MICROGLIAL STATES IN HETEROGENEOUS ALZHEIMER'S DISEASE PROGRESSION
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	201,250.	0.			MIDLIFE AUTOANTIBODY PROFILES AND THE RISK OF LATE-ONSET ALZHEIMER'S DISEASE IN WOMEN
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	210,962.	0.			MECHANISMS OF ASTROCYTE-DERIVED LIPID TOXICITY IN ALZHEIMER'S DISEASE
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	287,500.	0.			NIC: ASTROCYTE INFLAMMATORY CONTRIBUTIONS TO AD
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	80,500.	0.			ASTROCYTE NETWORK STRUCTURE AND FUNCTION IN ALZHEIMER'S DISEASE
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE - NEW YORK, NY 10016	13-5562308	501 (C)(3)	201,250.	0.			VIRAL INFECTIONS AND ALZHEIMER'S DISEASE RISK IN WOMEN

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NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE, ABBOTT 141 CHICAGO, IL 60611	36-2167817	501 (C)(3)	201,250.	0.			SEX-SPECIFIC MECHANISMS OF NEUROINFLAMMATION IN THE ALZHEIMER'S DISEASE HYPOTHALAMUS
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE, ABBOTT 141 CHICAGO, IL 60611	36-2167817	501 (C)(3)	201,250.	0.			ROLE OF TAU IN PRESYNAPTIC DYSFUNCTION DURING THE CELLULAR PHASE OF ALZHEIMER'S DISEASE
NORTHWESTERN UNIVERSITY 710 N. LAKE SHORE DRIVE, ABBOTT 141 CHICAGO, IL 60611	36-2167817	501 (C)(3)	57,500.	0.			ROLE OF ANNEXIN A6-MEDIATED MEMBRANE REPAIR IN ALZHEIMER'S PATHOLOGY
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE., 3RD FLOOR - CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	38,944.	0.			PRECISION MEDICINE PREDICTION MODEL FOR ALZHEIMER'S DISEASE USING COOPERATIVE LEARNING
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE., 3RD FLOOR - CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	230,000.	0.			MOVING THE CURE ALZHEIMER GENOME PROJECT BEYOND SIMPLE ASSOCIATIONS: INTEGRATING FUNCTIONAL
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE., 3RD FLOOR - CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	80,500.	0.			FBAT-EQUIVALENCE TESTING IN THE PRESENCE OF MODEL UNCERTAINTY FOR THE CURE ALZHEIMERS GENOME PROJECT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE., 3RD FLOOR - CAMBRIDGE, MA 02138	04-2103580	501 (C)(3)	201,250.	0.			MENINGEAL TREGS IN INDIVIDUALS WITH VS WITHOUT ALZHEIMER'S DISEASE
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	201,250.	0.			DYSREGULATION OF SIGNALING ON POST SYNAPTIC DENSITY SCAFFOLDS IN ALZHEIMER'S
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	150,937.	0.			THE ROLE OF PLANAR CELL POLARITY PROTEINS IN TAU OLIGOMER-INDUCED SYNAPSE DEGENERATION

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REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	201,250.	0.			SON-DEPENDENT NUCLEAR SPECKLE REJUVENATION: A NOVEL PROTEOSTASIS-BASED THERAPEUTIC STRATEGY FOR
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	287,500.	0.			BEE: HOW DOES VASCULAR FATTY ACID METABOLISM REGULATE THE PATHOPHYSIOLOGY OF
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	80,500.	0.			MECHANISMS REGULATING NEUROVASCULAR FUNCTION IN ALZHEIMER'S DISEASE
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	287,500.	0.			NIC: MECHANISMS MEDIATING MICROGLIA SENSING OF PERIPHERAL INFLAMMATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0934, - LA JOLLA, CA 92093-0636	95-2872494	501 (C)(3)	230,000.	0.			APP GENE DOSE-MEDIATED DYSREGULATION OF THE ENDOLYSOSOMAL NETWORK ACTS COMPROMISE SYNAPTIC
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501 (C)(3)	92,000.	0.			DECIPHER THE ASTROCYTE CELL-SURFACE PROTEOME IN ALZHEIMER'S DISEASE
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	198,253.	0.			BMP LIPID METABOLISM AS A THERAPEUTIC TARGET FOR LYSOSOMAL FUNCTION AND ALZHEIMER'S DISEASE
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	198,370.	0.			OLIGODENDROGLIAL DYNAMICS AND MYELINATION IN ALZHEIMER'S DISEASE
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	94-1156365	501 (C)(3)	287,500.	0.			BAC: CHOROID PLEXUS AGING AND ALZHEIMER'S DISEASE

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STATE OF MARYLAND -UNIVERSITY OF MARYLAND, BALTIMORE - P.O. BOX 41428 - BALTIMORE, MD 21203-6428	52-6002033	501 (C)(3)	171,037.	0.			EXPANDING POSTMORTEM BRAIN RESOURCES FOR ALZHEIMER'S DISEASE IN DIVERSE POPULATIONS
THE BROAD INSTITUTE, INC 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501 (C)(3)	230,000.	0.			INVESTIGATING ALZHEIMER'S DISEASE-ASSOCIATED MEMBRANE BIOLOGY IN MICROGLIA AND NEURONS
THE MCLEAN HOSPITAL CORPORATION 115 MILL STREET BELMONT, MA 02478	04-2697981	501 (C)(3)	327,501.	0.			EXPANDING POSTMORTEM BRAIN RESOURCES FOR ALZHEIMER'S DISEASE IN DIVERSE POPULATIONS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-3067788	501 (C)(3)	201,250.	0.			NEURONAL MECHANISMS DRIVING SYNAPSE LOSS IN ALZHEIMER'S DISEASE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-3067788	501 (C)(3)	201,250.	0.			PROBING THE MOLECULAR UNDERPINNINGS OF HOW G PROTEIN-COUPLED RECEPTOR ADGRG1 MEDIATES
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-3067788	501 (C)(3)	80,500.	0.			DEFINE ADGRG1-MEDIATED PROTECTIVE MICROGLIAL RESPONSE TO TAU TANGLES IN ALZHEIMER'S DISEASE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-3067788	501 (C)(3)	201,250.	0.			ROLE OF PLATELET-DERIVED FACTORS IN AMELIORATING ALZHEIMER'S DISEASE PATHOLOGY
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501 (C)(3)	201,250.	0.			THE ROLE OF ASTROCYTE-SECRETED IGFBP2 IN THE PROGRESSION OF ALZHEIMER'S DISEASE
TRUSTEES OF TUFTS COLLEGE DBA TUFTS UNIVERSITY - 80 GEORGE ST - MEDFORD, MA 02155	04-2103634	501 (C)(3)	100,625.	0.			ELUCIDATING THE INTERPLAY BETWEEN AD GENETIC VARIANTS USING HUMAN IPSC-DERIVED

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE, SOUTH ROOM 251 - BIRMINGHAM, AL 35233	63-6005396	501 (C)(3)	271,375.	0.			EXPANDING DEEP SOUTH INCLUSION IN THE UAB ADCRC NEUROPATHOLOGY CORE BRAIN BANK
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-3067788	501 (C)(3)	201,250.	0.			DECIPHERING PHOSPHORYLATION-DEPENDENT TAU ENVELOPE DYSFUNCTION TO PREVENT ALZHEIMER'S
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-3067788	501 (C)(3)	286,466.	0.			NIC: IMPACT OF AD POLYGENIC RISK SCORE ON MICROGLIAL RESPONSE TO PERIPHERAL INFLAMMATION
UNIVERSITY OF CALIFORNIA, IRVINE 228 ALDRICH HALL IRVINE, CA 92697	95-2226406	501 (C)(3)	287,490.	0.			NIC: EXAMINING THE IMPACT OF PERIPHERALLY DERIVED HUMAN MACROPHAGES IN AD PATHOGENESIS
UNIVERSITY OF CALIFORNIA, IRVINE 228 ALDRICH HALL IRVINE, CA 92697	95-2226406	501 (C)(3)	230,000.	0.			ENGINEERED CAR-MACROPHAGES TO CLEAR TAU
UNIVERSITY OF CALIFORNIA, IRVINE 228 ALDRICH HALL IRVINE, CA 92697	95-2226406	501 (C)(3)	402,492.	0.			PROTEOMIC SIGNATURES OF CEREBROVASCULAR NEUROPATHOLOGY IN DOWN SYNDROME WITH ALZHEIMER
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10920 WILSHIRE BOULEVARD, SUITE 600 - LOS ANGELES, CA 90024	95-6006143	501 (C)(3)	191,463.	0.			NOVEL AI DECODES AGING NEURONS
UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501 (C)(3)	78,090.	0.			ASSESSING THE ROLE OF APOE IN GLIAL LIPID DROPLET METABOLISM AND FUNCTION
UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501 (C)(3)	200,187.	0.			LOWERING MICROGLIAL LIPID BURDEN VIA PLIN2 MODULATION IN ALZHEIMER'S DISEASE

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UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL - 55 LAKE AVENUE, NORTH - WORCESTER, MA 01655	04-3167352	501 (C)(3)	200,568.	0.			VENTRICULAR EPENDYMAL CELLS: A NOVEL NEURAL-IMMUNE SIGNALING AXIS DURING AGING AND
UNIVERSITY OF MIAMI P.O. BOX 405803 ATLANTA, GA 30384	59-0624458	501 (C)(3)	24,589.	0.			2-DEOXYGLUCOSE AND ITS ANALOGS AS NOVEL THERAPEUTICS TO BUILD RESILIENCE TO ALZHEIMER'S
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1287	38-6006309	501 (C)(3)	398,521.	0.			UTILIZING HETEROGENEOUS MOUSE MODELS TO DISCOVER MECHANISMS UNDERLYING CALORIC RESTRICTION (CR)
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1287	38-6006309	501 (C)(3)	201,251.	0.			MORPHOLOGICAL, ELECTROPHYSIOLOGICAL, AND TRANSCRIPTIONAL CHARACTERIZATION OF
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1287	38-6006309	501 (C)(3)	402,500.	0.			NON-INVASIVE MODULATION OF MICROGLIA GENE EXPRESSION USING PERIPHERALLY ADMINISTERED
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1287	38-6006309	501 (C)(3)	103,168.	0.			NON-INVASIVE DELIVERY OF IL-2 TO THE CNS FOR LOCAL EXPANSION OF TREGS AND PREVENTION OF
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, 5TH FLOOR FRANKLIN BUILDING - PHILADELPHIA, PA 19104-620	23-1352685	501 (C)(3)	284,678.	0.			APOE CONSORTIUM: CELL AUTONOMOUS ROLES OF PROTECTIVE APOE VARIANTS IN MICROGLIA RESPONDING
UNIVERSITY OF PITTSBURGH 200 S. CRAIG ST., SUITE 230 PITTSBURGH, PA 15260	25-0965591	501 (C)(3)	100,625.	0.			AN ENGINEERED PLATFORM TO MODEL THE YOLK SAC-BRAIN INTERACTIONS IN ALZHEIMER'S DISEASE
UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200 ROCHESTER, NY 14611-3847	16-0743209	501 (C)(3)	287,500.	0.			BEE: DOES SLYM FAILURE COMPROMISE GLYMPHATIC CLEARANCE IN ALZHEIMER'S DISEASE?

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UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE SVC 1039 TAMPA, FL 33620-5800	59-3102112	501 (C)(3)	201,250.	0.			BIN1 IN MICROGLIAL HETEROGENEITY ALONG AD PROGRESSION AND MICROGLIAL FUNCTION
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	95-1642394	501 (C)(3)	57,500.	0.			NEURAL STEM CELL REJUVENATION FOR SYMPTOMATIC ALZHEIMER'S DISEASE
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MSC 7828 - SAN ANTONIO, TX 78229	74-1586031	501 (C)(3)	181,004.	0.			BRIDGING MYELIN AND VASCULAR DEMENTIA: OLIGODENDROCYTE STRESS RESPONSES IN AGEING AND
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MSC 7828 - SAN ANTONIO, TX 78229	74-1586031	501 (C)(3)	201,250.	0.			HOW DO MICROGLIA CONTRIBUTE TO THE SPREAD OF TAU PATHOLOGY IN ALZHEIMER'S DISEASE?
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MSC 7828 - SAN ANTONIO, TX 78229	74-1586031	501 (C)(3)	201,250.	0.			DIGITAL NEUROPATHOLOGY INFRASTRUCTURE FOR PRECISION MEDICINE IN SOUTH TEXAS HISPANIC
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MSC 7828 - SAN ANTONIO, TX 78229	74-1586031	501 (C)(3)	201,250.	0.			COGNITIVELY HEALTHY NONAGENARIANS IN THE CROSS COHORT COLLABORATION (CCC)
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-6002868	501 (C)(3)	230,000.	0.			ENGINEERED CAR-MACROPHAGES TO CLEAR TAU
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C)(3)	201,250.	0.			MICROGLIAL MITOCHONDRIAL DYSFUNCTION AND TAU TOXICITY IN ALZHEIMER'S DISEASE
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C)(3)	201,250.	0.			IMPACT OF DNA DAMAGE-MEDIATED STING ACTIVATION ON MYELIN FUNCTION IN AN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C)(3)	258,750.	0.			THE ROLE OF PLANAR CELL POLARITY PROTEINS IN TAU OLIGOMER-INDUCED SYNAPSE DEGENERATION (CFSF
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C)(3)	201,250.	0.			ELUCIDATING THE ROLE OF EMERGING GENOMIC STRESS SENSORS IN AD
UNIVERSITY OF VIRGINIA 1001 N. EMMETT ST CHARLOTTESVILLE, VA 22904-4195	54-6001796	501 (C)(3)	50,312.	0.			THE ROLE OF PLANAR CELL POLARITY PROTEINS IN TAU OLIGOMER-INDUCED SYNAPSE DEGENERATION
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE BOX 354965 SEATTLE, WA 98105	91-6001537	501 (C)(3)	200,043.	0.			ELUCIDATING THE THERAPEUTIC POTENTIAL OF THE ENDO-LYSOSOME PATHWAY FOR ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			SLEEP REINFORCES HOMEOSTATIC SET-POINTS IN NEURAL ACTIVITY AND MITIGATES
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			APOE CONSORTIUM: INVESTIGATING POTENTIAL CELL AUTONOMOUS NEUROPROTECTION OF APOE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			BAC: IDENTIFYING AGE-RELATED PROTEOMIC CHANGES THAT PREDICT FUTURE ONSET OF
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	182,921.	0.			MAPPING THE X CHROMOSOME MULTI-OME IN ALZHEIMER'S AND PARKINSON'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			DEVELOPMENT OF SMALL MOLECULE INHIBITORS OF CHOLESTEROL 25-HYDROXYLASE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	200,530.	0.			MULTIOMIC AND FUNCTIONAL CHARACTERIZATION OF STREM2 MODIFIERS
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			TARGETING REACTIVE ASTROCYTES AMPK SIGNALING TO SUPPRESS INFLAMMATION IN ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	77,709.	0.			SUPPRESSING NEUROINFLAMMATION WITH A TARGETED PROTEIN DEGRADATION STRATEGY IN A
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			DECIPHERING AND RESTORING COMPUTATIONAL SET-POINTS IN ALZHEIMER'S DISEASE THROUGH SLEEP-ENHANCED
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	80,500.	0.			SLEEP AUGMENTATION REINFORCES NEURAL COMPUTATION, ENHANCES COGNITION, AND MITIGATES
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			ANTIVIRAL CYTOKINE SIGNALING PROMOTES NEURODEGENERATION IN ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	345,000.	0.			BEE: MENINGEAL MAST CELL CONTROL OF CSF DYNAMICS IN HOMEOSTASIS AND ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,212.	0.			NEUROPROTECTIVE T CELL-BASED THERAPY FOR ALZHEIMER'S DISEASE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	124,653.	0.			CHARACTERIZATION OF ALZHEIMER'S DISEASE MOLECULAR BIOMARKER PROFILES THROUGHOUT THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	199,281.	0.			CIRCADIAN DESYNCHRONY, GLIAL DYSFUNCTION, AND ALZHEIMER DISEASE PATHOGENESIS
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	287,500.	0.			BAC: BRAIN REGION AND CELL-TYPE SPECIFIC AGING FROM ACCELERATED TO RESILIENT TRAJECTORIES
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			SPECIFICITY OF T CELL RESPONSES IN AUTOSOMAL DOMINANT ALZHEIMER DISEASE (ADAD)
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	98,083.	0.			NON-INVASIVE DELIVERY OF IL-2 TO THE CNS FOR LOCAL EXPANSION OF TREGS AND PREVENTION OF
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	287,499.	0.			BAC: ESTABLISHING ISOGENIC MODELS OF HUMAN NEURON AGING AND PATHWAYS RELEVANT FOR ALZHEIMER'S
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501 (C)(3)	201,250.	0.			THE JEFFREY L. MORBY PRIZE
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065-4805	13-6094042	501 (C)(3)	80,500.	0.			MICROGLIAL-ASTROCYTIC MECHANISMS OF APOE3 CHRISTCHURCH-MEDIATED RESILIENCE TO TAUOPATHY
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065-4805	13-6094042	501 (C)(3)	402,500.	0.			SEX-BIASED TLR7 SIGNALING IN DEMYELINATION AND ITS INHIBITION BY SMALL MOLECULES
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065-4805	13-6094042	501 (C)(3)	200,532.	0.			HYPERTENSION, TAU AND NEURODEGENERATION

Schedule I (Form 990)



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

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

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

PART I, LINE 2:

THE RESEARCH LEADERSHIP GROUP REVIEWS EACH PROJECT FOR FIT WITH THE CUREALZ RESEARCH PORTFOLIO, SCIENTIFIC INTEGRITY, AND VALUE TO THE SEARCH FOR A CURE FOR ALZHEIMER'S DISEASE. ALL FUNDED RESEARCHERS MAY BE ASKED TO REVIEW OCCASIONAL PROPOSALS ON A TWO-WEEK TIMELINE AS A CONDITION OF RECEIVING FUNDING. THE RESEARCH COMMITTEE OF THE BOARD OF DIRECTORS PROVIDES A FINAL REVIEW TO ENSURE ALL PROCEDURES HAVE BEEN FOLLOWED AND THAT THE PROJECT SERVES THE ORGANIZATION'S MISSION TO FUND RESEARCH ACCELERATING BENEFITS TO CURRENT AND POTENTIAL ALZHEIMER'S PATIENTS.

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 IV Supplemental Information**

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE IMPACT OF SOLUBLE DIETARY FIBER ON TAU-MEDIATED NEURODEGENERATION IN A MOUSE MODEL OF TAUOPATHY

NAME OF ORGANIZATION OR GOVERNMENT: BETH ISRAEL DEACONESS MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATING SINGLE-CELL GENOMICS FOR PATHWAYS TO PROTECTION AND RESILIENCE AGAINST ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON CHILDREN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: HOW BODY-BRAIN INFLAMMATORY SIGNALS VIA BORDER MACROPHAGES ALTER THE NEUROIMMUNE LANDSCAPE AND DRIVE ALZHEIMER'S PATHOLOGY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: APOE4 ACCELERATES CD8 EXHAUSTION VIA GLUCOCORTICOID SIGNALING IN ALZHEIMER'S FEMALE CARRIERS

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

(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: BRIGHAM AND WOMEN'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: DO CLASSICAL COMPLEMENT ACTIVATION AND THE ROUTE OF ADMINISTRATION OF ANTI-AMYLOID ANTIBODIES CONTRIBUTE TO VASCULAR SIDE EFFECTS KNOWN AS ARIA?

NAME OF ORGANIZATION OR GOVERNMENT: BURKE NEUROLOGICAL INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2-DEOXYGLUCOSE AND ITS ANALOGS AS NOVEL THERAPEUTICS TO BUILD RESILIENCE TO ALZHEIMER'S DISEASE

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: GLADSTONE INSTITUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING CELL-TYPE-SPECIFIC ENHANCER-AAV VECTORS TO CHARACTERIZE AND RESTORE AB- AND TAU-DEPENDENT CIRCUIT AND COGNITIVE DEFICITS IN HUMANIZED ALZHEIMER'S MOUSE MODELS (CFSF SUPPLEMENT)

NAME OF ORGANIZATION OR GOVERNMENT: GLADSTONE INSTITUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: DECODING PROTEIN TRANSPORT ACROSS THE BLOOD-BRAIN BARRIER TO ENABLE NEW ALZHEIMER'S THERAPIES

NAME OF ORGANIZATION OR GOVERNMENT: GLADSTONE INSTITUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: DECODING PROTEIN TRANSPORT ACROSS THE BLOOD-BRAIN BARRIER TO ENABLE NEW ALZHEIMER'S THERAPIES (CFSF SUPPLEMENT)

NAME OF ORGANIZATION OR GOVERNMENT: GLADSTONE INSTITUTES

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING CELL-TYPE-SPECIFIC ENHANCER-AAV VECTORS TO CHARACTERIZE AND RESTORE AB- AND TAU-DEPENDENT

**Part IV Supplemental Information**

CIRCUIT AND COGNITIVE DEFICITS IN HUMANIZED ALZHEIMER'S MOUSE MODEL

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSTON METHODIST RESEARCH INSTITUTE (HOUSTON 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:

HOUSTON METHODIST RESEARCH INSTITUTE (HOUSTON METHODIST HOSPITAL FOUNDATION)

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER-DERIVED EXTRACELLULAR VESICLE

MICRORNAS AS SYSTEMIC MODULATORS OF ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING BRAIN COLLECTION IN NEW

YORK CITY THROUGH THE MOUNT SINAI NEUROPATHOLOGY BRAIN BANK

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: ALZHEIMER'S DISEASE PET IMAGING OF

NONFIBRILLAR AMYLOID BETA AGGREGATES USING AZAPEPTIDE (AZP) TRACER

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: INVESTIGATING THE PATHOGENETIC ROLE

OF MICROGLIAL MEF2C IN ALZHEIMER'S DISEASE ACROSS THE LIFESPAN:

DEVELOPMENTAL PRIMING VS. ADULT RESPONSE TO INJURY

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

(H) PURPOSE OF GRANT OR ASSISTANCE: COMBINATORIAL ROLES OF EED AND

PICALM IN MICROGLIAL CLEARANCE PATHWAYS IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

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

FACTOR AS THERAPEUTIC TARGET TO REPROGRAM PATHOLOGICAL MICROGLIAL STATES

IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: A TEMPORALLY ALIGNED MULTIMODAL

FRAMEWORK FOR INDIVIDUALIZED ALZHEIMER'S DISEASE RISK ASSESSMENT AND DEEP

LEARNING-DRIVEN PROGNOSIS

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FROM MOLECULAR HETEROGENEITY TO

PREDICTIVE MEDICINE: TRANSFORMING NEURODEGENERATIVE DISEASE RESEARCH

THROUGH SPATIAL MULTI-OMICS AND INTERPRETABLE AI

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: HUMAN 3D NEURO-VASCULAR

INTERACTION AND MENINGEAL LYMPHATICS MODELS WITH APPLICATION TO

ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGINEERING A HUMAN REGION-SPECIFIC SYSTEM TO PROBE APOE-LINKED CELLULAR VULNERABILITY AND RESILIENCE IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORING NOVEL DRUG CANDIDATES FOR ALZHEIMER'S DISEASE THROUGH INTEGRATIVE PATHWAY ANALYSIS AND VALIDATION IN 3D CELLULAR MODELS (CFSF SUPPLEMENT)

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORING NOVEL DRUG CANDIDATES FOR ALZHEIMER'S DISEASE THROUGH INTEGRATIVE PATHWAY ANALYSIS AND VALIDATION IN 3D CELLULAR MODELS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: CENTENARIAN MICROGLIA REVEAL A NEPRILYSIN-DEPENDENT MECHANISM OF RESILIENCE IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: ADAM10 CLEAVAGE OF APP: PHYSIOLOGICAL FUNCTION IN BRAIN AND THERAPEUTIC POTENTIAL FOR ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: ELUCIDATING THE INTERPLAY BETWEEN AD GENETIC VARIANTS USING HUMAN IPSC-DERIVED MICROGLIA-LIKE CELLS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: CHARACTERIZATION AND OPTIMIZATION 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: MENOPAUSE AND RELATED MIDLIFE RISK FACTORS AND THEIR IMPACT ON PATHOLOGY AND COGNITION - THE WHIMSYAD STUDY

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
(H) PURPOSE OF GRANT OR ASSISTANCE: BAC: INVESTIGATING LIPIDOMIC PERTURBATIONS IN THE CSF WITH AGE AND ALZHEIMER'S DISEASE PROGRESSION: TOWARD MECHANISTIC INSIGHTS AND ACCESSIBLE LIPID BIOMARKERS

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE  
(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATING THE CONTRIBUTION OF TDP-43 DYSFUNCTION AND CRYPTIC MIS-SPLICING TO AD PATHOGENESIS

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC JACKSONVILLE  
(H) PURPOSE OF GRANT OR ASSISTANCE: ELUCIDATING THE PROTECTIVE EFFECTS OF APOE2 IN THE PRESENCE OF APOE 4 GENE ALLELE IN ANIMAL MODELS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS & STROKE  
(H) PURPOSE OF GRANT OR ASSISTANCE: DYNAMIC INVESTIGATION OF LYMPHATIC PATHWAY INTERCONNECTIONS FOR CEREBROSPINAL FLUID CLEARANCE OF THE HUMAN CENTRAL NERVOUS SYSTEM IN VIVO UNDER PHYSIOLOGICAL CONDITIONS OF THE BRAIN'S BORDERS

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: PRECISION MEDICINE PREDICTION MODEL FOR ALZHEIMER'S DISEASE USING COOPERATIVE LEARNING APPROACHES FOR MULTI-OMIC DATA (SUPPLEMENT)

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: MOVING THE CURE ALZHEIMER GENOME PROJECT BEYOND SIMPLE ASSOCIATIONS: INTEGRATING FUNCTIONAL INFORMATION, FINE-MAPPING AND CAUSAL INFERENCE APPROACHES INTO THE FAMILY-BASED ANALYSIS OF THE CURE ALZHEIMER WHOLE-GENOME SEQUENCING (WGS) FAMILY STUDY

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: DYSREGULATION OF SIGNALING ON POST SYNAPTIC DENSITY SCAFFOLDS IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: SON-DEPENDENT NUCLEAR SPECKLE REJUVENATION: A NOVEL PROTEOSTASIS-BASED THERAPEUTIC STRATEGY FOR ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: BEE: HOW DOES VASCULAR FATTY ACID METABOLISM REGULATE THE PATHOPHYSIOLOGY OF ALZHEIMER'S DISEASE?

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: APP GENE DOSE-MEDIATED DYSREGULATION OF THE ENDOLYSOSOMAL NETWORK ACTS COMPROMISE SYNAPTIC STRUCTURE AND FUNCTION LEADING TO ALZHEIMER DISEASE IN DOWN SYNDROME

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BMP LIPID METABOLISM AS A THERAPEUTIC TARGET FOR LYSOSOMAL FUNCTION AND ALZHEIMER'S DISEASE PATHOGENESIS

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: PROBING THE MOLECULAR UNDERPINNINGS OF HOW G PROTEIN-COUPLED RECEPTOR ADGRG1 MEDIATES PROTECTIVE RESPONSES TO ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:

TRUSTEES OF TUFTS COLLEGE DBA TUFTS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ELUCIDATING THE INTERPLAY BETWEEN AD GENETIC VARIANTS USING HUMAN IPSC-DERIVED MICROGLIA-LIKE CELLS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, DAVIS

(H) PURPOSE OF GRANT OR ASSISTANCE: DECIPHERING PHOSPHORYLATION-DEPENDENT TAU ENVELOPE DYSFUNCTION TO PREVENT ALZHEIMER'S NEURODEGENERATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, IRVINE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: PROTEOMIC SIGNATURES OF CEREBROVASCULAR NEUROPATHOLOGY IN DOWN SYNDROME WITH ALZHEIMER DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: VENTRICULAR EPENDYMAL CELLS: A NOVEL NEURAL-IMMUNE SIGNALING AXIS DURING AGING AND NEURODEGENERATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MIAMI  
(H) PURPOSE OF GRANT OR ASSISTANCE: 2-DEOXYGLUCOSE AND ITS ANALOGS AS NOVEL THERAPEUTICS TO BUILD RESILIENCE TO ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN  
(H) PURPOSE OF GRANT OR ASSISTANCE: UTILIZING HETEROGENEOUS MOUSE MODELS TO DISCOVER MECHANISMS UNDERLYING CALORIC RESTRICTION (CR) ON COGNITIVE OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN  
(H) PURPOSE OF GRANT OR ASSISTANCE: MORPHOLOGICAL, ELECTROPHYSIOLOGICAL, AND TRANSCRIPTIONAL CHARACTERIZATION OF SINGLE NEURONS FROM RESILIENT AND SUSCEPTIBLE MODELS OF HUMAN AD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN  
(H) PURPOSE OF GRANT OR ASSISTANCE: NON-INVASIVE MODULATION OF MICROGLIA GENE EXPRESSION USING PERIPHERALLY ADMINISTERED ANTIBODY CONJUGATES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN  
(H) PURPOSE OF GRANT OR ASSISTANCE: NON-INVASIVE DELIVERY OF IL-2 TO THE CNS FOR LOCAL EXPANSION OF TREGS AND PREVENTION OF NEURODEGENERATION IN TAUOPATHY

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PENNSYLVANIA  
(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: CELL AUTONOMOUS ROLES OF PROTECTIVE APOE VARIANTS IN MICROGLIA RESPONDING TO AMYLOID PATHOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGING MYELIN AND VASCULAR DEMENTIA: OLIGODENDROCYTE STRESS RESPONSES IN AGEING AND CEREBROVASCULAR DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO  
(H) PURPOSE OF GRANT OR ASSISTANCE: DIGITAL NEUROPATHOLOGY INFRASTRUCTURE FOR PRECISION MEDICINE IN SOUTH TEXAS HISPANIC AD/ADRD POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA  
(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT OF DNA DAMAGE-MEDIATED STING ACTIVATION ON MYELIN FUNCTION IN AN ALZHEIMER'S DISEASE ANIMAL MODEL

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA  
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROLE OF PLANAR CELL POLARITY PROTEINS IN TAU OLIGOMER-INDUCED SYNAPSE DEGENERATION (CFSF SUPPLEMENT)

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: SLEEP REINFORCES HOMEOSTATIC  
SET-POINTS IN NEURAL ACTIVITY AND MITIGATES NEURODEGENERATIVE DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: APOE CONSORTIUM: INVESTIGATING  
POTENTIAL CELL AUTONOMOUS NEUROPROTECTION OF APOE PROTECTIVE VARIANTS

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: BAC: IDENTIFYING AGE-RELATED  
PROTEOMIC CHANGES THAT PREDICT FUTURE ONSET OF AMYLOID-BETA AGGREGATION  
IN ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPRESSING NEUROINFLAMMATION WITH A  
TARGETED PROTEIN DEGRADATION STRATEGY IN A TAUOPATHY MOUSE MODEL

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: DECIPHERING AND RESTORING  
COMPUTATIONAL SET-POINTS IN ALZHEIMER'S DISEASE THROUGH SLEEP-ENHANCED  
NETWORK HOMEOSTASIS

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: SLEEP AUGMENTATION REINFORCES NEURAL  
COMPUTATION, ENHANCES COGNITION, AND MITIGATES NEURODEGENERATIVE DISEASE  
SYMPTOMS

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: CHARACTERIZATION OF ALZHEIMER'S  
DISEASE MOLECULAR BIOMARKER PROFILES THROUGHOUT THE PATHOBIOLOGICAL  
CONTINUUM

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: NON-INVASIVE DELIVERY OF IL-2 TO THE  
CNS FOR LOCAL EXPANSION OF TREGS AND PREVENTION OF NEURODEGENERATION IN  
TAUOPATHY

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS  
(H) PURPOSE OF GRANT OR ASSISTANCE: BAC: ESTABLISHING ISOGENIC MODELS OF  
HUMAN NEURON AGING AND PATHWAYS RELEVANT FOR ALZHEIMER'S DISEASE

NAME OF ORGANIZATION OR GOVERNMENT:  
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY  
(H) PURPOSE OF GRANT OR ASSISTANCE: A THREE-DIMENSIONAL TISSUE MODEL  
LINKING TAU TANGLES, AB AND MICROGLIAL CD33- ISOFORM STATE TO GENE- AND  
ISOFORM-EXPRESSION DYSREGULATION

NAME OF ORGANIZATION OR GOVERNMENT:  
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY  
(H) PURPOSE OF GRANT OR ASSISTANCE: A THREE-DIMENSIONAL TISSUE MODEL  
LINKING TAU TANGLES, AB AND MICROGLIAL CD33- ISOFORM STATE TO GENE- AND  
ISOFORM-EXPRESSION DYSREGULATION (CFSF SUPPLEMENT)

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b>	Employer identification number <b>52-2396428</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARGARET E. SMITH CEO & DIRECTOR	(i)	436,310.	65,250.	0.	10,500.	19,119.	531,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHARINE HERMAN EVP DEVELOPMENT	(i)	372,022.	86,500.	0.	10,500.	20,535.	489,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA CHAMBERS EVP MARKETING & COMM.	(i)	283,531.	19,500.	0.	9,511.	14,967.	327,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA RAND VP MARKETING & COMM.	(i)	208,091.	9,000.	0.	6,821.	12,673.	236,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL HARPER VP DEVELOPMENT	(i)	206,418.	14,500.	0.	6,731.	7,630.	235,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPHINE ANTONELLIS CFO	(i)	204,692.	20,500.	0.	6,763.	1,239.	233,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN SLATTERY SVP, PHILANTHROPIC PARTNERSHIPS	(i)	204,048.	9,500.	0.	6,502.	960.	221,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAHUA DASGUPTA SR. PHILANTROPIC ADVISOR	(i)	181,723.	12,000.	0.	6,237.	20,517.	220,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THIDAPHORN SENGSAVANH DIRECTOR OF DEVELOPMENT OPERATIONS	(i)	163,396.	7,500.	0.	5,403.	20,279.	196,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

ALZHEIMER'S DISEASE RESEARCH FOUNDATION

Employer identification number

52-2396428

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

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

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 and Total.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

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

Schedule L (Form 990) (Rev. 12-2024)

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PROPER VILLAINS LLC	A PRINCIPAL OF THE	130,663.	CREATIVE AN		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

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

(A) NAME OF PERSON: PROPER VILLAINS LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

A PRINCIPAL OF THE INDEPENDENT CONTRACTOR IS THE SPOUSE OF A KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: CREATIVE AND PRODUCTION SERVICES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2025**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	92	5,646,939.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	10	28,302.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2025 Created 12/29/25

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

SCHEDULE M, PART I, LINE 32B:

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

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>ALZHEIMER'S DISEASE RESEARCH FOUNDATION</b>	Employer identification number <b>52-2396428</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
DISEASE.

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

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  
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.