Alzheimer's
Drug Discovery
Foundation

DRIVING INNOVATION

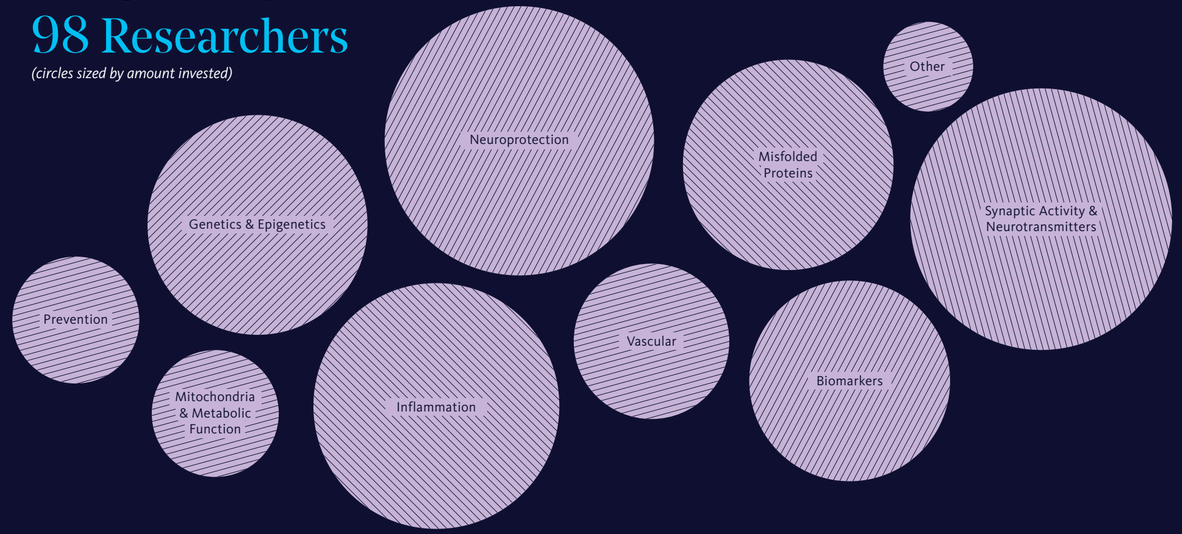
2017 ANNUAL REPORT

"Our goal is to support the best new ideas to cure Alzheimer's disease, without limits."

Our Active Programs in 2017:

$42.5 Million
98 Researchers

(circles sized by amount invested)



Dear Friends,

When we founded the Alzheimer's Drug Discovery Foundation (ADDF) nearly 20 years ago, we decided to do things differently. We designed the ADDF as a venture philanthropy to fuel innovation.

Too often, new ideas are dismissed as risky or unproven and can't get funding. Our goal was to support the best new ideas to cure Alzheimer's disease, without limits. Today, we have funded over 560 pioneering drug research programs with total support of over $130 million.

In many cases, we were the first funder and helped a program get off the ground. We seed-funded what would become Amyvid,™ the first FDA-approved diagnostic test for Alzheimer's.

In 2017 alone, the ADDF committed over $16 million towards 30 programs. This funding led to a few more firsts, which you will learn about in this report.

As others are leaving Alzheimer's drug research, we are reaffirming our commitment and directing even more of our resources to getting innovative drugs into clinical trials.

We can't afford to play it safe against a disease as devastating as Alzheimer's. Your generosity allows the ADDF to keep taking the risks that will lead us to a cure.

Together we will conquer Alzheimer's.

With our deepest thanks,

LEONARD A. LAUDER
Co-Chairman and Co-Founder

RONALD S. LAUDER
Co-Chairman and Co-Founder

Inside this report:

INNOVATION IN THE PIPELINE

Dear Friends,

Leonard Lauder and Ronald Lauder created the Alzheimer's Drug Discovery Foundation to pursue innovation in Alzheimer's drug research.

Innovation has come to mean a lot of things over the last 20 years. For the ADDF, it has always meant taking risks on new ideas to cure Alzheimer's. In this field, you can't afford to have too many assumptions. Because our understanding of the mechanisms underlying Alzheimer's is incomplete, new research can upend long-held beliefs.

The ADDF has used innovation to transform the drug pipeline in Alzheimer's disease. We ensure there are more drugs in trials, and that those drugs are better and more diverse. In 2017, we supported the first combination therapy trial focused on two novel targets (page 6). We awarded funding to Dr. Ron Crystal for what, later this year, will be the first APOE gene therapy for Alzheimer's to reach human clinical trials (page 8). And in Boston, we invested in what could potentially become the first blood test for Alzheimer's.

In the spirit of our founders, the ADDF embraces innovation. Thanks to their founding vision and the support of donors like you, we are funding the best ideas to conquer Alzheimer's disease.

Sincerely,

Howard

HOWARD FILLIT, MD
Founding Executive Director and Chief Science Officer

HOW WE INNOVATE

The Alzheimer's Drug Discovery Foundation approaches Alzheimer's in a different way. We actively seek ideas for new drugs that reflect the latest science, not well-worn paths. Our goal is to translate emerging research about the causes of Alzheimer's into drugs to treat it, as quickly as we can. Developing effective drugs for a disease as complex as Alzheimer's is challenging, but we have learned a lot about to how meet that challenge.

Novel Targets

For decades, most funders in our field have focused exclusively on beta-amyloid. Drugs targeting this toxic protein dominated headlines and pharmaceutical pipelines. This was never the case at the ADDF. Beta-amyloid plaques are a hallmark of the pathology of Alzheimer's disease, but may not be a cause. We know that the biology behind how we age has a lot to do with how (and why) people develop Alzheimer's disease. The ADDF has focused our support on programs that target aging biology—from inflammation and oxidation to vascular damage and cellular metabolism. As new findings about the causes of Alzheimer's emerge, we pursue those targets, too.

Smart Design

Better targets are only one piece of the puzzle in getting effective drugs to the patients who need them. We also have to design better clinical trials. Too often, promising drugs enter expensive phase 3 trials only to fail to show any benefits to patients. Our goal is to determine a drug's effectiveness as early as possible, so only drugs with strong evidence of effectiveness ever make it to late-stage trials. To accomplish that, we need more and better biomarkers, which can assess whether a drug is engaging its target and slowing, stopping, or even reversing Alzheimer's. The ADDF has long invested in biomarkers. In fact, the first FDA approved diagnostic for the disease—the Amyvid™ PET scan—was seed-funded by us.

Comprehensive Resources

It takes a large team of experts from diverse disciplines to develop a drug. The ADDF understands that the process can seem daunting, so we created a bevy of resources to eliminate some of the guesswork. We convene two signature conferences each year. The first is an educational meeting that provides a comprehensive how-to on developing drugs for diseases of the central nervous system (CNS), such as Alzheimer's and Parkinson's. The second brings together researchers already working on drugs to share findings, discuss challenges, and form partnerships. The ADDF ACCESS portal matches scientists with contract research organizations that have specific expertise in CNS drugs. It's common to outsource some aspects of drug development, but it is uncommon to know how and where to look for the right company. ACCESS makes the process easier.

COMBI NATION THERAPY

Amylyx Pharma-ceuticals

ALZHEIMER'S IS COMPLEX, WITH MANY UNDERLYING CAUSES, AND TACKLING MORE THAN ONE WILL LIKELY BE NECESSARY TO EFFECTIVELY TREAT THE DISEASE.

Innovation in Alzheimer's research takes many forms. It can involve the drugs being developed, and also how those drugs are tested.

Several years ago, we convened a meeting of experts to discuss combination therapies for Alzheimer's disease. Combination therapies involve two or more drugs, or drugs and lifestyle interventions, given at the same time. It's already the standard of care for many diseases, and we believe it will be for Alzheimer's too. Alzheimer's is complex, with many underlying causes, and tackling more than one will likely be necessary to effectively treat the disease.

In 2017, we made a $1.85 investment in Amylyx Pharmaceuticals to support a clinical trial of AMX0035, which combines sodium phenylbutyrate and tauroursodeoxycholic-acid. Sodium phenylbutyrate targets "epigenetic" processes that regulate the expression of several genes that can help protect brain cells from death. TUDCA, meanwhile, affects mitochondria, which help power our cells. As we age, mitochondria can become less efficient and TUDCA can improve that efficiency and keep brain cells healthy.

AMX0035 is one of the first combination therapy trials to target two distinct causes of Alzheimer's, rather than the same one. In this trial, researchers are testing the safety of the therapy and its effect on Alzheimer's. They hypothesize that the drugs given in tandem may produce additional benefits and have designed the trial to provide answers. If the data is positive, they plan to conduct a much larger trial with more patients.

This program was funded in partnership with the Alzheimer's Association.

Ronald Crystal, MD

"THE APOE4 GENE IS A MAJOR RISK FACTOR FOR THE DISEASE, AND OUR GOAL IS TO HELP PATIENTS WHO HAVE IT."

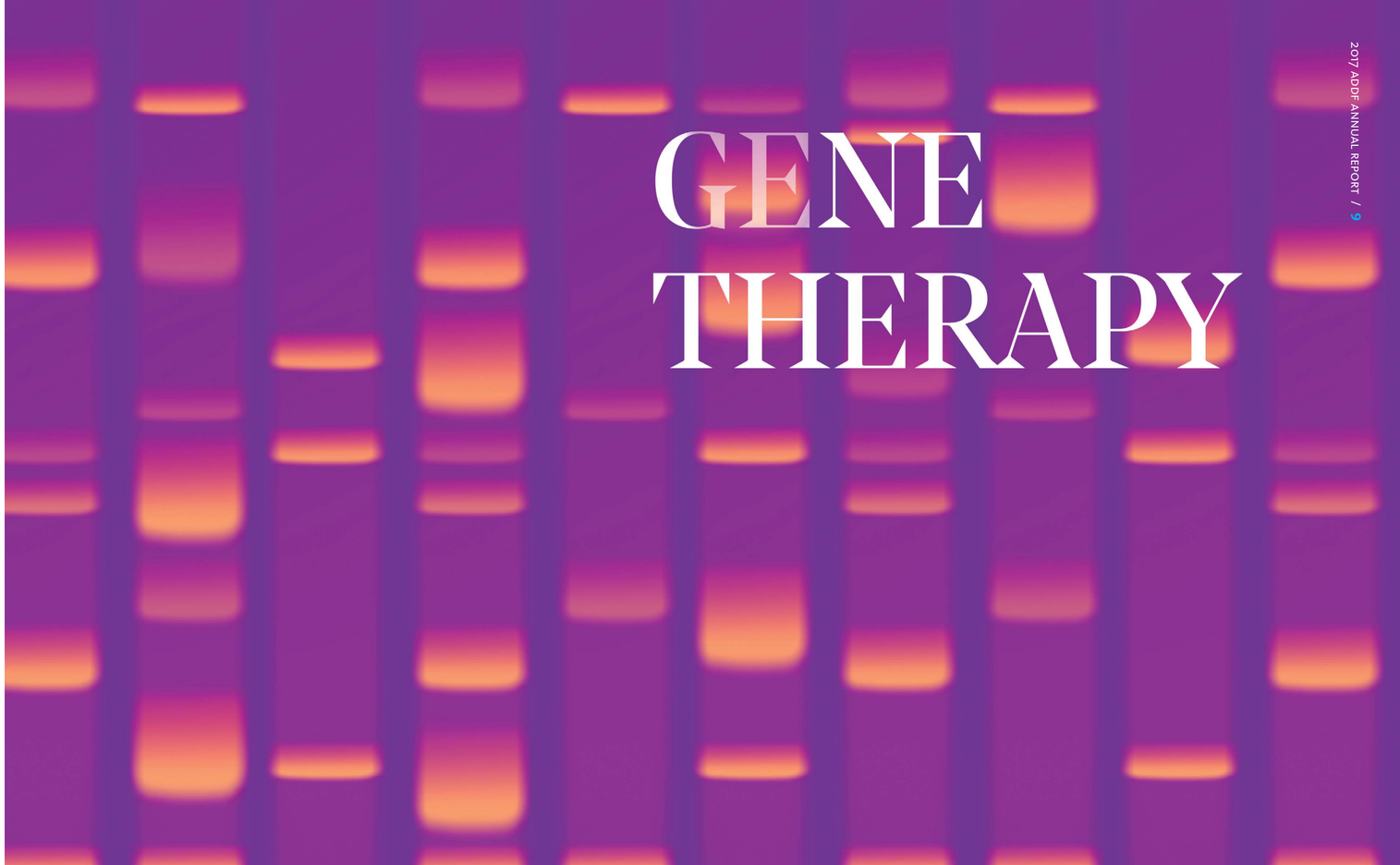
Innovation requires a lot of firsts—you have to be willing to tread new paths. The ADDF has helped many potential therapies for Alzheimer's reach "first in human" trials.

In 2017, we awarded $3 million to Ronald Crystal, MD, and Gregory Petsko, MD, of Weill Medical College of Cornell University to support the first human trial of an APOE gene therapy for Alzheimer's disease. We began funding this program in 2014, with the goal of getting it to clinical trials as quickly as possible.

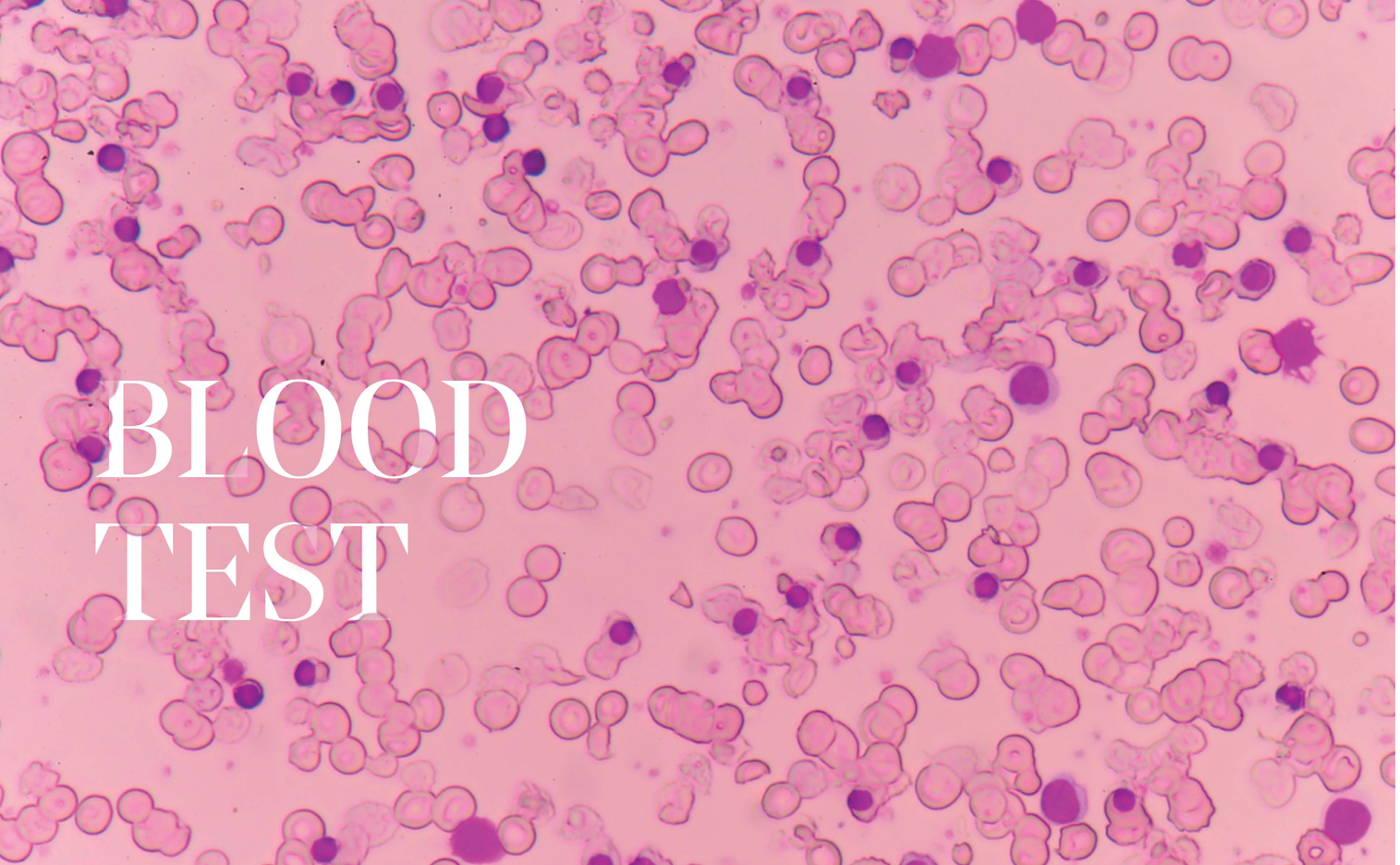
Researchers have found that the APOE gene affects risk for Alzheimer's disease. The APOE2 gene variant lowers risk while APOE4 increases it. The gene therapy program from Dr. Crystal and Dr. Petsko is designed to replace APOE4 with APOE2. This could be used both as a preventative and a treatment to slow Alzheimer's in people with the APOE4 gene.

Dr. Crystal previously developed a gene therapy method using a viral vector and has successfully tested it in trials for another neurological disease. He says: "The ADDF has enabled my team to use what we'd learned already to develop this therapy for Alzheimer's. The APOE4 gene is a major risk factor for the disease, and our goal is to help patients who have it."

This phase 1 trial will test the therapy in a small number of patients who have mild cognitive impairment or early Alzheimer's. If it proves safe and show evidence of effectiveness, they plan to test in a larger trial.



GENE THERAPY



BLOOD TEST

Dominic Walsh, PhD

THE GOAL IS DEVELOP A BLOOD TEST THAT COULD DIAGNOSE PEOPLE WITH ALZHEIMER'S

A persistent problem in Alzheimer's research is the lack of available diagnostic tools. There are FDA-approved PET scans as well as tests of cerebral spinal fluid, but these are expensive and invasive. The result is that Alzheimer's patients are often diagnosed in late stages or misdiagnosed with other diseases. These patients don't receive proper care or become eligible to participate in clinical trials of potential new treatments. We need more options.

The ADDF awarded $300,00 to Dominic M. Walsh, PhD, of Brigham & Women's Hospital to develop a blood test for Alzheimer's. Recent research found that brain cells release "packages" called extracellular vesicles. These vesicles have contents similar to brain cells and can pass into the blood stream.

With this funding, Dr. Walsh is working to isolate these vesicles and examine their levels of tau and beta-amyloid, two proteins that are involved in Alzheimer's disease. His research will determine if protein levels in vesicles can be used as a diagnostic for Alzheimer's disease.

The goal is develop a blood test that could diagnose people with Alzheimer's or those at risk for it. Such a test would be inexpensive and simple enough to be done during a routine doctor's visit. Correctly diagnosing large numbers of people would dramatically increase the volunteer pool for clinical trials and speed the progress of medications to prevent and treat Alzheimer's.

Sharon Inouye, MD, MPH

RESEARCH INTO THE CAUSES OF ALZHEIMER'S ARE PROVIDING INSIGHTS INTO HOW TO STOP IT

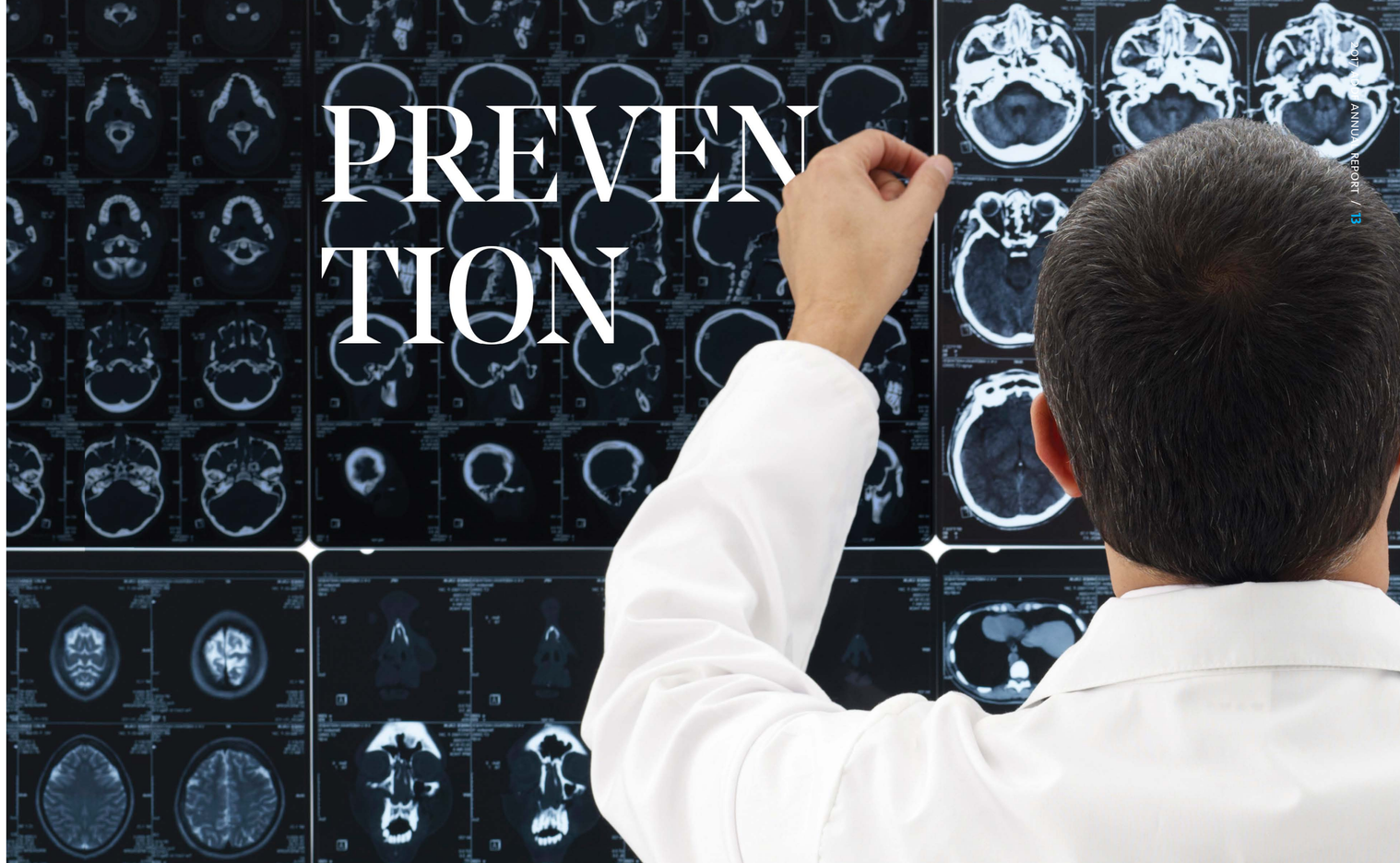
Preventing Alzheimer's and age-related cognitive problems is an essential part of our work. New biomarkers are enabling us to identify patients in the earliest stages of Alzheimer's, and those most at risk of developing it. And research into the causes of Alzheimer's is providing insights into how to stop it.

Research has shown that surgery can lead to cognitive problems in the elderly. As many as 10 million people experience post-operative delirium each year. These patients have at least six times higher risk of developing dementia, which suggests that surgery can accelerate the onset of dementia in high-risk patients.

In 2017, we awarded $750,000 to Sharon Inouye, MD, MPH to identify patients who are at high risk for post-operative cognitive decline and delirium. Dr. Inouye's study is using plasma, cerebral spinal fluid, and neuroimaging scans to look for markers of inflammation in these patients, because it is a known contributor to Alzheimer's and other forms of dementia.

Her goal is to develop a reliable model to predict which patients are most at risk for post-operative cognitive issues. This model will lay the groundwork for a future clinical trial of anti-inflammatory drugs to prevent long-term cognitive decline following surgery.

Dr. Inouye's research has the potential to prevent delirium in millions of elderly patients and lower their lifetime risk for dementia.



ADDF ACCESS:

PROVIDING RESOURCES

To accelerate the development of drugs for Alzheimer's disease.

In 2017, we partnered with Science Exchange to launch the new ADDF ACCESS, an online platform that matches scientists with contract research organizations (CROs). Science Exchange is the world's leading marketplace for outsourced research and was the perfect fit to improve this critical resource.

ADDF ACCESS meets the unique needs of scientists working on central nervous system (CNS) diseases, such as Alzheimer's, by providing a vetted list of companies with expertise in the field. Developing drugs requires a wide range of skills, from medicinal chemistry and pharmacology to project management and regulatory affairs. ACCESS offers resources to help researchers understand the services they need, find the right vendor, and manage their projects.

ADDF ACCESS PROVIDES:

CONFERENCES:

FORGING CONNECTIONS

Convening the research community—at conferences, panels, and meetings—is a vital part of our mission. We connect with scientists and catch up on their work. We also look ahead—to the next generation of researchers and where the field should go.

In February, 2017, we held our Drug Discovery for Neurodegeneration Conference in San Diego. This annual conference is designed to educate scientists on how to translate their research findings into new therapeutics. It began with a key piece of the puzzle—funding. Speakers including Dr. Lorenzo Refolo from the National Institute on Aging explained how to apply for federal and nonprofit support. The conference concluded with sessions on how to commercialize a drug. Dr. Frank Longo offered insights into how he developed a drug in academia and then founded the small biotechnology company PharmatrophiX to continue his work.

In September, the ADDF team headed to Jersey City for our 18th Conference on Alzheimer's Drug Discovery, which was the largest in its history. This year's event focused on novel targets for Alzheimer's therapies, such as inflammation, epigenetics, and neuroprotection. The ADDF invests in these innovative approaches, but few other funders do. The conference shined a light on these bold researchers, gave them the opportunity to discuss their work with like-minded colleagues, and encouraged new partnerships to advance their projects.

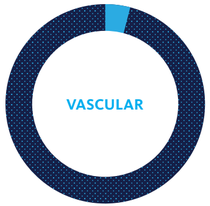
Last year we also held advisory panels on exploratory clinical trial design and another on biomarkers. The ADDF organizes such invite-only meetings when we believe the field needs to address a lingering issue or agree on an approach to an emerging opportunity. Previous years' panels on topics ranging from combination therapies to repurposing cancer drugs for Alzheimer's led to consensus and, in each case, new programs in human clinical trials.

In addition to the events we organize, ADDF staff also participate in other important meetings in the field. In 2017, our scientists presented at the BIO International Convention and the Health Research Alliance Annual Meeting, among others.

We thank everyone who attended an ADDF event or panel, and we hope to see you again this year.

New & Continuing Programs in 2017

**Indicates ADDF support of different programs led by the same researcher*



Healthy blood flow is essential for providing neurons with sufficient oxygen and vital nutrients. These researchers are targeting vascular damage to improve brain function.

Hyung Jin Ahn, PhD
The Rockefeller University
Lead Optimization
$150,000

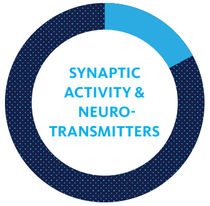
Narayan Bhat, PhD
Medical University of South Carolina
Preclinical Testing
$230,961

Sandra Black, MD
University of Toronto
Clinical Phase 2
$450,000

Atticus Hainsworth, PhD
St George's University of London
Clinical Phase 2
$464,992

Ihab Hajjar, MD
Emory Univeristy
Clinical Phase 2
$973,777

Olga Meulenbroek, PhD
Radboud University Medical Centre
Clinical Phase 3
$380,224



Neurotransmitters carry signals across synapses, which are connections between neurons. These processes are critical for memory and cognition.

Barbara Borroni, MD
University of Brescia
Clinical Phase 2
$90,000

Mauro Costa-Mattioli, PhD
Baylor College of Medicine
Target Validation
$150,000

Jeffrey Cummings, MD
Cleveland Clinic
Clinical Phase 2
$1,000,000

Mark Gurney, PhD
Tetra Discovery Partners
Clinical Phase 1
$866,835

Giacomo Koch, MD, PhD
Santa Lucia Foundation
Clinical Phase 2
$250,000

Allan Levey, MD, PhD
Emory University School of Medicine
Clinical Phase 2
$447,900

Chien-liang Lin, PhD
Ohio State University
Lead Optimization
$420,164

John Lisman, PhD†
Brandeis University
Preclinical Testing
$461,910

† *Dr. Lisman passed away in 2017 and we extend our condolences to his family, friends, and colleagues*

Paul Newhouse, MD*
Vanderbilt University Medical Center
Clinical Phase 1
$1,271,174
&
Clinical Phase 2
$539,798

Ana Pereira, MD
The Rockefeller University
Clinical Phase 2
$50,000

Jerri Rook, PhD*
Vanderbilt Center of
Neuroscience Drug Discovery
IND-Enabling
$150,000
&
Preclinical Testing
$150,000

Sharon Rosenzweig-Lipson, PhD*
AgeneBio Inc
Lead Optimization
$750,000
&
Clinical Phase 3
$798,087

These scientists are investigating drugs that protect against inflammation in the brain caused by disease and injury, which can accelerate or trigger Alzheimer's.

Ottavio Arancio, MD, PhD
Columbia University
IND-Enabling
$423,161

Elizabeth Bradshaw, PhD
Brigham & Women's Hospital
Screening
$150,000

Joseph Foss, MD
NeuroTherapia, Inc.
IND-Enabling
$1,665,725

Thota Ganesh, PhD
Emory University
Preclinical Testing
$213,700

Milton Greenberg, PhD
Vivreon Biosciences, LLC
Lead Optimization
$150,000

Philip Haydon, PhD
GliaCure, Inc.
Clinical Phase 1
$1,000,000

Clive Holmes, PhD
University of Southampton
Clinical Phase 2
$533,330

Masashi Kitazawa, PhD
University of California, Irvine
Preclinical Testing
$328,000

Alexandros Makriyannis, PhD
Northeastern University
Lead Optimization
$425,000

Christopher Norris, PhD
University of Kentucky Research Fdtn.
Preclinical Testing
$257,552

John Olichney, MD
UC Davis School of Medicine
Clinical Phase 2
$434,991

Paolo Pevarello, PhD
Axxam SpA
Lead Optimization
$300,000

Paul Thompson, PhD
UMass Medical School
Preclinical Testing
$150,000

D. Martin Watterson, PhD
Neurokine Therapeutics
IND-Enabling
$150,000

Shijun Zhang, PhD
Virginia Commonwealth University
Preclinical Testing
$130,000

Danna B. Zimmer, PhD
University of Maryland School of Medicine
Preclinical Testing
$150,000

These investments include comparative effectiveness and clinical research of prevention strategies to lower the risks of developing dementia.

Deborah Blacker, MD, ScD
Harvard Medical School
$25,000

Marek Brzezinski, MD, PhD
University of California, San Francisco
$300,000

Sharon Inouye, MD, MPH
Hebrew SeniorLife
$750,000

Lenore Launer, PhD
Intramural Research Program, National Institute on Aging
$80,264

Nathalie Pochet, PhD
Brigham & Women's Hospital
$135,000

George Vradenburg
USAgainstAlzheimer's Network
$1,000,000

Galit Wainstein, PhD
University of Haifa, Israel
$82,789

In 2017 the ADDF was supporting the work of
98
Researchers

As Alzheimer's progresses, neurons (or nerve cells) lose their connections and begin to die, causing the loss of memory and other cognitive functions. These scientists are exploring "neuroprotective" treatment strategies to shield neurons from damage and death.

Carmela Abraham, PhD
Boston University School of Medicine
Lead Optimization
$451,809

Roberta Diaz Brinton, PhD
University of Arizona—Health Sciences
Clinical Phase 1 & 2
$938,898

Nigel Cairns, PhD
Washington University in St. Louis
Preclinical Testing
$156,990

Valina Dawson, PhD
Johns Hopkins School of Medicine
Lead Optimization
$167,858

Pontus Forsell, PhD
AlzeCure Foundation
Lead Optimization
$456,905

Thomas Franke, MD, PhD
NYU School of Medicine
Lead Optimization
$256,435

Justin Ichida, PhD
University of Southern California
Preclinical Testing
$150,000

Leen Kawas, PhD
M3 Biotechnology, Inc.
Clinical Phase 1
$1,397,630

Frank Longo, MD, PhD
PharmatrophiX
Clinical Phase 2
$650,000

Michael Peel, PhD
Cypralis Ltd
Lead Optimization
$523,940

Irina Pikuleva, PhD
CWRU School of Medicine
Clinical Phase 2
$794,596

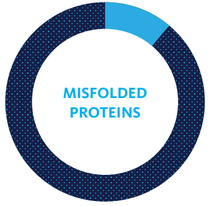
William Ray, PhD
MD Anderson
Lead Optimization
$538,620

Scott Sneddon, PhD
Sharp Edge Labs, Inc
Assay Development
$188,800

Grace Stutzmann, PhD
NeuroLucent & Chicago Medical School
Lead Optimization
$566,927

Sung Ok Yoon, PhD
Ohio State University
Preclinical Testing
$200,802

Yan Zhang, PhD
The University of Texas at Austin
Lead Optimization
$350,000



These scientists are pursuing approaches to prevent or clear the accumulation of misfolded proteins, which causes damage to brain cells.

Dirk Beher, PhD
Asceneuron SA
Lead Optimization
$325,000

Travis Dunckley, PhD
Arizona State University Foundation
Preclinical Testing
$251,154

Steven Finkbeiner, MD, PhD*
The J. David Gladstone Institutes
Assay Development
$150,000
&
Preclinical Testing
$149,002

Kevin Hodgetts, PhD
Bringham and Women's Hospital
Preclinical Testing
$153,410

Donald Lo, PhD
Duke University Medical Center
Screening
$149,603

Giovanna Mallucci, MD, PhD
Cambridge University
Preclinical Testing
$268,634

Salvatore Oddo, PhD
Banner Sun Health Research Institute
Preclinical Testing
$242,000

Yukari Perrella, MBA
Yuma Therapeutics Corporation
IND-Enabling
$556,174

Raymond Scott Turner, MD, PhD
Georgetown University
Clinical Phase 2
$2,104,000

Xinglong Wang, PhD
Case Western Reserve University School of Medicine
Screening
$150,000

The ADDF has funded drug discovery programs in
18
Countries

Biomarkers are tools used to diagnose a disease and assess its progression and response to treatment. These researchers aim to develop more accurate biomarkers for clinical trials.

Adam Boxer, MD, PhD
University of California, San Francisco
$75,000

Mari DeMarco, PhD
University of British Columbia
$164,990

Steven Estus, PhD
University of Kentucky Research Foundation
$117,000

Massimo Filippi, PhD
Fondazione Centro San Raffaele
$125,000

Sam Gandy, MD, PhD
Icahn School of Medicine at Mount Sinai
$187,069

Lawrence Honig, MD, PhD*
Taub Institute—Columbia University
$125,000
&
$125,000

Jacob Hooker, PhD
Massachusetts General Hospital
$400,000

Tamara Maes, PhD
Oryzon Genomics SA
$300,000

Michelle Mielke, PhD
Mayo Clinic Rochester
$6,960

Gerard Nuovo, MD
Gnome Diagnostics, LLC
$181,750

Ashish Raj, PhD
BrainWire LLC
$275,400

Blaine Roberts, PhD
Howard Florey Institute
$149,518

Keith St Lawrence, PhD
Lawson Health Research Institute
$163,626

Peter Stys, MD
University of Calgary
$293,369

Charlotte Teunissen, PhD
VU University Medical Center
$150,000

Neil Vasdev, PhD
Massachusetts General Hospital
$331,805

Dominic Walsh, PhD
Brigham & Women's Hospital
$307,782

Ying Wu, MD
NorthShore University HealthSystem Research Institute
$85,300

As we age, mitochondria, the energy center of our cells, can become impaired. These researchers are developing drugs targeting this dysfunction.

Paul Edison, MD, PhD
Imperial College of Science, Technology and Medicine
Clinical Phase 2
$458,000

Gary Gibson, PhD
Burke Medical Research Institute
Clinical Phase 2
$250,000

Eugenia Trushina, PhD
Mayo Clinic Rochester
Lead Optimization
$900,000

These therapies target genetic risk factors like APOE and epigenetics, which regulate how much genes are expressed.

Bradley Hyman, MD, PhD
Harvard Medical School
Preclinical Testing
$250,000

Kent Leslie, MSc
Amylyx Pharmaceuticals, Inc.
Clinical Phase 2
$928,234

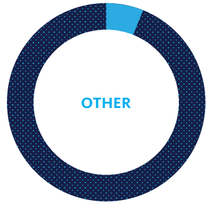
Berkley Lynch, PhD
Rodin Therapeutics
Preclinical Testing
$161,759

Tamara Maes, PhD
Oryzon Genomics SA
Clinical Phase 1
$270,000

Pavel Petukhov, PhD
University of Illinois at Chicago
Lead Optimization
$142,100

Evgeny Rogaev, PhD
University of Massachusetts—Lowell
Preclinical Testing
$342,429

Xiang (Simon) Wang, PhD
Howard University College of Pharmacy
Screening
$110,000



Edward Huey, MD
Columbia University
Clinical Phase 2
$532,335

Krista Lanctôt, PhD
Sunnybrook Research Institute, University of Toronto
Clinical Phase 2
$219,286

Richard Mohs, PhD
Global Alzheimer's Platform Fdtn.
Clinical
$100,000

Michael Weiner, MD
UC San Francisco
Clinical
$100,000

Every Drug is a Chance at a Cure.

2017 EVENT HIGHLIGHTS


Elise Lefkowitz, Dr. Howard Fillit, Nancy Goodes


Quinn Bradlee, Sally Quinn, Elise and Marc Lefkowitz


Jan Smith, Megan Beyer, Thomas Pheasant, Amra Fazlic

Seventh Annual

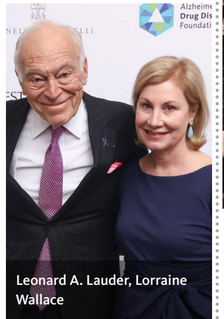
GREAT LADIES LUNCHEON & FASHION SHOW

April 26, 2017 | Washington, D.C.

Honoring Sally Quinn, with a fashion show from Brunello Cucinelli


Judy Woodruff


Sally Quinn, David Ignatius


Leonard A. Lauder, Lorraine Wallace


Ronald S. Lauder, Tad Smith, Leonard A. Lauder

Eleventh Annual

CONNOISSEUR'S DINNER

May 10, 2017 | NYC

Annual gala honoring Tad Smith of Sotheby's, featuring an exclusive art preview and wine pairings


Julie Medler, Tom Savage


Jo Carole and Ronald S. Lauder, Sheila J. Robbins


Barbara and Donald Tober, Nancy Corzine, Steve Leber


Leonard A. Lauder, Nancy Goodes

Third Annual

MELVIN R. GOODES PRIZE

September 14, 2017 | NYC

We were proud to present the 2017 Melvin R. Goodes Prize to Roberta Diaz Brinton, PhD


Dr. Roberta Diaz Brinton, Dr. Howard Fillit


Rachel Leeds, Melanie Caceres, David Goodes, Dr. Roberta Diaz Brinton, Michelle MacDonald


Gary and Laura Lauder


Bonnie Pfeifer Evans, Sharon T. Sager, Alice Shure


Paula Zahn, Ronald S. Lauder, Sharon T. Sager


Thomas and Heidi McWilliams


Renée and Robert Belfer

Eighth Annual

FALL SYMPOSIUM & LUNCHEON

October 27, 2017 | NYC

Hosted by Paula Zahn, honoring Sharon T. Sager

Giving in Memory

When Robin Gerson passed away, her beloved spouse and advisor to the Lauder family for over 30 years, Dave, decided to pay tribute to her by establishing a memorial program with the Alzheimer's Drug Discovery Foundation. Contributions in Robin's memory were directed to the ADDF. David's kind gesture helped the ADDF support a study at Emory University, their son's alma mater, which is developing a drug to stop the progression of Alzheimer's disease.

The contributions in Robin's name had an immediate impact, providing critical funding to help the drug advance through the pipeline and get one step closer to being tested in humans—one of the most critical stages of any drug's development.

We remain deeply grateful to David for this thoughtful act, as well as to Robin's many family and friends for honoring her life in this way.

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We are deeply grateful to all those who supported our work in 2017. Your generosity gives us hope for a future without Alzheimer's disease.

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2017 FINANCIAL OVERVIEW

** Full audited 2017 financials available by request.*

STATEMENT OF FINANCIAL POSITION

ASSETS	2017	2016
Cash and cash equivalents	$ 4,281,702	4,955,417
Investments, at fair value	26,571,127	23,862,266
Contributions receivable	14,902,876	16,433,336
Due from Institute for the Study of Aging	86,761	75,712
Other assets	130,943	52,697
Total assets	**$ 45,973,409**	**45,379,428**
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued liabilities	33,568	7,818
Grants payable	25,433,267	21,761,264
Deferred revenue	199,247	19,350
Total liabilities	**25,666,082**	**21,788,432**
Total net assets	**20,307,327**	**23,590,996**
Total liabilities and net assets	**$ 45,973,409**	**45,379,428**

STATEMENT OF ACTIVITIES

CHANGE IN NET ASSETS	2017	2016
Support and Revenues		
Support		
Contributions and grants	$ 10,011,228	17,768,167
In-kind services and contributions		
Contributions of services from the Institute for the Study of Aging, Inc.	3,502,147	3,682,032
Proceeds from special events, net of direct expenses	3,266,247	4,038,612
Revenues		
Grant returns, net of payments	568,283	471,094
Conference registration fees and other income	187,548	194,269
Investment income	361,984	576,947
Total support and revenues	**17,897,437**	**26,731,121**
Expenses		
Program services—grants	16,566,234	16,337,516
Program services—unexecuted prior year grants	(325,000)	—
Program services—other	2,237,637	2,015,445
Total program services	**18,478,871**	**18,352,961**
Fundraising	2,163,272	1,643,278
Management and general	538,963	694,962
Total expenses	**21,181,106**	**20,691,201**
Change in net assets	**(3,283,669)**	**6,039,920**
Net assets, beginning of year	**23,590,996**	**17,551,076**
Net assets, end of year	**$ 20,307,327**	**23,590,996**

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