

**ALZHEIMER'S DISEASE & RELATED  
DISORDERS ASSOCIATION, INC.**

Form 990 for the  
Year Ended June 30, 2013

**Public Disclosure Copy**

# Return of Organization Exempt From Income Tax

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</b> Doing Business As <b>ALZHEIMER'S ASSOCIATION</b>			<b>D</b> Employer identification number 13-3039601	
	Number and street (or P.O. box if mail is not delivered to street address) <b>225 N. MICHIGAN AVE.</b>		Room/suite <b>17TH FLR</b>	<b>E</b> Telephone number (312) 335-8700	
	City or town, state or country, and ZIP + 4 <b>CHICAGO, IL 60601-7633</b>			<b>G</b> Gross receipts \$ <b>144,015,808.</b>	
	<b>F</b> Name and address of principal officer: <b>RICHARD HOVLAND</b> <b>225 N. MICHIGAN AVE. 60601-7633 CHICAGO IL</b>			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: <b>WWW.ALZ.ORG</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>					
<b>L</b> Year of formation: 1980				<b>M</b> State of legal domicile: IL	
<b>H(c)</b> Group exemption number <b>9334</b>					

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	38.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	443.
	6	Total number of volunteers (estimate if necessary)	6	8,276.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	92,496,080.	108,946,787.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,109,038.	3,589,556.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,227,187.	2,271,114.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,743,184.	4,223,272.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,575,489.	119,030,729.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,494,403.	16,736,969.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	31,688,578.	35,949,146.
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>19,112,704.</b>	433,534.	140,283.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,211,857.	56,795,873.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,828,372.	109,622,271.
19	Revenue less expenses. Subtract line 18 from line 12	4,747,117.	9,408,458.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	122,758,605.	138,486,960.
	22	Net assets or fund balances. Subtract line 21 from line 20	52,119,030.	53,897,965.
			70,639,575.	84,588,995.

**Part II Signature Block**

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

<b>Sign Here</b>		Date <b>12/18/13</b>
	Signature of officer <b>RICHARD H. HOVLAND</b> Type or print name and title COO/CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL ROMANO</b>	Preparer's signature 	Date 12/10/2013	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name <b>GRANT THORNTON LLP</b>	EIN <b>36-6055558</b>		Phone no. <b>312-856-0200</b>	
	Firm's address <b>175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number (EIN) or  13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. MICHIGAN AVE., 17TH FLR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601-7633	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ RICHARD HOVLAND, COO/CFO

Telephone No. ▶ 312 335-5771 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9334. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 \_\_\_\_ or  
 ▶  tax year beginning 07/01, 2012, and ending 06/30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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  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 \$ 26,754,020. including grants of \$ 0 ) (Revenue \$ 57,954. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 25,109,751. including grants of \$ 15,068,608. ) (Revenue \$ 3,311,475. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 9,448,335. including grants of \$ 493,222. ) (Revenue \$ 278,081. )

CHAPTER SERVICES - FROM COAST TO COAST, 80 CHAPTERS ARE IN COMMUNITIES NATIONWIDE, PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS, INCLUDING INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, EDUCATION AND SAFETY SERVICES. THE NATIONAL ORGANIZATION PROVIDES STRATEGIC AND TACTICAL SUPPORT IN THESE ACTIVITIES.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 22,235,052. including grants of \$ 1,175,139. ) (Revenue \$ 0 )

**4e** Total program service expenses ► 83,547,158.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

**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 in Schedule O. See instructions.  
 Check if Schedule O contains a response to any question in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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 in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 4**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD HOVLAND, COO/CFO 225 N. MICHIGAN AVENUE CHICAGO, IL 60601-7633 312-335-5771**



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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) GERALD SAMPSON CHAIR, EXEC. COMM., DIRECTOR	10.00	X		X			0	0	0	
(2) STEWART PUTNAM VICE CHAIR, EXEC. COMM., DIR.	10.00	X		X			0	0	0	
(3) THOMAS J. WINKEL TREASURER, EXEC. COMM., DIR.	10.00	X		X			0	0	0	
(4) DEBORAH JONES SECRETARY, EXEC. COMM., DIR.	10.00	X		X			0	0	0	
(5) CHRISTOPHER BINKLEY DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(6) R. THOMAS BODKIN DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(7) BILL BUECHELE DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(8) CATHY EDGE DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(9) MARLANA GEHA, PH.D DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(10) RALPH A. NIXON, M.D., PH.D DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(11) RONALD PETERSEN, M.D, PH.D DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(12) KIMBERLY REED DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
(13) ELECTA ANDERSON DIRECTOR	5.00	X					0	0	0	
(14) ROBERT K. BURKE DIRECTOR	5.00	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 15) ANNA C. CATALANO ----- DIRECTOR	5.00	X						0	0	0
( 16) JACK FAER ----- DIRECTOR	5.00	X						0	0	0
( 17) MATTHEW FURMAN ----- DIRECTOR	5.00	X						0	0	0
( 18) DEBORAH GARRETT ----- DIRECTOR	5.00	X						0	0	0
( 19) ELIZABETH GELFAND STEARNS ----- DIRECTOR	5.00	X						0	0	0
( 20) DAVID GOLTERMANN ----- DIRECTOR	5.00	X						0	0	0
( 21) LOUIS HOLLAND, JR. ----- DIRECTOR	5.00	X						0	0	0
( 22) VERNA JONES-RODWELL ----- DIRECTOR	5.00	X						0	0	0
( 23) KAREN KAUFFMAN, PHD, CRNP, BC ----- DIRECTOR	5.00	X						0	0	0
( 24) JACQUELINE KOURI ----- DIRECTOR	5.00	X						0	0	0
( 25) JOHN E. MAGGIO, PH.D ----- DIRECTOR	5.00	X						0	0	0
<b>1b Sub-total</b> .....								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								5,019,642.	43,058.	414,916.
<b>d Total (add lines 1b and 1c)</b> .....								5,019,642.	43,058.	414,916.

**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 ▶ 64

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such person .....		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
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 110

**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 26) JEFFREY MALONEY DIRECTOR	5.00	X					0	0	0	
( 27) BONNIE H. MARCUS DIRECTOR AND EXEC COMMITTEE	5.00	X					0	0	0	
( 28) DAVID MOSCOW DIRECTOR	5.00	X					0	0	0	
( 29) MARGARET NOEL, M.D. DIRECTOR	5.00	X					0	0	0	
( 30) PATRICK PEYTON DIRECTOR	5.00	X					0	0	0	
( 31) DEBORAH A. RANDALL, ESQ. DIRECTOR	5.00	X					0	0	0	
( 32) SCOTT RUSSELL, ED.D DIRECTOR	5.00	X					0	0	0	
( 33) DAVID SIMBRO DIRECTOR	5.00	X					0	0	0	
( 34) ALAN SILVERGLAT DIRECTOR	5.00	X					0	0	0	
( 35) SUZANNE B. SWIFT DIRECTOR	5.00	X					0	0	0	
( 36) CARL E. TUERK, JR. DIRECTOR	5.00	X					0	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 ▶ 64

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such person .....		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

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

**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 37) PAUL WEXLER ----- DIRECTOR	5.00	X					0	0	0	
( 38) JEROME H STONE ----- FOUNDING PRES, HONORARY CHAIR	5.00	X					0	0	0	
( 39) EDWARD BERUBE ----- CHAIR (THRU 10/6/12)	10.00	X		X			0	0	0	
( 40) MARY GUERRIERO AUSTROM, PH.D. ----- SECRETARY (THRU 10/6/12)	10.00	X		X			0	0	0	
( 41) JOHN OSHER ----- DIR & EXEC COMM (THRU 10/6/12)	5.00	X					0	0	0	
( 42) JOHN SABL ----- DIR & EXEC COMM (THRU 10/6/12)	5.00	X					0	0	0	
( 43) RICHARD DELLA PENNA, M.D. ----- DIRECTOR (THRU 1/4/13)	5.00	X					0	0	0	
( 44) COLLEEN GOLDHAMMER BENZIN ----- DIRECTOR (THRU 10/6/12)	5.00	X					0	0	0	
( 45) STEPHEN HUME, PSY.D. ----- DIRECTOR (THRU 10/6/12)	5.00	X					0	0	0	
( 46) LINDA MENDELSON ----- DIRECTOR (THRU 10/6/12)	5.00	X					0	0	0	
( 47) MANNY NAJERA ----- DIRECTOR (THRU 6/5/13)	5.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 64

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		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? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such person . . . . .		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

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

**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 48) RON PROFILI ----- DIRECTOR (THRU 4/1/13)	5.00	X					0	0	0	
( 49) SHELLIE N. WILLIAMS, M.D. ----- DIRECTOR (THRU 5/17/13)	5.00	X					0	0	0	
( 50) HARRY JOHNS ----- PRESIDENT & CEO	60.00 1.70			X			2,700,754.	30,262.	78,658.	
( 51) RICHARD HOVLAND ----- COO/CFO	60.00 .10			X			364,855.	271.	89,777.	
( 52) ANGELA GEIGER ----- CHIEF STRATEGY OFFICER	60.00 .10				X		672,327.	107.	47,185.	
( 53) WILLIAM THIES ----- CHIEF MEDICAL SCIENCE OFFICER	60.00					X	339,155.	0	50,094.	
( 54) ROBERT EGGE ----- VP - PUBLIC POLICY	60.00 1.40					X	306,180.	12,418.	56,308.	
( 55) SCOTT GARDNER ----- VP - CHAPTER RELATIONS	60.00					X	261,088.	0	39,989.	
( 56) PAULA PELISSERO ----- SR. DIRECTOR, HUMAN RESOURCES	55.00					X	191,285.	0	23,805.	
( 57) MARIA CARRILLO ----- VP MEDICAL & SCIENTIFIC REL	60.00					X	183,998.	0	29,100.	
-----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 ▶ 64

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such person .....		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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	151,000.			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	641,055.			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,359,149.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	105,795,592.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		2,238,452.			
	<b>h</b> Total. Add lines 1a-1f . . . . .		108,946,797.			
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b> PROGRAM CONFERENCES . . . . .	611710	3,146,813.	3,146,813.		
	<b>b</b> JOURNAL . . . . .	511120	164,662.	164,662.		
	<b>c</b> SAFE RETURN REGISTRATION FEES . . . . .	611710	139,137.	139,137.		
	<b>d</b> CAREGIVER TRAINING . . . . .	611710	138,944.	138,944.		
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> Total. Add lines 2a-2f . . . . .		3,589,556.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,340,586.			2,340,586.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b> Royalties . . . . .		36,151.			36,151.
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .					
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .					0.
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		23,184,568.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		23,252,145.	1,895.		
	<b>c</b> Gain or (loss) . . . . .		-67,577.	-1,895.		
	<b>d</b> Net gain or (loss) . . . . .			-69,472.		-69,472.
	<b>8a</b> Gross income from fundraising events (not including \$ 641,055. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	2,656,793.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	1,107,800.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			1,548,993.		1,548,993.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	44,390.			
<b>b</b> Less: direct expenses . . . . .	<b>b</b>	4,945.				
<b>c</b> Net income or (loss) from gaming activities . . . . .			39,445.		39,445.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	824,173.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	618,294.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			205,879.	57,954.	147,925.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> AFFILIATE REVENUE . . . . .	900099	1,196,319.			1,196,319.	
<b>b</b> CHAPTER LICENSING AND MAINTENANCE . . . . .	900099	692,056.			692,056.	
<b>c</b> OTHER REVENUE . . . . .	900099	504,429.			504,429.	
<b>d</b> All other revenue . . . . .						
<b>e</b> Total. Add lines 11a-11d . . . . .		2,392,804.				
<b>12</b> Total revenue. See instructions . . . . .		119,070,729.	3,647,510.		6,436,432.	

**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 to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	15,343,512.	15,343,512.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	1,393,457.	1,393,457.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,984,196.	2,348,467.	920,361.	715,368.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	24,932,077.	18,357,704.	1,007,821.	5,566,552.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,366,240.	3,162,760.	267,768.	935,712.
9 Other employee benefits . . . . .	2,382,391.	1,728,171.	185,076.	469,144.
10 Payroll taxes . . . . .	284,242.	219,034.	15,061.	50,147.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	247,168.	141,364.	17,487.	88,317.
c Accounting . . . . .	131,376.	101,162.	16,606.	13,608.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	140,283.			140,283.
f Investment management fees . . . . .	111,685.	111,685.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	11,393,256.	6,041,391.	810,066.	4,541,799.
12 Advertising and promotion . . . . .	10,935,861.	10,834,430.		101,431.
13 Office expenses . . . . .	19,680,728.	12,306,627.	3,343,274.	4,030,827.
14 Information technology . . . . .	271,647.	237,809.	6,543.	27,295.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	5,797,279.	4,949,877.	178,483.	668,919.
17 Travel . . . . .	5,911,565.	4,593,631.	77,590.	1,240,344.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	988,561.	823,006.	14,121.	151,434.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	933,396.	686,243.	80,659.	166,494.
23 Insurance . . . . .	132,948.	110,611.	4,264.	18,073.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>INVENTORY BUY BACK EXPENSE</u> . . . . .	14,791.	14,791.		
b -----				
c -----				
d -----				
e All other expenses . . . . .	245,612.	41,426.	17,229.	186,957.
25 Total functional expenses. Add lines 1 through 24e . . . . .	109,622,271.	83,547,158.	6,962,409.	19,112,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	15,082,597.	8,831,475.	2,475,201.	3,775,921.

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	11,693,107.	<b>2</b>	20,099,316.
	<b>3</b> Pledges and grants receivable, net	17,180,305.	<b>3</b>	16,003,666.
	<b>4</b> Accounts receivable, net	16,708,937.	<b>4</b>	26,978,835.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	493,120.	<b>7</b>	947,586.
	<b>8</b> Inventories for sale or use	328,464.	<b>8</b>	303,947.
	<b>9</b> Prepaid expenses and deferred charges	6,120,978.	<b>9</b>	6,372,636.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 18,816,440.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 13,009,359.		
	<b>11</b> Investments - publicly traded securities	54,744,000.	<b>11</b>	47,313,443.
	<b>12</b> Investments - other securities. See Part IV, line 11	12,008,956.	<b>12</b>	14,660,450.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	122,758,605.	<b>16</b>	138,486,960.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	6,929,664.	<b>17</b>	7,485,089.
	<b>18</b> Grants payable	22,525,567.	<b>18</b>	23,356,557.
	<b>19</b> Deferred revenue	2,479,892.	<b>19</b>	2,795,357.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<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	20,183,907.	<b>25</b>	20,260,962.
	<b>26 Total liabilities.</b> Add lines 17 through 25	52,119,030.	<b>26</b>	53,897,965.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	26,593,123.	<b>27</b>	34,866,162.
	<b>28</b> Temporarily restricted net assets	21,875,658.	<b>28</b>	24,811,186.
	<b>29</b> Permanently restricted net assets	22,170,794.	<b>29</b>	24,911,647.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	70,639,575.	<b>33</b>	84,588,995.	
<b>34</b> Total liabilities and net assets/fund balances	122,758,605.	<b>34</b>	138,486,960.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	119,030,729.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	109,622,271.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,408,458.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	70,639,575.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,180,022.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,360,940.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	84,588,995.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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 in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</b>	Employer identification number <b>13-3039601</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	78,177,850.	75,805,366.	86,383,096.	92,496,080.	108,946,787.	441,809,179.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 Total. Add lines 1 through 3 . . . . .	78,177,850.	75,805,366.	86,383,096.	92,496,080.	108,946,787.	441,809,179.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						10,623,374.
6 Public support. Subtract line 5 from line 4.						431,185,805.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	78,177,850.	75,805,366.	86,383,096.	92,496,080.	108,946,787.	441,809,179.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,077,704.	1,969,538.	2,154,572.	2,076,055.	2,376,737.	11,654,606.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) - ATCH. 1 . . . . .	607,419.	2,610,156.	4,923,675.	6,683,529.	5,918,160.	20,740,939.
11 Total support. Add lines 7 through 10 . . . . .						474,204,724.
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		21,608,928.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	90.93 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	92.57 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2011. 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 Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
CHAPTER LICENSE & MAIN. FEES	413,788.	982,928.	615,349.	846,245.	692,056.	3,550,366.
OTHER REVENUE	192,163.	100,873.	153,167.	952,574.	504,429.	1,903,206.
AFFILIATE REVENUE		595,380.	753,889.	949,791.	1,196,319.	3,495,379.
INCOME FROM FUNDRAISING EVENTS		930,975.	3,114,200.	3,009,175.	2,701,183.	9,755,533.
INCOME FROM SALES OF INVENTORY	1,468.		285,070.	925,744.	824,173.	2,036,455.
<b>TOTALS</b>	<u>607,419.</u>	<u>2,610,156.</u>	<u>4,921,625.</u>	<u>6,683,529.</u>	<u>5,918,160.</u>	<u>20,740,939.</u>

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

<b>Name of the organization</b> ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	<b>Employer identification number</b> 13-3039601
---	---

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</b>	Employer identification number 13-3039601
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----



Name of organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.** Employer identification number **13-3039601**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.**      ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</b>	Employer identification number <b>13-3039601</b>
---	---

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		156,323.
<b>d</b> Mailings to members, legislators, or the public?	X		547.
<b>e</b> Publications, or published or broadcast statements?	X		
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		336,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		226,527.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			719,397.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

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**Part IV Supplemental Information (continued)**

VOLUNTEERS

SCHEDULE C, PART II-B, LINE 1A

NEARLY ALL OF THE ASSOCIATION'S LOBBYING IS THROUGH STAFF OR VOLUNTEERS.  
ONLY A SMALL AMOUNT OF REPORTABLE EXPENSES ARE INCURRED FOR GRASS ROOTS  
LOBBYING.

ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER  
BASED GRASSROOTS ACTIVITIES. FOR FISCAL YEAR 2013 THESE TRAINING  
EXPENDITURES WERE \$300,563.

AS ALZHEIMER'S DISEASE AND RELATED DEMENTIA, HEREAFTER REFERRED TO AS  
ALZHEIMER'S DISEASE, THREATEN TO BANKRUPT FAMILIES, BUSINESSES AND THE  
HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSER TO FINDING BETTER  
TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE DISEASE. THE  
ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING  
RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND  
ULTIMATELY A CURE, AS WELL AS FOR HIGH QUALITY HEALTHCARE AND LONG TERM  
SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE  
ALSO ADVOCATE FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING  
ALZHEIMER'S. MORE THAN 500,000 GRASS ROOTS ADVOCATES SPEAK UP FOR THE  
NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND HELP  
ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH AND CARE. POLICY  
ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE  
QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

**Part IV Supplemental Information (continued)**

## MEDIA ADVERTISEMENTS

SCHEDULE C, PART II-B, LINE 1C

MEDIA ADVERTISEMENTS WERE RUN DURING THE ADVOCACY FORUM.

## MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

SCHEDULE C, PART II-B, LINE 1D

MAILING COSTS TO DISTRIBUTE FACTS AND FIGURES TO LEGISLATORS.

## PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

SCHEDULE C, PART II-B, LINE 1E

THE ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES APPROXIMATELY 20  
TIMES DURING THE YEAR.

## DIRECT CONTACT

SCHEDULE C, PART II-B, LINE 1G

THE ASSOCIATION UTILIZED APPROPRIATION CONSULTANTS TO MAKE DIRECT CONTACT  
WITH LEGISLATORS.

## RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

SCHEDULE C, PART II-B, LINE 1H

ADVOCACY FORUM

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including checkboxes for purposes (land for public use, natural habitat, open space, historic structure), a table for 'Held at the End of the Tax Year' (2a-2d), and questions about monitoring and expenses.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for revenues and assets.

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

Schedule D (Form 990) 2012

**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 are a 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 programs
  - 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" to 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? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .  Yes  No

**Part V Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	11,611,486.	11,255,752.	9,438,167.	8,125,409.	9,400,894.
b Contributions . . . . .	333,853.	323,701.	632,021.	117,211.	60,401.
c Net investment earnings, gains, and losses . . . . .	709,613.	32,033.	1,185,564.	1,195,547.	-1,285,475.
d Grants or scholarships . . . . .					50,411.
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	12,654,952.	11,611,486.	11,255,752.	9,438,167.	8,125,409.

- 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 ▶ 94.1446 %
  - c Temporarily restricted endowment ▶ 5.8554 %
- The percentages in 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 . . . . .   | <input type="checkbox"/> | X                        |
| (ii) related organizations . . . . .  | <input type="checkbox"/> | X                        |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. 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 . . . . .		160,000.		160,000.
b Buildings . . . . .		440,000.	11,282.	428,718.
c Leasehold improvements . . . . .		4,223,870.	2,577,464.	1,646,406.
d Equipment . . . . .		6,121,098.	4,887,033.	1,234,065.
e Other . . . . .		7,871,472.	5,533,580.	2,337,892.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b> . . . . .				<b>5,807,081.</b>



**Part VII Investments - Other Securities.** 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) BENEFICIAL INTERESTS	14,497,082.	FMV
(B) ASSETS HELD IN TRUST	163,368.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,660,450.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CHAPTERS	13,778,329.
(3) GIFT ANNUITY OBLIGATIONS	4,351,583.
(4) DEFERRED RENT	1,967,682.
(5) DEFERRED COMPENSATION	163,368.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,260,962.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	126,646,584.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	3,180,022.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,512,568.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	304,971.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,997,561.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	119,649,023.
<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>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-618,294.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-618,294.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	119,030,729.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	114,379,293.
<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>	3,512,568.
<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>	1,244,454.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	4,757,022.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	109,622,271.
<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>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	109,622,271.

**Part XIII Supplemental Information**

Complete this part to 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.

SEE PAGE 5

TEXT

**Part XIII Supplemental Information (continued)**

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED AS INVESTMENTS IN PERPETUITY. THE ASSOCIATION'S ENDOWMENT CONSISTS ONLY OF DONOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH THE ASSOCIATION'S ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS. DONORS RESTRICT THE EARNINGS OF SOME OF THE ASSOCIATION'S ENDOWMENT FUNDS TO FUND THE ASSOCIATION'S RESEARCH PROGRAM. IN ACCORDANCE WITH DONOR STIPULATIONS, THE INCOME GENERATED FROM THESE ASSETS IS RESTRICTED FOR RESEARCH (APPROXIMATELY 47%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY 53%).

THE ASSOCIATION ACCOUNTS FOR ENDOWMENT NET ASSETS BY PRESERVING THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUND ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT, THE ASSOCIATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (1) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (2) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT AND (3) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE ENDOWMENT FUND. THE ASSOCIATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS:

1. THE DURATION AND PRESERVATION OF THE FUND.
2. THE PURPOSES OF THE ASSOCIATION AND THE DONOR-RESTRICTED ENDOWMENT

**Part XIII Supplemental Information (continued)**

FUND.

3. GENERAL ECONOMIC CONDITIONS.
4. THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION.
5. THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS.
6. OTHER RESOURCES OF THE ASSOCIATION.
7. THE INVESTMENT POLICIES OF THE ASSOCIATION.

THE ASSOCIATION HAS ADOPTED AN INVESTMENT POLICY THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. AS OF JUNE 30, 2013, ENDOWMENT ASSETS ONLY INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ASSOCIATION MUST HOLD IN PERPETUITY, AS THE ASSOCIATION DOES NOT HAVE ANY BOARD-DESIGNATED ENDOWMENT FUNDS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PROVIDE ADEQUATE LIQUIDITY, MAXIMIZING RETURNS ON ALL FUNDS INVESTED AND ACHIEVING FULL EMPLOYMENT OF ALL AVAILABLE FUNDS AS EARNING ASSETS. THE ASSOCIATION HAS AN ACTIVE FINANCE COMMITTEE AND INVESTMENT SUB-COMMITTEE THAT MEETS REGULARLY TO ENSURE THAT THE OBJECTIVES OF THE INVESTMENT POLICY ARE BEING MET, AND THAT THE STRATEGIES USED TO MEET THE OBJECTIVES ARE IN ACCORDANCE WITH THE INVESTMENT POLICY. THE ASSOCIATION'S POLICY IS TO APPROPRIATE SPENDING AMOUNTS DEEMED PRUDENT FOR DONOR-RESTRICTED FUNDS.

**Part XIII Supplemental Information (continued)**

FIN 48

SCHEDULE D, PART X, LINE 2

THE ASSOCIATION AND THE ALZHEIMER'S IMPACT MOVEMENT (AIM) HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ALZHEIMER'S IMPACT MOVEMENT POLITICAL ACTION COMMITTEE (AIMPAC) IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 527 OF THE IRC. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS AND AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED. ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR STATEMENTS OF POSITION. ASIDE FROM THE CURRENT YEAR, THE TAX YEARS ENDING 2009, 2010 AND 2011 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

**Part XIII Supplemental Information (continued)**

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

CHANGE IN PERPETUAL TRUST	\$881,767
CHANGE IN SPLIT INTEREST	(576,796)
TOTAL	\$304,971

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 4B

COST OF GOODS SOLD	\$(618,294)
TOTAL	\$(618,294)

## RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD	\$618,294
BAD DEBT	626,160
TOTAL	\$1,244,454

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1) EAST ASIA AND THE PACIFIC</b>			PROGRAM SERVICES	GRANTMAKING	197,668.
<b>(2) EUROPE</b>			PROGRAM SERVICES	GRANTMAKING	583,121.
<b>(3) MIDDLE EAST AND NORTH AFRICA</b>			PROGRAM SERVICES	GRANTMAKING	412,754.
<b>(4) NORTH AMERICA</b>			PROGRAM SERVICES	GRANTMAKING	199,914.
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Sub-total</b> . . . . .					1,393,457.
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					1,393,457.

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

Schedule F (Form 990) 2012

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	150,000.	CHECK			FMV
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	95,239.	CHECK			FMV
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(4)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	99,990.	CHECK			FMV
(5)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,100.	CHECK			FMV
(6)			EAST ASIA/PACIFIC	PROGRAM SUPP	99,676.	CHECK			FMV
(7)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	88,880.	CHECK			FMV
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,682.	CHECK			FMV
(9)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(10)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	73,884.	CHECK			FMV
(11)			NORTH AMERICA	PROGRAM SUPP	100,000.	CHECK			FMV
(12)			EAST ASIA/PACIFIC	PROGRAM SUPP	97,992.	CHECK			FMV
(13)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	89,100.	CHECK			FMV
(14)			NORTH AMERICA	PROGRAM SUPP	99,914.	CHECK			FMV
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 14

3 Enter total number of other organizations or entities. . . . . 14



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2012

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V****Supplemental Information**

Complete this part to 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).

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY COUNCIL ENSURES DIVERSITY OF FUNDED AWARDS DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF OUR SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF OUR GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THE ANALYSIS INFORMS FUTURE FUNDING DECISIONS AND AREAS OF RFA FOCUS. THIRD, THERE IS A DETAILED PROCESS ONCE A GRANT IS AWARDED TO MONITOR PROGRAM AND SCIENTIFIC AND FINANCIAL INTEGRITY.

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE AWARD. SIXTY DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD, AN ALZHEIMER'S ASSOCIATION POST-AWARD SPECIALIST NOTIFIES ALL RESEARCHERS AND ALL DESIGNATED INSTITUTIONAL FINANCIAL OFFICIALS WITH FISCAL RESPONSIBILITY FOR THE AWARD OF THE REQUIRED REPORTS, WHICH INCLUDE AN INTERIM SCIENTIFIC REPORT, AND INTERIM

**Part V Supplemental Information**

Complete this part to 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).

FINANCIAL REPORT AND DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF ASSOCIATION FUNDING. THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD CANNOT BE THE PRIMARY INVESTIGATOR OF THE PROJECT. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT, BOTH OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT AT THE AWARDED INSTITUTION AT [HTTPS://PROPOSALCENTRAL.ALTUM.COM/LOGIN.ASP](https://proposalcentral.altum.com/login.asp).

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH FISCAL RESPONSIBILITY, AND ALL REPORTS MUST BE UPLOADED BY THE AWARD RECIPIENT TO PROPOSALCENTRAL. AFTER RECEIPT, ALL FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION POST-AWARD SPECIALIST FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION, THE ASSOCIATION REQUIRED PROTOCOL CONTINUATION APPROVAL (I.E., IACUC, IRB, RDNA) ANNUALLY, IF APPLICABLE TO THE RESEARCH PROJECT. ANY SUBSEQUENT PAYMENTS TO GRANT AWARDEES ARE GENERATED AFTER THEIR RECEIPT AND APPROVAL BY OUR VICE PRESIDENT, MEDICAL AND SCIENTIFIC RELATIONS.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.

**Part V****Supplemental Information**

Complete this part to 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).

IN ADDITION, WE REQUEST, MONITOR, AND FOLLOW-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED CONTRACTS AND THAT FINANCIAL REPORTING REQUIREMENTS ARE MET. WE AUDIT ANNUAL AWARDEES FINANCIAL REPORTS TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORT(S) MAY RESULT IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT DELINQUENT REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST FOR ANNUAL REPORT(S) IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT REPORTS, ANY UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S ASSOCIATION. THIS RESEARCHER BECOMES INELIGIBLE TO APPLY FOR FUNDING FROM THE ALZHEIMER'S ASSOCIATION.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS VERIFICATION OF NON-PROFIT STATUS:

- \* ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS
- \* DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM.

ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION LETTER). IF THEIR DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE YEAR

**Part V Supplemental Information**

Complete this part to 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).

PERIOD, THE INSTITUTION IS ASKED TO PROVIDE DOCUMENTATION FROM AN AUTHORIZED ORGANIZATION INDIVIDUAL TO CONFIRM THERE HAS NOT BEEN A STATUS CHANGE FOR THE ORGANIZATION. FOR THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT THEIR FINANCIAL STATEMENTS.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. THE ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY US ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. WE ALSO MONITOR FOLLOW-ON FUNDING FROM FEDERAL AGENCIES.

2012

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	(d) Total events	
		NY GALA (event type)	CHICAGO GALA (event type)	11. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	1,267,500.	755,500.	1,274,848.	3,297,848.
	2	Less: Contributions . . . . .	154,500.	147,800.	338,755.	641,055.
	3	Gross income (line 1 minus line 2). . . . .	1,113,000.	607,700.	936,093.	2,656,793.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .	121,379.	139,357.	38,240.	298,976.
	6	Rent/facility costs . . . . .		26,945.	45,193.	72,138.
	7	Food and beverages . . . . .	229,396.	202,061.	224,561.	656,018.
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	138,183.	113,751.	127,710.	379,644.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 1,406,776.)
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				1,250,017.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))	
		1	Gross revenue . . . . .			44,390.
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .			4,945.	4,945.
	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 checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 4,945.)	
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				39,445.	

9 Enter the state(s) in which the organization operates gaming activities: IL

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

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

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

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



11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b .0215 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MICHELLE HELTON

Address ▶ 225 N MICHIGAN AVE, 17TH FLR CHICAGO, IL 60601-7633

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ LYNNE CAREY

Gaming manager compensation ▶ \$ 600.

Description of services provided ▶ OVERALL SUPERVISION AND MANAGEMENT

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING CONSULTANT- CONTROL ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (III)

THE ALZHEIMER'S ASSOCIATION ENGAGES INFOCISION (IMC) FOR PROFESSIONAL FUNDRAISING CONSULTANT SERVICES. A DESCRIPTION OF THE ARRANGEMENT OF THE FUNDS IS LISTED BELOW:

POST OFFICE BOX - IMC WILL FACILITATE THE SET-UP OF A POST OFFICE BOX TO

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

BE USED SOLELY FOR THE PURPOSE OF THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE MAILED TO THE SEPARATE POST OFFICE BOX AND WILL BE COLLECTED DAILY (5 DAYS PER WEEK, MONDAY THROUGH FRIDAY) BY THE CAGING VENDOR. POST OFFICE FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

BANK ACCOUNT - IMC WILL FACILITATE THE SET-UP OF A BANK ACCOUNT, AT THE BANK OF THE CLIENT'S CHOICE, TO BE USED SOLELY FOR DEPOSITS OF DONATIONS FROM THE VOLUNTEER RECRUITMENT CAMPAIGN. ALL DONATIONS MAILED IN FOR THE VOLUNTEER RECRUITMENT CAMPAIGN WILL BE COLLECTED AND PROCESSED BY THE GAGING VENDOR. ALL FUNDS FROM THE VOLUNTEER RECRUITMENT DONATIONS WILL BE DEPOSITED INTO THE BANK ACCOUNT SET UP FOR VOLUNTEER RECRUITMENT WITHIN TWO DAYS. BANK FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

CAGE.

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING CONSULTANT- GROSS RECEIPTS ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (IV)

IN FY13, THE ASSOCIATION RECEIVED \$340,000 IN REVENUE FROM INFOCISION AS

A RESULT OF FY12 CAMPAIGNS. THIS \$340,000 WAS OVER AND ABOVE THE FY12

STATED GROSS REVENUE AND REMITTED IN FY13.

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING CONSULTANT- FEE ARRANGEMENT

SCHEDULE G, PART I, LINE 2B, BOX (VI)

THE AGREEMENT BETWEEN INFOCISION MANAGEMENT CORPORATION (IMC) AND THE ALZHEIMER'S ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. INFOCISION MANAGEMENT CORPORATION IS TO BE PAID A FIXED FEE PER COMPLETED CALL AS DESCRIBED IN THE MAIN AGREEMENT AND SAID COMPENSATION PROVISIONS SHALL BE CONTROLLING. THE ALZHEIMER'S ASSOCIATION EXERCISES CONTROL AND APPROVAL

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

OVER THE CONTENT AND FREQUENCY OF ALL SOLICITATIONS AND VOLUNTEER

RECRUITMENT INTERACTIONS.

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ORGANIZATION OPERATES GAMING ACTIVITIES WITH NONMEMBERS

SCHEDULE G, PART III, LINE 11

THE ALZHEIMER'S ASSOCIATION IS NOT A MEMBERSHIP ORGANIZATION AS DESCRIBED

BY THE IRS. THE ORGANIZATION THEREFORE DOESN'T CONSIDER ITS DONORS

MEMBERS. THEREFORE, THE ORGANIZATION HAS CHECKED BOX 11 IN PART III OF

SCHEDULE G, "YES."



11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ADDITIONAL GAMING MANAGER INFORMATION

SCHEDULE G, PART III, LINE 16

NAME: KATE LEVY

GAMING MANAGER COMPENSATION: \$300

DESCRIPTION OF SERVICES PROVIDED: RECORDKEEPING

EMPLOYEE

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

NAME: KATHERINE LEE

GAMING MANAGER COMPENSATION: \$300

DESCRIPTION OF SERVICES PROVIDED: CASH MANAGEMENT AND BANK DEPOSITS

EMPLOYEE

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**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.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER ST LOS ANGELES, CA 90089	95-1642394	501(C)(3)	300,000.		FMV		PROGRAM SUPPORT
(2)	SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	300,000.		FMV		PROGRAM SUPPORT
(3)	MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE CHARLESTON, SC 29425	57-6000722	501(C)(3)	300,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKHEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	149,999.		FMV		PROGRAM SUPPORT
(5)	NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(6)	STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	199,992.		FMV		PROGRAM SUPPORT
(7)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE, 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(8)	THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 TORREY PINES LA JOLLA, CA 92037	95-2160097	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(9)	EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 31322	58-0566256	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(10)	NEW YORK UNIVERSITY 665 BROADWAY, STE 801 NEW YORK, NY 10012	13-5562308	501(C)(3)	239,844.		FMV		PROGRAM SUPPORT
(11)	THE TRUSTEES OF UNIV. OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(12)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE, 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	233,960.		FMV		PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **12**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.**  
Employer identification number: **13-3039601**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b>	TRUSTEES OF BOSTON UNIVERSITY 85 E NEWTON ST, M-921 BOSTON, MA 02118	10-4210354	501(C)(3)	239,490.		FMV		PROGRAM SUPPORT
<b>(2)</b>	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
<b>(3)</b>	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	15-9333702	501(C)(3)	170,000.		FMV		PROGRAM SUPPORT
<b>(4)</b>	NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVE, 6TH FLR NEW YORK, NY 10016	13-5562308	501(C)(3)	160,000.		FMV		PROGRAM SUPPORT
<b>(5)</b>	JOHNS HOPKINS UNIVERSITY 733 BROADWAY, STE 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
<b>(6)</b>	THE INSTITUTE FOR MOLECULAR MEDICINE 16371 BOTHARD HUNTINGTON BEACH, CA 91647	88-0366979	501(C)(3)	99,998.		FMV		PROGRAM SUPPORT
<b>(7)</b>	UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	99,332.		FMV		PROGRAM SUPPORT
<b>(8)</b>	REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
<b>(9)</b>	DURE UNIVERSITY MEDICAL CENTER 2200 W. MAIN ST, STE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
<b>(10)</b>	ROSKAMP FOUNDATION 2040 WHITFIELD AVE SARASOTA, FL 34243	65-6206042	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
<b>(11)</b>	VANDERBILT UNIVERSITY MEDICAL CENTER 1490 18TH AVE SOUTH NASHVILLE, TN 37212	16-2047682	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
<b>(12)</b>	COLUMBIA UNIVERSITY MEDICAL CENTER 631 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**

**3** Enter total number of other organizations listed in the line 1 table **12**

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

**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.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	99,998.		FMV		PROGRAM SUPPORT
(2)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST, P-221	23-1352695	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(3)	STANFORD UNIVERSITY 3172 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF MICHIGAN 3003 S. STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(5)	UNIV OF TEXAS HEALTH SCIENCE CENTER POST OFFICE BOX 20036 HOUSTON, TX 77225	74-1761309	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(6)	WASHINGTON UNIVERSITY ST. LOUIS 660 S. EUCLID AVE ST. LOUIS, MO 63110	43-1653611	501(C)(3)	95,991.		FMV		PROGRAM SUPPORT
(7)	HARTFORD HOSPITAL 80 SEYMOUR ST HARTFORD, CT 06102	06-0646668	501(C)(3)	99,697.		FMV		PROGRAM SUPPORT
(8)	UNIVERSITY OF ARKANSAS 210 ADMIN FAYETTEVILLE, AR 72701	71-6003252	501(C)(3)	97,823.		FMV		PROGRAM SUPPORT
(9)	UNIVERSITY OF NEBRASKA 987835 NEBRASKA MEDICAL CTR OMAHA, NE 68198	14-7004912	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(10)	WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	23-1386178	501(C)(3)	93,550.		FMV		PROGRAM SUPPORT
(11)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

13-3039601

ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

**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.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	99,999.		FMV		PROGRAM SUPPORT
(2)	YALE UNIVERSITY 47 COLLEGE ST, STE 203 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(3)	THE WASHINGTON UNIVERSITY 1 BROOKINGS DR ST. LOUIS, MO 63130	43-0653611	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA, ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	99,978.		FMV		PROGRAM SUPPORT
(6)	WAKE FOREST UNIVERSITY MEDICAL CENTER WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	99,309.		FMV		PROGRAM SUPPORT
(7)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 32224	15-9333702	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(8)	PHARMATOPHIX INC 2198 STERLING AVE MENLO PARK, CA 94025	14-1973571		600,000.		FMV		PROGRAM SUPPORT
(9)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	600,000.		FMV		PROGRAM SUPPORT
(10)	BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(11)	PALO ALTO INSTITUTE 3801 MIRANDA AVE PALO ALTO, CA 94304	77-0207331	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

**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.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	10-4231290	501(C)(3)	137,500.		FMV		PROGRAM SUPPORT
(2)	NORTHWESTERN UNIVERSITY - CHICAGO CAMPUS 750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(4)	PACIFIC HEALTH RESEARCH & EDUCATION INST. 3375 KOAPAKA ST HONOLULU, HI 96819	99-0312283	501(C)(3)	449,999.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST, P-221	23-1352685	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(6)	RESEARCH FDN FOR MENTAL HYGIENE 150 BROADWAY, STE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	450,000.		FMV		PROGRAM SUPPORT
(7)	AMERICAN BRAIN FOUNDATION 203 CHICAGO AVE MINNEAPOLIS, MN 55415	43-0653611	501(C)(3)	43,333.		FMV		PROGRAM SUPPORT
(8)	FOUNDATION FOR THE NATIONAL INST. OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20914	52-1986675	501(C)(3)	250,000.		FMV		PROGRAM SUPPORT
(9)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 S. EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,023,435.		FMV		PROGRAM SUPPORT
(10)	ILLUMINA 5230 ILLUMINA WAY SAN DIEGO, CA 92122	33-0804655	501(C)(3)	1,000,000.		FMV		PROGRAM SUPPORT
(11)	UNIVERSITY OF WISCONSIN AT MADISON 21 N. PARK ST, STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF WISCONSIN AT MADISON 21 N. PARK ST, STE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

**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.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT
(2)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT
(3)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT
(4)	CASE WESTERN RESERVE UNIV. 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
(5)	ALZHEIMER'S IMPACT MOVEMENT 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501(C)(4)	807,959.		FMV		PROGRAM SUPPORT
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 63

3 Enter total number of other organizations listed in the line 1 table ..... 2

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)



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

1	(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 non-cash assistance
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**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION

INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST, THE

ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY COUNCIL

ENSURES DIVERSITY OF FUNDED AWARDS DURING THE GRANT REVIEW PROCESS AND

DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED

NEEDS IN THE ALZHEIMER RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S

ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF OUR SCIENTIFIC AREAS OF

INVESTMENT TO MONITOR THE DIVERSITY OF OUR GRANTS PORTFOLIO, POTENTIAL

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

1	(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 non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GAPS IN RESEARCH FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THE

ANALYSIS INFORMS FUTURE FUNDING DECISIONS AND AREAS OF RESEARCH FOCUS. THIRD,

THERE IS A DETAILED PROCESS ONCE A GRANT IS AWARDED TO MONITOR PROGRAM

AND SCIENTIFIC AND FINANCIAL INTEGRITY.

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE

AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL Awardees ARE REQUIRED TO PROVIDE ANNUAL REPORTING TO THE ALZHEIMER'S

ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL

**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
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**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

EXPENDITURES ASSOCIATED WITH THE AWARD. SIXTY DAYS PRIOR TO THE

ANNIVERSARY OF THE AWARD, AN ALZHEIMER'S ASSOCIATION POST-AWARD

SPECIALIST NOTIFIES ALL RESEARCHERS AND ALL DESIGNATED INSTITUTIONAL

FINANCIAL OFFICIALS WITH FISCAL RESPONSIBILITY FOR THE AWARD OF THE

REQUIRED REPORTS, WHICH INCLUDE AN INTERIM SCIENTIFIC REPORT, AND INTERIM

FINANCIAL REPORT AND DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF

ASSOCIATION FUNDING. THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL

RESPONSIBILITY FOR THE AWARD CANNOT BE THE PRIMARY INVESTIGATOR OF THE

PROJECT. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM

SCIENTIFIC REPORT AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT, BOTH

**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS AS WELL AS THE

OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT AT THE

AWARDED INSTITUTION AT [HTTPS://PROPOSALCENTRAL.ALTUM.COM/LOGIN.ASP](https://proposalcentral.altum.com/login.asp).

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH

FISCAL RESPONSIBILITY, AND ALL REPORTS MUST BE UPLOADED BY THE AWARD

RECIPIENT TO PROPOSALCENTRAL. AFTER RECEIPT, ALL FINANCIAL REPORTS ARE

REVIEWED BY AN ALZHEIMER'S ASSOCIATION POST-AWARD SPECIALIST FOR ACCURACY

AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION, THE

ASSOCIATION REQUIRED PROTOCOL CONTINUATION APPROVAL (I.E., IACUC, IRB,

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

RDNA) ANNUALLY, IF APPLICABLE TO THE RESEARCH PROJECT. ANY SUBSEQUENT

PAYMENTS TO GRANT AWARDEES ARE GENERATED AFTER THEIR RECEIPT AND APPROVAL

BY OUR VICE PRESIDENT, MEDICAL AND SCIENTIFIC RELATIONS.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90

DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO PROPOSALCENTRAL

ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL

OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD.

IN ADDITION, WE REQUEST, MONITOR, AND FOLLOW-UP TO ENSURE SUBMISSION

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COMPLIANCE ON ALL AWARDED CONTRACTS AND THAT FINANCIAL REPORTING

REQUIREMENTS ARE MET. WE AUDIT ANNUAL AWARDEES FINANCIAL REPORTS TO

ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORT(S) MAY RESULT

IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT DELINQUENT

REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST FOR ANNUAL

REPORT(S) IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT REPORTS, ANY

UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S ASSOCIATION. THIS

RESEARCHER BECOMES INELIGIBLE TO APPLY FOR FUNDING FROM THE ALZHEIMER'S

ASSOCIATION.

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS

VERIFICATION OF NON-PROFIT STATUS:

- \* ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS
- \* DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM.

**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
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**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT

STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION

LETTER). IF THEIR DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE YEAR

PERIOD, THE INSTITUTION IS ASKED TO PROVIDE DOCUMENTATION FROM AN

AUTHORIZED ORGANIZATION INDIVIDUAL TO CONFIRM THERE HAS NOT BEEN A STATUS

CHANGE FOR THE ORGANIZATION. FOR THE PART THE CLOUD TRANSLATIONAL

RESEARCH GRANT PROGRAM, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT

THEIR FINANCIAL STATEMENTS.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE



**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
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**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ASSOCIATION'S GRANT Awardees by maintaining records of publications,

presentations, and intellectual property that result from funded studies.

The association requires the grant recipient to notify us on an annual

basis with updates to these records. We also monitor follow-on funding

from federal agencies.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2012

**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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HARRY JOHNS PRESIDENT & CEO	(i) 553,375. (ii) 107,000. (iii) 2,040,379.	30,262.	2,040,379.	57,000.	21,658.	2,779,412.	1,828,870.
2 RICHARD HOVLAND COO/CFO	(i) 293,956. (ii) 69,254. (iii) 1,645.	271.	1,645.	60,833.	28,944.	454,632.	0
3 ANGELA GEIGER CHIEF STRATEGY OFFICER	(i) 340,143. (ii) 81,867. (iii) 250,317.	107.	250,317.	27,500.	19,685.	719,512.	222,083.
4 WILLIAM THIES CHIEF MEDICAL SCIENCE OFFICER	(i) 265,757. (ii) 69,376. (iii) 4,022.	0	4,022.	27,500.	22,594.	389,249.	0
5 ROBERT EGGE VP - PUBLIC POLICY	(i) 246,622. (ii) 59,296. (iii) 262.	12,418.	262.	27,500.	28,808.	362,488.	0
6 SCOTT GARDNER VP - CHAPTER RELATIONS	(i) 212,531. (ii) 47,700. (iii) 857.	0	857.	27,500.	12,489.	301,077.	0
7 PAULA PELISSERO SR. DIRECTOR, HUMAN RESOURCES	(i) 180,621. (ii) 9,719. (iii) 945.	0	945.	20,975.	2,830.	215,090.	0
8 MARIA CARRILLO VP MEDICAL & SCIENTIFIC REL	(i) 177,869. (ii) 5,971. (iii) 158.	0	158.	21,006.	8,094.	213,098.	0
9							
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16							

**Part III Supplemental Information**

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

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

AT TIMES A BOARD MEMBER WITH EARLY ON-SET ALZHEIMER'S DISEASE MAY REQUIRE

A COMPANION TO ACCOMPANY HIM OR HER ON BUSINESS TRAVEL FOR SAFETY

REASONS. SINCE HIS OR HER INVOLVEMENT IN THE MEETINGS IS BENEFICIAL TO

THE MISSION OF THE ALZHEIMER'S ASSOCIATION; THE EXPENSE OF COMPANION

TRAVEL IS REIMBURSED.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

HARRY JOHNS PARTICIPATED IN A 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED

COMPENSATION OR RETIREMENT PLAN. THE ACCRUAL AMOUNT UNDER THE PLAN IN

CALENDAR YEAR 2012 WAS \$240,132 AND AS DISCUSSED LATER AND REPORTED ON

SCHEDULE J, PART II, THE AMOUNTS THAT BECAME VESTED UNDER THE

SUPPLEMENTAL RETIREMENT PLAN WERE REQUIRED TO BE REPORTED ON THE FORM 990

WHEN INCLUDED IN TAXABLE INCOME, EVEN THOUGH THE AMOUNTS WERE EARNED OVER

SEVERAL YEARS OF SERVICE, AND EVEN THOUGH MOST OF THE FINAL BENEFIT HAD

ALREADY BEEN REPORTED ON PRIOR FORM 990S AS ACCRUED.

**Part III Supplemental Information**

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

IN ADDITION, RICHARD HOVLAND, ANGELA GEIGER, AND HARRY JOHNS ALSO PARTICIPATED IN A 457(B) RETIREMENT PLAN THE AMOUNT ACCRUED IN CALENDAR YEAR 2012 IS INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION (I.E., SCHEDULE J, PART II, COLUMN (C)). HARRY JOHNS WAS THE ONLY INDIVIDUAL IN CALENDAR YEAR 2012 WITH AN AMOUNT ACCRUED UNDER THE PROVISIONS OF THE PLAN DURING THE REPORTING PERIOD. THE AMOUNT ACCRUED FOR HARRY JOHNS UNDER THIS PLAN IN CALENDAR YEAR 2012 WAS \$17,000, WHICH IS THE IRC PRESCRIBED MAXIMUM UNDER THIS TYPE OF PLAN FOR THE CALENDAR YEAR 2012.

## SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART II, COLUMN (B) (II)

HARRY JOHNS RECEIVED PERFORMANCE BASED INCENTIVE COMPENSATION OF \$107,000 BASED ON HIS SUCCESSFUL ACHIEVEMENT OF SPECIFIC GOALS, WHICH WERE DEVELOPED, REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN CONSULTATION WITH THE BOARD'S INDEPENDENT 3RD PARTY COMPENSATION CONSULTANTS. THIS PERFORMANCE BASED INCENTIVE COMPENSATION WAS EARNED FOR PERFORMANCE IN FISCAL YEAR 2012 BUT IT WAS PAID IN CALENDAR YEAR 2012 (I.E., FISCAL YEAR 2013).

**Part III Supplemental Information**

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

SUPPLEMENTAL COMPENSATION INFORMATION - OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN (B) (III)

AS PER HIS INITIAL EMPLOYMENT ARRANGEMENT IN 2005 WITH THE ALZHEIMER'S

ASSOCIATION, MR. JOHNS WAS TO PARTICIPATE IN A 457(F) DEFERRED

COMPENSATION OR RETIREMENT PLAN, TO REPLACE A DEFINED BENEFIT PLAN IN

WHICH HE HAD BEEN PARTICIPATING DURING HIS 22-YEAR CAREER WITH HIS

PREVIOUS EMPLOYER (WITH SIGNIFICANT VALUE GIVEN UP WHEN HE AGREED TO

BECOME THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ALZHEIMER'S

ASSOCIATION IN SEPTEMBER 2005). ALZHEIMER'S ASSOCIATION AGREED, AS PART

OF THE RECRUITMENT OF MR. JOHNS IN 2005, TO TAKE INTO ACCOUNT THE DEFINED

BENEFIT PENSION BENEFIT HE WOULD HAVE EARNED FROM THE PRIOR EMPLOYER HAD

HE REMAINED THERE, AS WELL AS THE BENEFIT ACTUALLY EARNED AT THE TIME HE

LEFT TO TAKE THE POSITION WITH ALZHEIMER'S ASSOCIATION, THUS THE

COMBINATION OF BENEFITS FROM THE PRIOR EMPLOYER AND FROM THIS

ORGANIZATION REFLECTS HIS NEARLY 30 YEARS OF SERVICE TO THESE TWO

NOT-FOR-PROFIT, TAX-EXEMPT CHARITIES, AND REFLECTS HIS RECORD OF SUPERIOR

LEADERSHIP AT TWO SIGNIFICANT CHARITIES AND HIS ACHIEVING AND EXCEEDING

PERFORMANCE GOALS AT THE ALZHEIMER'S ASSOCIATION. AS INDICATED ON THIS

YEAR'S RETURN NEARLY 90% OF THE TOTAL PAYOUT NOW REPORTED AS "OTHER

**Part III Supplemental Information**

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

REPORTABLE COMPENSATION" HAD BEEN PREVIOUSLY REPORTED AS DEFERRED COMPENSATION ON THE FORM 990 AND THE CURRENT AMOUNT REPORTED REFLECTS THE ACCUMULATED AND NOW VESTED VALUE OF THE TOTAL RETIREMENT BENEFIT, WHICH WAS SUBJECT TO FORFEITURE IF MR. JOHNS HAD NOT PERFORMED SUBSTANTIAL FUTURE SERVICES, AND WHICH IS REQUIRED TO BE DISTRIBUTED AS A VESTED NONQUALIFIED 457(F) RETIREMENT BENEFIT, WHICH IS SUBJECT TO FULL TAXATION AND REPORTING ON FORM W-2 AS CURRENT PERSONAL INCOME, DESPITE BEING DESIGNED AND INTENDED FOR RETIREMENT FUNDING PURPOSES.

## SUPPLEMENTAL COMPENSATION INFORMATION

## SCHEDULE J, PART II, COLUMN (C)

HARRY JOHNS - RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$57,000 IS COMPRISED OF THE FOLLOWING:

- EMPLOYER CONTRIBUTIONS TO THE QUALIFIED BROAD-BASED 401(K) RETIREMENT PLAN - \$27,500;
- EMPLOYER ACCRUAL OF RETIREMENT BENEFIT TO A SUPPLEMENTAL RETIREMENT ACCOUNT UNDER THE PREVIOUSLY DISCUSSED 457(B) - \$17,000;

**Part III Supplemental Information**

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

- MULTI-YEAR RETENTION INCENTIVE - \$12,500, ACCRUED AND PAID IN DECEMBER 2012 WITH VESTING OCCURRING ON JUNE 30, 2012.

ANGELA GEIGER - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDE EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN. IN ADDITION, A RETENTION INCENTIVE AWARD WAS PAID TO MS. GEIGER IN JULY 2012, WHICH WAS A BENEFIT TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH JULY 30, 2012. SINCE THE VESTING REQUIREMENTS WERE SATISFIED THEY REQUIRED IMMEDIATE TAXATION AND DISTRIBUTION IN 2012. IT IS IMPORTANT TO NOTE THAT NEARLY 90% OF THE ENTIRE AMOUNT CURRENTLY TAXED AND DISTRIBUTED HAS BEEN PREVIOUSLY REPORTED AS DEFERRED COMPENSATION ON PRIOR FORM 990'S AS INDICATED IN SCHEDULE J, PART II, COLUMN (F).

RICHARD HOVLAND - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER CONTRIBUTION TO A QUALIFIED 401(K) RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUAL WHICH WAS NOT PAID AS OF DECEMBER 31, 2012 BUT WHICH IS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH



**Part III Supplemental Information**

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

JULY 30, 2013.

ROBERT EGGE, WILLIAM THIES, SCOTT GARDNER, PAULA PELISSERO AND MARIA

CARRILLO - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER

CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART II, COLUMN (D)

HARRY JOHNS - NON-TAXABLE BENEFITS OF \$21,658 INCLUDE EMPLOYER

CONTRIBUTIONS TO MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND

LONG-TERM DISABILITY, AND LONG TERM CARE INSURANCE BASED ON HIS PERSONAL

ELECTIONS FOR CALENDAR YEAR 2012 THROUGH THE BENEFIT OFFERINGS AVAILABLE

TO ALL OTHER BENEFITS-ELIGIBLE EMPLOYEES AT OUR ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**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 . . . . .	X	522.	219,500.	COST/SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .	X	111.	1,719,976.	COST/SELLING PRICE
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 ▶ ( <u>ATCH 1</u> ) . . . . .		271.	298,976.	
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 IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions? . . . . .	X	
32 a 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to 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.

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 25 AND LINE 32B

LINE 25 - THE ALZHEIMER'S ASSOCIATION RECEIVES VARIOUS NONCASH

CONTRIBUTIONS FOR THEIR FUNDRAISING EVENTS. THESE ITEMS INCLUDE SPORTING  
TICKETS, JEWELRY, CONCERT TICKETS, DINNERS AND VARIOUS OTHER PACKAGES.

LINE 32B: A THIRD PARTY BROKER RECEIVES DIRECTLY, SELLS AND REMITS  
PROCEEDS FROM STOCK GIFTS.

**Part II** **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VARIOUS NONCASH ITEMS	X	271.	298,976.	FAIR MARKET VALUE
TOTALS		<u>271.</u>	<u>298,976.</u>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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 990-EZ.

Name of the organization  
ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number  
13-3039601

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES,  
BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE COMING CLOSE TO  
FINDING BETTER TREATMENTS THAT COULD DRASTICALLY ALTER THE COURSE OF THE  
DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED  
AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF  
PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR BETTER CARE AND  
RESOURCES, AND HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST  
EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES.  
MORE THAN 500,000 GRASS ROOTS ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS  
OF PEOPLE WITH ALZHEIMER'S AND THE FAMILIES, AND HELP ENCOURAGE CONGRESS  
TO INCREASE FUNDING FOR RESEARCH AND CARE. POLICY ACTIVITIES ALSO  
INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE  
AND RAISE AWARENESS OF KEY ISSUES.

EXPENSES: 5,649,926

GRANTS: 807,959

REVENUES: NONE

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION\* PROVIDES AN  
ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR  
INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND  
CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED  
BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

OFFERED IN PERSON, BY PHONE AND ONLINE. THROUGH OUR PROGRAMS AND SERVICES, THE ASSOCIATION SERVES MORE THAN 700,000 INDIVIDUALS IN PERSON OR BY TELEPHONE, AND MILLIONS MORE VIA THE WEB EACH YEAR. ONLINE NATIONWIDE AND IN CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, RECEIVE PERSONALIZED CARE CONSULTATION AND ENGAGE IN EARLY STAGE PROGRAMS, ENROLL IN SUPPORT PROGRAMS AND PURCHASE PRODUCTS TO REDUCE THE RISKS ASSOCIATED WITH WANDERING.

THE ASSOCIATION HAS BEEN A LEADER IN PROVIDING SUPPORT PROGRAMS AND PRODUCTS TO REDUCE THE RISKS OF WANDERING, A DANGEROUS AND POTENTIALLY FATAL SYMPTOM OF ALZHEIMER'S DISEASE, FOR THE APPROXIMATELY 6 OF 10 PERSONS WITH DEMENTIA AT RISK FOR WANDERING. THROUGH THE MEDICALERT\* + ALZHEIMER'S ASSOCIATION SAFE RETURN PROGRAM\* AND COMFORT ZONE.

ALZHEIMER'S ASSOCIATION ALZHEIMER'S NAVIGATOR\* IS AN ONLINE TOOL TO HELP CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THE NEEDS, IDENTIFY ACTION STEPS AND CONNECT WITH LOCAL PROGRAMS AND SERVICES. DEVELOPED WITH THE FEEDBACK OF PEOPLE LIVING WITH ALZHEIMER'S AND THEIR CAREGIVERS, ALZHEIMER NAVIGATOR\* ALSO ALLOWS USERS TO REASSESS NEEDS AND ADJUST CARE PLANS AS THE DISEASE PROGRESSES. ALZCONNECTED\*, POWERED BY THE ALZHEIMER'S ASSOCIATION, IS THE FIRST SOCIAL NETWORKING COMMUNITY DESIGNED FOR PEOPLE LIVING WITH ALZHEIMER'S AND THEIR CAREGIVERS. IT OFFERS A PLACE WHERE THOSE IMPACTED BY ALZHEIMER'S CAN CONNECT TO OTHERS, FIND SUPPORT AND SHARE TIPS AND STRATEGIES FOR LIVING WITH THE DISEASE.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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THROUGH THE ASSOCIATION'S 24/7/365 HELPLINE, INDIVIDUALS WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES CAN TALK TO A SPECIALIST TO RECEIVE INFORMATION AND BASIC EDUCATION ABOUT THE DISEASE; AND FOR MORE COMPLICATED OR URGENT SITUATIONS, CONSTITUENTS CAN SPEAK TO A MASTERS-LEVEL TRAINED COUNSELOR, ANY TIME, DAY OR NIGHT. THIS RESOURCE IS ALSO AVAILABLE IN MORE THAN 15 LANGUAGES. THE HELPLINE HANDLES OVER 290,000 CALLS PER YEAR.

THE ASSOCIATION'S WEBSITE (WWW.ALZ.ORG) RECEIVES AN AVERAGE OF 1.8 MILLION VISITS EACH MONTH. ONLINE PROGRAMS INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 170 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, AND VIETNAMESE, A VIRTUAL LIBRARY, A SAFETY CENTER, AND A NEWLY DEVELOPED MICROSITE SPECIFICALLY FOR PEOPLE LIVING WITH ALZHEIMER'S, WITH INPUT FROM PEOPLE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE AND THEIR CARE PARTNERS.

THROUGH THE ASSOCIATION'S EARLY STAGE INITIATIVE, INDIVIDUALS IN THE EARLY STAGES OF THE DISEASE CAN PARTICIPATE IN EDUCATION PROGRAMS, SUPPORT GROUPS AND ENGAGEMENT PROGRAMS. ADDITIONALLY, THE ASSOCIATION CONVENES AN EARLY STATE ADVISORY GROUP WHOSE MEMBERS WORK TO RAISE AWARENESS, ADVOCATE FOR THE CAUSE, AND PROVIDE GUIDANCE AND REVIEW OF OUR PROGRAMS AND SERVICES.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO PROVIDE EDUCATION, INFORMATION, SUPPORT RESOURCES, AND TO HELP INDIVIDUALS WITH ALZHEIMER'S AND THEIR FAMILIES NAVIGATE THE LONG AND COMPLICATED JOURNEY THROUGH ALZHEIMER'S DISEASE.

\* THESE ARE NAMES THAT ARE TRADEMARKS OF THE ALZHEIMER'S ASSOCIATION.

EXPENSES:	16,585,126
GRANTS:	367,180
REVENUES:	NONE

GOVERNING BODY

FORM 990, PART VI, LINE 1A

THE BOARD OF DIRECTORS OF THE ALZHEIMER'S ASSOCIATION IS THE ORGANIZATION'S GOVERNING BODY. THE BOARD HAS DELEGATED AUTHORITY TO ITS STANDING AND OTHER BUSINESS COMMITTEES AS DESCRIBED IN ARTICLE VII OF THE ORGANIZATIONAL BYLAWS. THE FOLLOWING EXCERPT FROM THE ASSOCIATION'S BYLAWS DISCUSS COMMITTEES OF THE BOARD OF DIRECTORS.

COMMITTEES OF DIRECTORS:

THE BOARD OF DIRECTORS SHALL HAVE THE FOLLOWING STANDING COMMITTEES:  
EXECUTIVE, FINANCE, GOVERNANCE AND NOMINATING, COMPENSATION AND AUDIT.

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE SHALL SUPERVISE THE AFFAIRS OF THE ASSOCIATION, APPROVE EXPENDITURES AND COMMITMENTS ACCORDING TO POLICIES PRESCRIBED BY



Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
--	--------------------------------

THE BOARD OF DIRECTORS, ACT FOR AND CARRY OUT THE ESTABLISHED POLICIES OF THE ASSOCIATION AS DEFINED BY THE BOARD OF DIRECTORS, INCLUDING THE POLICIES AND PROCEDURES, REPORT TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE BOARD OF DIRECTORS AND HAVE SUCH OTHER ADDITIONAL POWERS AS MAY BE BY LAW OR RESOLUTION OF THE BOARD OF DIRECTORS PROVIDED. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL AUTHORITY INCLUDING THE ELECTION OF OFFICERS OTHER THAN THE CHAIR, CHAIR ELECT, ONE OR MORE VICE CHAIRS, SECRETARY, TREASURER OR PRESIDENT AND CHIEF EXECUTIVE OFFICER, IT BEING UNDERSTOOD THAT THE EXECUTIVE COMMITTEE MAY ELECT AN INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER TO SERVE UNTIL THE NEXT MEETING OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ASSOCIATION, SUBJECT TO THE LIMITATIONS CONTAINED IN THE DELAWARE CORPORATION LAW. THE COMMITTEE'S RESPONSIBILITIES SHALL INCLUDE, BUT NOT BE LIMITED TO, INITIATING LONG-RANGE PLANNING, ENVIRONMENTAL SCANNING AND PERFORMANCE EVALUATION; INITIATING THE BOARD'S ANNUAL STRATEGIC PRIORITIES FOR APPROVAL BY THE BOARD; ASSISTING THE CHAIR IN DEVELOPING CHARGES TO THE COMMITTEES; IDENTIFYING PROGRAMMATIC AND FINANCIAL INDICATORS OF ASSOCIATION PERFORMANCE; CONDUCTING THE REVIEW, PERFORMANCE EVALUATION AND SUCCESSION PLANNING FOR THE PRESIDENT AND CEO; MAKING BYLAW RECOMMENDATIONS TO THE BOARD; REVIEWING THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL; AND IDENTIFYING SIGNIFICANT ISSUES AS THAT TERM IS DEFINED IN ARTICLE IX WHICH REQUIRE CONSIDERATION BY THE ASSOCIATION ASSEMBLY AS DESCRIBED IN THE SAME ARTICLE AND RECEIVING, ON BEHALF OF THE BOARD, THE ASSOCIATION ASSEMBLY'S SUGGESTIONS AND RECOMMENDATIONS FOR BOARD CONSIDERATION OR ACTION. AT EACH OF ITS ANNUAL

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED RESOLUTION SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF NOT LESS THAN ELEVEN OR MORE THAN FIFTEEN DIRECTORS. THE CHAIR, CHAIR ELECT, VICE CHAIRS, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES AND CHAIRS OF THE FOLLOWING COMMITTEES: CHAPTER RELATIONS, DEVELOPMENT, DIVERSITY AND INCLUSION, PROGRAM, AND PUBLIC POLICY, AS WELL AS THE CHAIR OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL SHALL BE MEMBERS OF THE EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY HOLD REGULAR MEETINGS MONTHLY OR AS IT MAY OTHERWISE DETERMINE, AT SUCH PLACE AND AT SUCH TIMES AND UPON SUCH NOTICE AS IT MAY DETERMINE. SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE CHAIR OR BY ANY THREE OF ITS MEMBERS, BY NOTICE DELIVERED PERSONALLY OR BY MAIL, TELEPHONE, ELECTRONIC MAIL OR FACSIMILE AT LEAST SEVEN DAYS (OR AT LEAST 48 HOURS IN THE CASE OF TELEPHONIC MEETINGS) PRIOR TO THE MEETING. A MAJORITY OF THE CURRENTLY SERVING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR ALL PURPOSES.

FINANCE COMMITTEE:

THE FINANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE DIRECTORS AND SHALL BE CHAIRED BY THE TREASURER. THE FINANCE COMMITTEE SHALL OVERSEE AND REVIEW ALL FINANCIAL REPORTS, ACCOUNTING ACTIVITIES AND INVESTMENT DECISIONS OF THE ASSOCIATION AND ALSO SHALL PREPARE A PROJECTED BUDGET FOR EACH FISCAL YEAR TO BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

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## GOVERNANCE AND NOMINATING COMMITTEE:

AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED RESOLUTION SHALL ELECT A GOVERNANCE AND NOMINATING COMMITTEE CONSISTING OF NOT LESS THAN NINE NOR MORE THAN FIFTEEN INDIVIDUALS CURRENTLY SERVING AS A DIRECTOR. AT LEAST ONE-THIRD OF THE GOVERNANCE AND NOMINATING COMMITTEE SHALL BE DIRECTORS HAVING CHAPTER EXPERIENCE. THE GOVERNANCE AND NOMINATING COMMITTEE SHALL ASSIST THE BOARD IN ENSURING THE SUCCESSFUL GOVERNANCE OF THE ASSOCIATION THROUGH BOARD ASSESSMENT, RECRUITMENT, NOMINATIONS, ORIENTATION AND DEVELOPMENT. THE GOVERNANCE AND NOMINATING COMMITTEE SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE. THE GOVERNANCE AND NOMINATING COMMITTEE MAY NOMINATE CANDIDATES FOR DIRECTOR EMERITUS, HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS OR COMMITTEES AND APPROVE AND PRESENT TO THE BOARD FOR APPROVAL THE CANDIDATES FOR MSAC MEMBERSHIP. THE GOVERNANCE AND NOMINATING COMMITTEE ALSO SHALL PROVIDE INPUT TO THE CHAIR ON THE SELECTION OF VICE CHAIRS AND COMMITTEE CHAIRS.

## COMPENSATION COMMITTEE:

A COMPENSATION COMMITTEE WHICH SHALL RECOMMEND SALARY AND BENEFITS FOR THE PRESIDENT AND CEO AND SENIOR OFFICERS OF THE ASSOCIATION; HELP ENSURE SUCCESSION PLANS ARE IN PLACE FOR KEY POSITIONS IN THE ASSOCIATION AND PROVIDE OVERSIGHT ON THE RETIREMENT PROGRAMS OFFERED BY THE ASSOCIATION TO ITS EMPLOYEES.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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## AUDIT COMMITTEE:

THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING AN AUDITOR TO THE BOARD OF DIRECTORS AND SHALL OVERSEE THE ACTIVITIES OF ANY INTERNAL AUDITOR OF THE ASSOCIATION. THE COMMITTEE SHALL SEE THAT AN ANNUAL AUDIT IS PREPARED BY AN INDEPENDENT FIRM OF CERTIFIED PUBLIC ACCOUNTANTS SELECTED BY THE BOARD OF DIRECTORS AND, UPON RECEIVING SUCH AUDITOR'S REPORT, THE COMMITTEE SHALL PREVIEW THE AUDIT REPORT FOR SUBMISSION TO THE BOARD OF DIRECTORS EACH YEAR. THE COMMITTEE SHALL REVIEW THE FINANCIAL REPORTS OF THE ASSOCIATION, ITS SYSTEM OF INTERNAL CONTROLS, AND THE AUDIT PROCESS, INCLUDING THE REVIEW OF THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL. THE AUDIT COMMITTEE SHALL HAVE AT LEAST FIVE MEMBERS, ALL OF WHOM ARE MEMBERS OF THE BOARD OF DIRECTORS AND THE MAJORITY OF WHOM HAVE APPROPRIATE FINANCIAL EXPERTISE. AT LEAST ONE MEMBER OF THE AUDIT COMMITTEE SHALL MEET THE REQUIREMENT OF "AUDIT COMMITTEE FINANCIAL EXPERT" AS THEN DEFINED BY THE SECURITIES AND EXCHANGE COMMISSION. THE MAJORITY OF THE MEMBERS OF THE AUDIT COMMITTEE MAY NOT CONCURRENTLY SERVE ON THE FINANCE COMMITTEE AND THE TREASURER AND CHAIR OF THE FINANCE COMMITTEE MAY NOT SERVE CONCURRENTLY ON THE AUDIT COMMITTEE.

## OTHER COMMITTEES:

IN ADDITION TO THE STANDING COMMITTEES, OTHER COMMITTEES MAY BE DESIGNATED BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS PRESENT AT ANY MEETING. OTHER COMMITTEES SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING BUSINESS COMMITTEES:

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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A. A CHAPTER RELATIONS COMMITTEE WHICH SHALL RECOMMEND AND MONITOR CONSISTENT, PREDICTABLE AND ACCOUNTABLE BOARD POLICY IN AFFILIATE RELATIONS.

B. A DEVELOPMENT COMMITTEE WHICH SHALL ADVISE THE BOARD ON PHILANTHROPIC GIVING TO THE ASSOCIATION AND RECOMMEND FUNDRAISING POLICIES.

C. A PROGRAM COMMITTEE WHICH SHALL RECOMMEND FOR BOARD CONSIDERATION AND APPROVAL POLICY ISSUES RELATED TO MARKET AND NEEDS ASSESSMENT, PROGRAMS AND SERVICES, QUALITY AND STANDARDS AND RELATED MATTERS.

D. A PUBLIC POLICY COMMITTEE WHICH SHALL PROVIDE GUIDANCE TO THE BOARD ON ADVOCACY STRATEGIES, FEDERAL, STATE AND LOCAL PUBLIC POLICY ISSUES AND STRATEGIES INCLUDING RESEARCH FUNDING, HEALTH CARE, LONG TERM CARE, AND PUBLICLY FUNDED CARE AND SUPPORT PROGRAMS.

E. A DIVERSITY & INCLUSION COMMITTEE WHICH SHALL HELP ENSURE THAT THE ALZHEIMER'S ASSOCIATION SERVES AND REFLECTS DIVERSE COMMUNITIES, SHALL WORK WITH THE NATIONAL BOARD OF DIRECTORS AND OTHER COMMITTEES TO FOSTER DIVERSITY AND INCLUSION WITH RESPECT TO THE ASSOCIATION STRATEGIC PLAN AND SHALL REPORT ON PROGRESS THE ASSOCIATION AND BOARD ARE MAKING ON ACHIEVING THE ASSOCIATION'S DIVERSITY AND INCLUSION STRATEGIC GOALS.

FORM 990 REVIEW PROCESS

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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FORM 990, PART VI, LINE 11B

THE ORGANIZATION UNDERGOES A THOROUGH REVIEW PROCESS BEFORE FILING THE RETURN. THE AUDIT COMMITTEE DISCUSSES AND REVIEWS THE FORM BEFORE IT GOES TO THE OFFICERS AND FULL BOARD OF DIRECTORS. ALL OFFICERS AND THE FULL BOARD OF DIRECTORS ARE PROVIDED A COPY FOR THEIR REVIEW AND HAVE THE OPPORTUNITY TO COMMENT BEFORE THE FORM IS FILED.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ALZHEIMER'S ASSOCIATION CONFLICT OF INTEREST POLICY IS DESCRIBED IN ARTICLE XVII, SECTION 2 OF THE ORGANIZATIONAL BYLAWS.

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY. AS CITED FROM ARTICLE XVII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS OR CHAPTERS SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON OR CHAPTER REPRESENTATIVE DID NOT PARTICIPATE IN ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON OR CHAPTER SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER HAVING A CONFLICT IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER CONCERNING WHOM THE DOUBT HAS ARISEN. THE GOVERNANCE AND NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS SHALL REPORT TO THE BOARD OF DIRECTORS FROM TIME TO TIME ON THE IMPLEMENTATION OF THESE GUIDELINES AND THE STATUS OF ANY POLICY DEVELOPMENTS REGARDING COMPENSATION AND CONFLICTS OF INTEREST. FURTHER, THE GOVERNANCE AND NOMINATING COMMITTEE SHALL REPORT TO THE BOARD AS SOON AS REASONABLE AFTER HAVING BEEN ALERTED TO SPECIFIC INSTANCES WHEN THESE GUIDELINES HAVE NOT BEEN FOLLOWED OR ANY OTHER ISSUE REGARDING COMPENSATION OR CONFLICT OF INTEREST IS DETERMINED TO EXIST.

COPIES OF THE ALZHEIMER'S ASSOCIATION BYLAWS, INCLUDING THE CONFLICT OF

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
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INTEREST POLICY, ARE PROVIDED TO ALL BOARD OF DIRECTORS NO LESS THAN ANNUALLY. BOARD DIRECTOR DISCLOSURE STATEMENTS ARE SUBMITTED NO LESS THAN ANNUALLY. POTENTIAL CONFLICTS DISCLOSED BY BOARD DIRECTORS OR CANDIDATES FOR ELECTION TO THE BOARD ARE REVIEWED BY THE GOVERNANCE AND NOMINATING COMMITTEE, WHICH REPORTS NO LESS THAN ANNUALLY ON ITS REVIEW TO THE FULL BOARD. AS DOCUMENTED IN THE MEETING MINUTES, AT THE START OF EACH MEETING OF THE BOARD OF DIRECTORS AS WELL AS EACH MEETING OF THE EXECUTIVE COMMITTEE, THE AGENDA IS REVIEWED AND ALL DIRECTORS IN ATTENDANCE ARE REMINDED OF THE CONFLICT OF INTEREST POLICY AND ADVISED TO DISCLOSE ANY POTENTIAL CONFLICTS SHOULD THEY EXIST OR ARISE.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A & 15B

COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE CONSULTANTS. FOR THE CEO POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT SOURCES OCCURRED IN 2012. THE PROCESS WAS CONDUCTED IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES. AS TO THE MEMBERS OF THE SENIOR MANAGEMENT TEAM OTHER THAN THE CEO, ANNUALLY UPDATED MARKET DATA ALSO IS PROVIDED BY THE OUTSIDE COMPENSATION CONSULTANT, SO THAT THE UPDATED MARKET DATA CAN BE USED IN SETTING REASONABLE COMPENSATION FOR EACH MEMBER OF THE SENIOR MANAGEMENT TEAM.

EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360 FEEDBACK



Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS. THE COMMITTEE AND CHAIR OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THESE INCLUDE A SELF-ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. UPDATED MARKET DATA FOR USE IN SETTING REASONABLE COMPENSATION IS PROVIDED BY A NATIONAL COMPENSATION CONSULTING FIRM TO THE COMPENSATION COMMITTEE FOR CONFIRMATION OF REASONABLENESS USING A PROCESS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INCLUDING CONTEMPORANEOUS DOCUMENTATION IN THE COMMITTEE'S MINUTES). FOR THIS YEAR THE SALARIES AND TOTAL COMPENSATION PACKAGES OF THE SENIOR STAFF WERE BENCHMARKED BY AONHEWITT. COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 18

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON THE WEBSITE AT WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON THE ORGANIZATION'S WEBSITE AT WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number

OTHER CHANGE IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

CHANGE IN PERPETUAL TRUST	\$881,768
CHANGE IN SPLIT INTEREST	-576,796
ACQUISITION OF DISSOLVED CHAPTERS	1,682,128
BAD DEBT	-626,160
TOTAL	\$1,360,940

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ALZHEIMER'S ASSOCIATION IS THE WORLD'S LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. OUR MISSION IS TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; AND TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH. OUR VISION: A WORLD WITHOUT ALZHEIMER'S.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. WE ARE A NATIONWIDE NETWORK WITH 80 CHAPTERS WORKING TOGETHER TO ACCOMPLISH OUR MISSION. OUR NATIONAL OFFICE IS HEADQUARTERED IN CHICAGO, AND WE HAVE A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT THROUGH OUR HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND AN AWARD-WINNING WEB SITE, ALZ.ORG.

WE ARE THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S DISEASE RESEARCH. SINCE AWARDING OUR FIRST GRANTS IN 1982, THE ASSOCIATION HAS

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COMMITTED MORE THAN \$290 MILLION TO APPROXIMATELY 2,200 BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S RESEARCH IN THE WORLD.

IN ADDITION, WE ADVOCATE FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE SPEAK UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE AND HOST AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C.

AWARENESS OF THE ASSOCIATION AND EDUCATION ABOUT ALZHEIMER'S DISEASE ARE KEY TO ACCELERATING PROGRESS. WE STRIVE TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. MORE THAN 5 MILLION ALZHEIMER'S ASSOCIATION "CHAMPIONS" HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PUBLIC AWARENESS AND EDUCATION - ALZHEIMER'S IS A PROGRESSIVE,

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

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ATTACHMENT 2 (CONT'D)

DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 5 MILLION AMERICANS AND THEIR FAMILIES ARE STRUGGLING WITH THIS DISEASE WITHOUT ENOUGH INFORMATION AND SUPPORT.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS THE CENTER OF HELP AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE. WE ALSO ENGAGE MILLIONS OF PEOPLE AS CHAMPIONS TO EDUCATE THEIR COMMUNITIES AND WORKPLACES.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH - THE ALZHEIMER'S ASSOCIATION IS ON THE FOREFRONT OF THE ALZHEIMER'S SCIENTIFIC FIELD, GLOBALLY CONNECTING RESEARCHERS IN THE QUEST TO FIND METHODS OF TREATMENT, PREVENTION AND A CURE. THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND FILLING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING SCIENTIFIC TALENT.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number

ATTACHMENT 3 (CONT'D)

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR MORE THAN 30 YEARS. WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER TREATMENTS AND DISCOVERY, HOSTING THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE (AAIC\*), THE WORLD'S LARGEST GATHERING OF ALZHEIMER'S RESEARCHERS, OR LEADING THE WORLDWIDE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (WW-ADNI) TO ACCELERATE ADVANCES IN IMAGING, THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND AND ADVANCE BEST-IN-CLASS RESEARCH. WE WORK WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS.

\* THESE ARE NAMES THAT ARE TRADEMARKS TO ALZHEIMER'S ASSOCIATION

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,  
DC, FL, GA, IL, IA, KS, KY, ME, MD, MA, MI,  
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, SD, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TG MADISON 3340 PEACHTREE RD NE, STE 2850 ATLANTA, GA 30326	COMMUNICATION SERV.	10,005,537.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALANIZ 425 N. IRIS STREET MT. PLEASANT, IA 52641	PRINT/LETTER SHOP	7,182,215.
WEB MASON P. O. BOX 62414 BALTIMORE, MD 21264	PRINT/LETTER SHOP	1,837,055.
RR DONNELLY P.O. BOX 93514 CHICAGO, IL 60673	PRINT/LETTER SHOP	1,542,934.
MICHIGAN AVENUE PLAZA P.O. BOX 88181 EXPEDITE WAY CHICAGO, IL 60695	REALTOR	1,475,299.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization  
**ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.**

Employer identification number  
**13-3039601**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALZHEIMER'S IMPACT MOVEMENT (AIM) 225 NORTH MICHIGAN AVE., SUITE CHICAGO, IL 60601 27-1961435	SOC WELFARE	IL	501C4		ALZ. ASSOC	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

**Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALZHEIMER'S IMPACT MOVEMENT	B	807,959.	FMV
(2)	ALZHEIMER'S IMPACT MOVEMENT	O	106,357.	FMV
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII****Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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**AMOUNT INVOLVED IN RELATIONSHIP**

SCHEDULE R, PART V, LINE 2

ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT MOVEMENT (AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2013 TO SUPPORT THE LEADERSHIP ROLES IDENTIFIED IN THE STRATEGIC PLAN OF THE ALZHEIMER'S ASSOCIATION. THIS GRANT IS RESTRICTED TO THE FOLLOWING 501(C)(3) ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH THE LISTED ACTIVITIES: IMPLEMENTATION OF THE NATIONAL ALZHEIMER'S PROJECT ACT: RECOGNIZING THIS GROWING ALZHEIMER'S CRISIS, CONGRESS UNANIMOUSLY PASSED AND PRESIDENT OBAMA SIGNED INTO LAW THE NATIONAL ALZHEIMER'S PROJECT ACT (NAPA); INCREASING THE COMMITMENT TO ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND CAREGIVER SUPPORT SERVICES; EXPANDING DIAGNOSIS AND CARE PLANNING.