

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 07/01, 2011, and ending 06/30, 2012

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions on back.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ALZHEIMER'S DISEASE & RELATED DISORDERS
Name and title of officer

Employer identification number

13-3039601

RICHARD H. HOVLAND, COO/CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>104575489.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 1 0 8 8 4 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ R. H. Hovland

Date ▶ 12/14/2012

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 6 9 4 1 2 3 6 6 0 5
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ [Signature]

Date ▶ 12/14/2012

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization <u>ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.</u>			D Employer identification number <u>13-3039601</u>		
	<input type="checkbox"/>	Name change						
	<input type="checkbox"/>	Initial return	Doing Business As <u>ALZHEIMER'S ASSOCIATION</u>			E Telephone number <u>(312) 335-8700</u>		
	<input type="checkbox"/>	Terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>225 N. MICHIGAN AVE. 17TH FLR</u>					
<input type="checkbox"/>	Amended return	City or town, state or country, and ZIP + 4 <u>CHICAGO, IL 60601-7633</u>			G Gross receipts \$ <u>159,787,494.</u>			
<input type="checkbox"/>	Application pending	F Name and address of principal officer: <u>RICHARD HOVLAND</u> <u>225 N. MICHIGAN AVE. 60601-7633 CHICAGO IL</u>						H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I 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	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
J Website: ▶ <u>WWW.ALZ.ORG</u>					H(c) Group exemption number ▶ <u>9334</u>			
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	L Year of formation: <u>1980</u>		M State of legal domicile: <u>IL</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH; TO PROVIDE AND ENHANCE CARE AND SUPPORT FOR ALL AFFECTED; & TO REDUCE THE RISK OF DEMENTIA THROUGH THE PROMOTION OF BRAIN HEALTH.</u>		
	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	43.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	388.
	6	Total number of volunteers (estimate if necessary)	6	1,950.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	86,072,453.	92,496,080.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,178,335.	5,109,038.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,542,653.	2,227,187.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,659,971.	4,743,184.
			94,453,412.	104,575,489.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,532,133.	13,494,403.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,820,480.	31,688,578.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	456,776.	433,534.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>18,392,627.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,489,574.	54,211,857.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,298,963.	99,828,372.	
19	Revenue less expenses. Subtract line 18 from line 12	1,154,449.	4,747,117.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	126,296,070.	122,758,605.
	22	Net assets or fund balances. Subtract line 21 from line 20	57,675,570.	52,119,030.
		68,620,500.	70,639,575.	

Part II Signature Block

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

Sign Here		Date			
	<u>RICHARD H. HOVLAND</u> Type or print name and title	<u>COO/CFO</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>DANIEL ROMANO</u>		<u>12/14/2012</u>	<input type="checkbox"/>	<u>P00504182</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>	Phone no. <u>312-856-0200</u>		
Firm's address ▶ <u>175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604</u>					
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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

Type or print 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	Employer identification number (EIN) or <input checked="" type="checkbox"/> 13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. MICHIGAN AVENUE, 17TH FLOOR	Social security number (SSN) <input type="checkbox"/>
	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

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) _____. 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 02/15, 2013, 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, 2011, and ending 06/30, 2012.

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

3a 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.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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 X

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 and section 4947(a)(1) trusts 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 \$ 24,129,299. including grants of \$ 12,000.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ 23,770,407. including grants of \$ 12,055,538.) (Revenue \$ 4,885,187.)

ATTACHMENT 3

4c (Code: _____) (Expenses \$ 10,832,839. including grants of \$ 386,841.) (Revenue \$ 0.)

CHAPTER SERVICES - FROM COAST TO COAST, MORE THAN 80 AFFILIATED 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 \$ 16,367,015. including grants of \$ 1,040,024.) (Revenue \$ 377,779.)

4e Total program service expenses ▶ 75,099,560.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 Section 501(c)(3) and 501(c)(4) organizations. 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, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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 Section 501(c)(3) organizations. 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 11 and 19? Note. 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 number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

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.
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 X

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.

X 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 (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 5										
(1) EDWARD BERUBE CHAIR, EXEC. COMM., DIRECTOR	10.00	X	X					0	0	0
(2) GERALD SAMPSON 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) MARY GUERRIERO AUSTROM, PH.D. SECRETARY, EXEC. COMM., DIR.	10.00	X	X					0	0	0
(5) R. THOMAS BODKIN DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(6) BILL BUECHELE DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(7) CATHY EDGE DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(8) DEBORAH JONES DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(9) RALPH A. NIXON, M.D., PH.D. DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(10) JOHN OSHER 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) STEWART PUTNAM DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(13) JOHN SABL DIRECTOR AND EXEC COMMITTEE	5.00	X						0	0	0
(14) ELECTA ANDERSON 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 (describe hours for related organizations in Schedule O)	(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) CHRISTOPHER BINKLEY DIRECTOR	5.00	X					0	0	0	
16) ROBERT K. BURKE DIRECTOR	5.00	X					0	0	0	
17) RICHARD DELLA PENNA, M.D. DIRECTOR	5.00	X					0	0	0	
18) JACK FAER DIRECTOR	5.00	X					0	0	0	
19) MARLANA GEHA, PH.D. DIRECTOR	5.00	X					0	0	0	
20) ELIZABETH GELFAND STEARNS DIRECTOR	5.00	X					0	0	0	
21) COLLEEN GOLDHAMMER BENZIN DIRECTOR	5.00	X					0	0	0	
22) DAVID GOLTERMANN DIRECTOR	5.00	X					0	0	0	
23) LOUIS HOLLAND, JR. DIRECTOR	5.00	X					0	0	0	
24) STEPHEN HUME, PSY.D DIRECTOR	5.00	X					0	0	0	
25) KAREN KAUFFMAN, PH.D., C.R.N.P., DIRECTOR	B.C. 5.00	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,556,013.	12,650.	791,004.	
d Total (add lines 1b and 1c)							2,556,013.	12,650.	791,004.	

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 **62**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 **78**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JACQUELINE KOURI DIRECTOR	5.00	X						0	0	0
(27) JOHN E. MAGGIO, PH.D. DIRECTOR	5.00	X						0	0	0
(28) JEFFREY MALONEY DIRECTOR	5.00	X						0	0	0
(29) BONNIE H. MARCUS DIRECTOR	5.00	X						0	0	0
(30) LINDA MENDELSON DIRECTOR	5.00	X						0	0	0
(31) DAVID MOSCOW DIRECTOR	5.00	X						0	0	0
(32) MANNY NAJERA DIRECTOR	5.00	X						0	0	0
(33) MARGARET NOEL, M.D. DIRECTOR	5.00	X						0	0	0
(34) RON PROFILI DIRECTOR	5.00	X						0	0	0
(35) DEBORAH A. RANDALL, ESQ. DIRECTOR	5.00	X						0	0	0
(36) KIMBERLY REED DIRECTOR	5.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶ 62**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 (describe hours for related organizations in Schedule O)	(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) SCOTT RUSSELL, ED.D DIRECTOR	5.00	X						0	0	0
(38) ALAN SILVERGLAT DIRECTOR	5.00	X						0	0	0
(39) SUZANNE B. SWIFT DIRECTOR	5.00	X						0	0	0
(40) CARL E. TUERK, JR. DIRECTOR	5.00	X						0	0	0
(41) PAUL WEXLER DIRECTOR	5.00	X						0	0	0
(42) SHELLIE N. WILLIAMS, M.D. DIRECTOR	5.00	X						0	0	0
(43) JEROME H STONE FOUNDING PRES, HONORARY CHAIR	5.00	X						0	0	0
(44) HARRY JOHNS PRESIDENT & CEO	60.00			X				575,108.	6,750.	414,966.
(45) RICHARD HOVLAND COO/CFO	60.00			X				328,506.	658.	90,233.
(46) ANGELA GEIGER CHIEF STRATEGY OFFICER	60.00				X			392,202.	0	101,066.
(47) WILLIAM THIES CHIEF MEDICAL SCIENCE OFFICER	60.00					X		331,291.	0	49,614.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **62**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 (describe hours for related organizations in Schedule O)	(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) ROBERT EGGE VP - PUBLIC POLICY	60.00					X		305,467.	5,242.	55,806.
(49) SCOTT GARDNER VP - CHAPTER RELATIONS	60.00					X		254,103.	0	32,639.
(50) PAULA PELISSERO SR. DIRECTOR, HUMAN RESOURCES	55.00					X		184,668.	0	23,340.
(51) MATTHEW BAUMGART SR. DIRECTOR, PUBLIC POLICY	55.00					X		184,668.	0	23,340.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶ 62

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	261,740.				
	c Fundraising events	1c	557,425.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,907,130.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	89,769,785.				
	g Noncash contributions included in lines 1a-1f: \$		2,761,638.				
	h Total. Add lines 1a-1f			92,496,080.			
Program Service Revenue		Business Code					
	2a PROGRAM CONFERENCES		611710	4,821,434.	4,821,434.		
	b JOURNAL		511120	63,753.	63,753.		
	c SAFE RETURN REGISTRATION FEE		611710	155,099.	155,099.		
	d CAREGIVER TRAINING		611710	68,752.	68,752.		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			5,109,038.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,041,153.			2,041,153.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			34,902.			34,902.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			53,422,792.			
	b Less: cost or other basis and sales expenses			53,235,662.	1,096.		
	c Gain or (loss)			187,130.	-1,096.		
	d Net gain or (loss)				186,034.		186,034.
	8a Gross income from fundraising events (not including \$ 557,425. of contributions reported on line 1c). See Part IV, line 18	a		2,988,825.			
	b Less: direct expenses	b		1,431,694.			
c Net income or (loss) from fundraising events				1,557,129.		1,557,129.	
9a Gross income from gaming activities. See Part IV, line 19	a		20,350.				
b Less: direct expenses	b		7,500.				
c Net income or (loss) from gaming activities				12,850.		12,850.	
10a Gross sales of inventory, less returns and allowances	a		925,744.				
b Less: cost of goods sold	b		536,053.				
c Net income or (loss) from sales of inventory		ATCH . 7 .		389,691.	153,928.	235,763.	
Miscellaneous Revenue			Business Code				
11a AFFILIATE REVENUE			900099	949,791.		949,791.	
b CHAPTER LICENSING AND MAINTENANCE			900099	846,245.		846,245.	
c OTHER REVENUE			900099	952,576.		952,576.	
d All other revenue							
e Total. Add lines 11a-11d				2,748,612.			
12 Total revenue. See instructions				104,575,489.	5,262,966.	6,816,443.	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,702,297.	11,702,297.		
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	1,792,106.	1,792,106.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,964,409.	1,186,371.	453,299.	324,739.
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	23,318,361.	17,687,531.	880,520.	4,750,310.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,451,203.	1,837,093.	157,213.	456,897.
9 Other employee benefits	2,177,403.	1,610,006.	126,413.	440,984.
10 Payroll taxes	1,777,202.	1,316,070.	94,059.	367,073.
11 Fees for services (non-employees):				
a Management	0			
b Legal	549,419.	183,140.	183,140.	183,139.
c Accounting	123,435.	101,410.	10,457.	11,568.
d Lobbying	219,000.	219,000.		
e Professional fundraising services. See Part IV, line 17	433,534.			433,534.
f Investment management fees	96,775.	96,775.		
g Other	8,707,539.	4,324,332.	465,183.	3,918,024.
12 Advertising and promotion	11,037,159.	10,827,143.	2.	210,014.
13 Office expenses	19,505,989.	10,619,111.	3,760,951.	5,125,927.
14 Information technology	517,044.	456,140.	23,488.	37,416.
15 Royalties	0			
16 Occupancy	5,153,627.	4,696,365.	53,374.	403,888.
17 Travel	5,473,630.	4,359,956.	32,068.	1,081,606.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,420,709.	1,289,829.	6,654.	124,226.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	796,677.	538,101.	83,884.	174,692.
23 Insurance	127,620.	113,120.	1,643.	12,857.
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>RECOGNITION/RECRUITMENT</u>	127,564.	112,551.	1,744.	13,269.
b <u>INVENTORY BUY-BACK EXPENSE</u>	24,983.	2,397.		22,586.
c _____				
d _____				
e All other expenses _____	330,687.	28,716.	2,093.	299,878.
25 Total functional expenses. Add lines 1 through 24e	99,828,372.	75,099,560.	6,336,185.	18,392,627.
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)	15,413,689.	8,180,841.	2,705,397.	4,527,450.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	10,708,534.	2	11,693,107.
	3 Pledges and grants receivable, net	17,099,520.	3	17,180,305.
	4 Accounts receivable, net	22,708,593.	4	16,708,937.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	493,120.
	8 Inventories for sale or use	135,491.	8	328,464.
	9 Prepaid expenses and deferred charges	4,137,719.	9	6,120,978.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,569,281.		
	b Less: accumulated depreciation	10b 12,088,543.	3,242,084.	10c 3,480,738.
	11 Investments - publicly traded securities	55,910,534.	11	54,744,000.
	12 Investments - other securities. See Part IV, line 11	12,353,595.	12	12,008,956.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	126,296,070.	16	122,758,605.	
Liabilities	17 Accounts payable and accrued expenses	6,741,706.	17	6,929,664.
	18 Grants payable	27,149,833.	18	22,525,567.
	19 Deferred revenue	3,996,445.	19	2,479,892.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	19,787,586.	25	20,183,907.
	26 Total liabilities. Add lines 17 through 25	57,675,570.	26	52,119,030.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,643,433.	27	26,593,123.
	28 Temporarily restricted net assets	13,922,372.	28	21,875,658.
	29 Permanently restricted net assets	22,054,695.	29	22,170,794.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	68,620,500.	33	70,639,575.	
34 Total liabilities and net assets/fund balances	126,296,070.	34	122,758,605.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,575,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,828,372.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,747,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,620,500.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,728,042.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70,639,575.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	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	
3b	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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number
13-3039601

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 - Other

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

	Yes	No
11g(i)		
11g(ii)		
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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 type="checkbox"/>	
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,071,788.	78,177,850.	75,805,366.	86,383,096.	92,496,080.	427,934,180.
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	3,384,152.	5,318,528.	4,413,451.	3,178,355.	5,109,038.	21,403,524.
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	98,455,940.	83,496,378.	80,218,817.	89,561,451.	97,605,118.	449,337,704.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,200,000.	1,188,870.	599,940.	728,821.	619,685.	6,337,316.
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.	3,200,000.	1,188,870.	599,940.	728,821.	619,685.	6,337,316.
8 Public support (Subtract line 7c from line 6.)						443,000,388.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	98,455,940.	83,496,378.	80,218,817.	89,561,451.	97,605,118.	449,337,704.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,684,438.	3,077,704.	1,969,538.	2,154,572.	2,076,055.	13,962,307.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,684,438.	3,077,704.	1,969,538.	2,154,572.	2,076,055.	13,962,307.
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.) ATCH 1	439,146.	607,419.	2,610,156.	4,921,675.	6,683,529.	15,261,925.
13 Total support. (Add lines 9, 10c, 11, and 12.)	103,579,524.	87,181,501.	84,798,511.	96,637,698.	106,364,702.	478,561,936.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	92.57%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93.21%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.92%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.49%

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 III - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
CHAPTER LICENSE & MAIN. FEES	222,906.	413,788.	982,928.	615,349.	846,245.	3,081,216.
OTHER REVENUE	214,433.	192,163.	100,873.	153,167.	952,574.	1,613,210.
AFFILIATE REVENUE			595,380.	753,889.	949,791.	2,299,060.
INCOME FROM FUNDRAISING EVENTS			930,975.	3,114,200.	3,009,175.	7,054,350.
INCOME FROM SALES OF INVENTORY	1,807.	1,468.		285,070.	925,744.	1,214,089.
TOTALS	<u>439,146.</u>	<u>607,419.</u>	<u>2,610,156.</u>	<u>4,921,675.</u>	<u>6,683,529.</u>	<u>15,261,925.</u>

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

2011

Open to Public Inspection

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 ALZHEIMER 'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		235,991.
d Mailings to members, legislators, or the public?	X		50,070.
e Publications, or published or broadcast statements?	X		7,183.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		551,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		218,197.
i Other activities?	X		409,317.
j Total. Add lines 1c through 1i			1,471,758.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5 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; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 11

NEARLY ALL OF THE ASSOCIATION'S LOBBYING IS THROUGH STAFF OR VOLUNTEERS. THEREFORE, ONLY A SMALL AMOUNT OF REPORTABLE EXPENSES ARE INCURRED FOR GRASS ROOTS LOBBYING, 10% OF THE COSTS ASSOCIATED WITH DATABASE CONTRACTS, OR \$3,888. THESE AMOUNTS ARE USED FOR ADVOCACY.

ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES. FOR FISCAL YEAR 2012 THESE TRAINING EXPENDITURES WERE \$405,429.

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 HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE ALSO ADVOCATE FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. MORE THAN 400,000 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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting on collections of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2011

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 XIV.

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 XIV 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 XIV.

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	11,626,613.	9,438,167.	8,125,409.	9,400,894.	
b Contributions	323,701.	96,708.	117,211.	60,401.	
c Net investment earnings, gains, and losses	192,033.	2,091,738.	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	12,142,347.	11,626,613.	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 90.9600 %
- c** Temporarily restricted endowment 9.0400 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV 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				
b Buildings				
c Leasehold improvements		4,003,514.	2,276,753.	1,726,761.
d Equipment		5,537,788.	4,574,195.	963,593.
e Other		6,027,980.	5,237,595.	790,385.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,480,739.

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	11,876,426.	FMV
(B) ASSETS HELD IN TRUST	132,530.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	12,008,956.	

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)		
Total. (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)	
Total. (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	12,201,778.	
(3) GIFT ANNUITY OBLIGATIONS	4,477,811.	
(4) DEFERRED COMPENSATION	1,416,536.	
(5) DEFERRED RENT	2,087,782.	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,183,907.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	104,575,489.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,828,372.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,747,117.
4	Net unrealized gains (losses) on investments	4	-1,099,120.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,628,922.
9	Total adjustments (net). Add lines 4 through 8	9	-2,728,042.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,019,075.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	107,920,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,099,120.
b	Donated services and use of facilities	2b	5,258,984.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-788,339.
e	Add lines 2a through 2d	2e	3,371,525.
3	Subtract line 2e from line 1	3	104,548,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	26,891.
c	Add lines 4a and 4b	4c	26,891.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	104,575,489.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	106,282,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,569,627.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,447,081.
e	Add lines 2a through 2d	2e	7,016,708.
3	Subtract line 2e from line 1	3	99,265,428.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	562,944.
c	Add lines 4a and 4b	4c	562,944.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	99,828,372.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV 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 ONLY CONSISTS 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 56%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY 44%).

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 XIV 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, 2012, 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 XIV Supplemental Information (continued)

FIN 48

SCHEDULE D, PART X, LINE 2

THE ALZHEIMER'S 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 501(C)(3) AND 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. AIMPAC IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 57 OF THE IRC. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE 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 FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES OR STATEMENT OF POSITION. THE TAX YEARS ENDING 2008, 2009, AND 2010 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Part XIV Supplemental Information (continued)

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN PERPETUAL TRUST	\$ (207,601)
CHANGE IN SPLIT INTEREST	(580,738)
ACQUISITION OF DISSOLVED CHAPTERS	481,427
DONATED NONCASH CONTRIBUTIONS	(310,643)
BAD DEBT	(911,028)
PRIOR PERIOD ADJUSTMENT TO NET ASSETS	(100,342)
MISCELLANEOUS ADJUSTMENT	3
TOTAL	\$ (1,628,922)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

CHANGE IN PERPETUAL TRUST	\$ (207,601)
CHANGE IN SPLIT INTEREST	(580,738)
TOTAL	\$ (788,339)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD	\$ (536,053)
REIMBURSEMENT OF LEGAL FEES	562,944
TOTAL	\$ 26,891

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 2D

COST OF GOODS SOLD	\$ 536,053
BAD DEBT	911,028
TOTAL	\$ 1,447,081

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 4B

REIMBURSEMENT OF LEGAL FEES	\$ 562,944
TOTAL	\$ 562,944

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **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 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
(1) EUROPE			GRANTMAKING		1,195,616.
(2) NORTH AMERICA			GRANTMAKING		297,090.
(3) SOUTH AMERICA			GRANTMAKING		100,000.
(4) EAST ASIA AND THE PACIFIC			GRANTMAKING		199,400.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,792,106.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,792,106.

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

Schedule F (Form 990) 2011

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. Check this box if no one recipient 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)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	199,790.	CHECK			FMV
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	396,969.	CHECK			FMV
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(4)			NORTH AMERICA	PROGRAM SUPP	97,090.	CHECK			FMV
(5)			NORTH AMERICA	PROGRAM SUPP	100,000.	CHECK			FMV
(6)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(7)			NORTH AMERICA	PROGRAM SUPP	100,000.	CHECK			FMV
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(9)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,000.	CHECK			FMV
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,857.	CHECK			FMV
(11)			EAST ASIA/PACIFIC	PROGRAM SUPP	100,000.	CHECK			FMV
(12)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK			FMV
(13)			EAST ASIA/PACIFIC	PROGRAM SUPP	99,400.	CHECK			FMV
(14)			SOUTH AMERICA	PROGRAM SUPP	100,000.	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

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)							

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. ANY SUBSEQUENT PAYMENTS TO GRANT AWARDEES ARE GENERATED AFTER THEIR RECEIPT AND APPROVAL BY OUR CHIEF MEDICAL SCIENCE OFFICER OR 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 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).

COMPLIANCE ON ALL AWARDED CONTRACTS, AND TO SECURE 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.

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

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).

CHANGE FOR THE ORGANIZATION.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULTS 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

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? **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.

(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
		Yes	No			
1 THD	DIR MAIL PUSH E-MAIL		X	38,468,281.	924,733.	37,543,548.
2 INFOCISION	AWARE & VOL PROGRAM		X	2,545,217.	1,988,747.	556,470.
3						
4						
5						
6						
7						
8						
9						
10						
Total				41,013,498.	2,913,480.	38,100,018.

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, MA, 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)	SARDI ' S GALA (event type)	4. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,085,000.	720,750.	1,740,500.	3,546,250.
	2 Less: Charitable contributions	148,800.	198,500.	210,125.	557,425.
	3 Gross income (line 1 minus line 2)	936,200.	522,250.	1,530,375.	2,988,825.
Direct Expenses	4 Cash prizes			0	
	5 Noncash prizes	195,387.	15,000.	92,756.	303,143.
	6 Rent/facility costs	236,233.	124,196.	355,317.	715,746.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	110,185.	84,636.	217,984.	412,805.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,431,694.)
	11 Net income summary. Combine line 3, column (d), and line 10				1,557,131.

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			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			7,500.	7,500.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					(7,500.)
8 Net gaming income summary. Combine line 1, column d, and line 7					12,850.

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

- 15a 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 IMC FOR PROFESSIONAL FUNDRAISING

CONSULTANT SERVICES. A DESCRIPTION OF THE ARRANGMENT 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 ▶ _____

- 15a 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 - FRIDAY) BY THE CAGING VENDOR. POST OFFICE FEES WILL BE INVOICED THROUGH IMC AND PAID THROUGH THE CAGE.

BANK ACCOUNT. IMC WILL FACILITATE THE SET UP OF A BANK ACCOUNT, AT 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 ▶ _____

- 15a 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 OF 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 CAGING VENDOR. ALL FUNDS FROM THE VOLUNTEER RECRUITMENT DONATIONS WILL BE DEPOSITED INTO THE BANK ACCOUNT SET UP FOR VOLUNTEER RECRUITMENT WITHIN 2 DAYS. BANK 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 ▶ _____

- 15a 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 WILL RECEIVE \$340,000 IN REVENUE FROM INFOCISION AS A RESULT OF FY12 CAMPAIGNS. THOSE DOLLARS ARE OVER AND ABOVE THE FY12 STATED GROSS REVENUE.

- 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 ▶ _____

- 15a 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 AND ALZHEIMER'S

DISEASE & RELATED DISORDERS 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. ALZHEIMER'S DISEASE &

- 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 ▶ _____

- 15a 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).

RELATED DISORDERS ASSOCIATION EXERCISES CONTROL AND APPROVAL 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 ▶ _____

- 15a 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 ▶ _____

- 15a 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 ▶ _____

- 15a 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)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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. Check this box if no one recipient 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)	REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	400,000.		FMV		PROGRAM SUPPORT
(2)	PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207	48-1278529	501(C)(3)	199,469.		FMV		PROGRAM SUPPORT
(3)	MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(4)	MOUNT SINAI SCHOOL OF MEDICINE PO BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(5)	THE NATHAN S. KLINE INSTITUTE 140 OLD ORANBEBURG RD ORANBEBURG, NY 10962	14-1410842	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(6)	THE INSTITUTE FOR MOLECULAR MEDICINE 16371 GOTHARD ST HUNTINGTON BEACH, CA 92647	88-0366979	501(C)(3)	239,503.		FMV		PROGRAM SUPPORT
(7)	THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	239,250.		FMV		PROGRAM SUPPORT
(8)	RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	239,910.		FMV		PROGRAM SUPPORT
(9)	SLOAN-KETTERING INSTITUTE 1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(10)	MOUNT SINAI SCHOOL OF MEDICINE PO BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	240,000.		FMV		PROGRAM SUPPORT
(11)	UNIV OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	239,862.		FMV		PROGRAM SUPPORT
(12)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	15-9333702	501(C)(3)	240,000.		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) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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. Check this box if no one recipient 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)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID CLEVELAND, OH 44106	34-1018992	501(C)(3)	239,996.		FMV		PROGRAM SUPPORT
(2)	UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM TAMPA, FL 33612	59-3102112	501(C)(3)	159,774.		FMV		PROGRAM SUPPORT
(3)	THE UNIVERSITY OF TEXAS P.O. BOX 20036 HOUSTON, TX 77225	74-1761309	501(C)(3)	160,000.		FMV		PROGRAM SUPPORT
(4)	THE NATHAN S. KLINE INSTITUTE 140 OLD ORANGEBURG RD ORANGEBURG, NY 10962	14-1410842	501(C)(3)	399,956.		FMV		PROGRAM SUPPORT
(5)	NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(6)	BANNER RESEARCH INSTITUTE 10515 WEST SANTA FE SUN CITY, AZ 85351	86-0768795	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(7)	MOUNT SINAI SCHOOL OF MEDICINE P.O. BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	98,670.		FMV		PROGRAM SUPPORT
(8)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE 1 PARK AVE NEW YORK, NY 10016	13-5562308	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(9)	WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(10)	THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	99,549.		FMV		PROGRAM SUPPORT
(11)	UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	THE TRUSTEES OF COLUMBIA UNIVERSITY 630 W 168TH ST 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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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. Check this box if no one recipient 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)	SAN DIEGO STATE UNIV RESEARCH FDN 5250 CAMPANILE DR. SAN DIEGO, CA 92182	95-6042721	501(C)(3)	99,998.		FMV		PROGRAM SUPPORT
(2)	NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10012	13-5562308	501(C)(3)	99,979.		FMV		PROGRAM SUPPORT
(3)	THE UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY GALVESTON, TX 77555	74-6000949	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(4)	WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE MORGANTOWN, WV 26506	55-6000842	501(C)(3)	97,493.		FMV		PROGRAM SUPPORT
(5)	MAYO CLINIC. 200 FIRST ST. SW ROCHESTER, MN 55905-0001	41-6011702	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(6)	EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501(C)(3)	99,997.		FMV		PROGRAM SUPPORT
(7)	MOUNT SINAI SCHOOL OF MEDICINE P.O. BOX 1075 NEW YORK, NY 10029	13-6171197	501(C)(3)	99,974.		FMV		PROGRAM SUPPORT
(8)	RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	99,831.		FMV		PROGRAM SUPPORT
(9)	UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL. PITTSBURGH, PA 15213	25-0965591	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(10)	MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE CHARLESTON, SC 29425	57-6000722	501(C)(3)	99,988.		FMV		PROGRAM SUPPORT
(11)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 11000 KINROSS AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	UNIVERSITY OF HOUSTON 4800 CALHOUN HOUSTON, TX 77204-2015	74-6001399	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

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Schedule I (Form 990) (2011)

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
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(1)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 5171 CALIFORNIA IRVINE, CA 92697-7600	95-2226406	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(2)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 5171 CALIFORNIA IRVINE, CA 92697-7600	95-2226406	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(3)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 SOUTH EUCLID ST. LOUIS, MO 63110	43-0653611	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(4)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 5200 NORTH LAKE ROAD MERCED, CA 95343	27-0093858	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(5)	THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(6)	UNIV OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD. FORT WORTH, TX 76107	75-6064033	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(7)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DAVIS, CA 95618	94-6036494	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(8)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	99,840.		FMV		PROGRAM SUPPORT
(9)	EMORY UNIVERSITY 1599 CLIFTON ATLANTA, GA 30322	58-0566256	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(10)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 5171 CALIFORNIA AVE IRVINE, CA 92697	95-2226406	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(11)	THE UNIVERSITY OF KANSAS 2385 IRVING HILL LAWRENCE, KS 66045	48-0680117	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(12)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT

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Schedule I (Form 990) (2011)

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(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2011

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Employer identification number
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(1)	THE BOARD OF TRUSTEES OF THE UNIV OF IL 1901 S FIRST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(2)	BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	96,565.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF COLORADO DENVER, AMC AND DC 13001 E. 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	99,998.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD. TAMPA, FL 33612	59-3102112	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(5)	UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON, VT 05401	03-0225105	501(C)(3)	299,998.		FMV		PROGRAM SUPPORT
(6)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(7)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	200,000.		FMV		PROGRAM SUPPORT
(8)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	71,623.		FMV		PROGRAM SUPPORT
(9)	FOUNDATION FOR THE NATIONAL INST. OF HEALTH 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	52-1986675	501(C)(3)	250,000.		FMV		PROGRAM SUPPORT
(10)	WASHINGTON UNIVERSITY IN ST. LOUIS 660 S EUCLID AVE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,095,209.		FMV		PROGRAM SUPPORT
(11)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT
(12)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT

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**Grants and Other Assistance to Organizations,
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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. Check this box if no one recipient 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 AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,667.		FMV		PROGRAM SUPPORT
(2)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	80,000.		FMV		PROGRAM SUPPORT
(3)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	100,000.		FMV		PROGRAM SUPPORT
(4)	UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE SEATTLE, WA 98195	91-6001537	501(C)(3)	77,000.		FMV		PROGRAM SUPPORT
(5)	GREATER WISCONSIN CHAPTER 2900 CURRY LANE GREEN BAY, WI 54311	39-1493227	501(C)(3)	23,000.		FMV		PROGRAM SUPPORT
(6)	OHIO DEPARTMENT OF HEALTH 246 N. HIGH STREET COLUMBUS, OH 43215	31-1334820	501(A)	12,400.		FMV		PROGRAM SUPPORT
(7)	GEORGIA CHAPTER 1925 CENTURY BLVD ATLANTA, GA 30345	58-1492046	501(C)(3)	15,000.		FMV		PROGRAM SUPPORT
(8)	MISSISSIPPI CHAPTER 1900 DUNBARTON JACKSON, MS 39216	64-0786327	501(C)(3)	23,000.		FMV		PROGRAM SUPPORT
(9)	ST. LOUIS CHAPTER 9370 OLIVE BLVD ST. LOUIS, MO 63132	43-1237069	501(C)(3)	28,000.		FMV		PROGRAM SUPPORT
(10)	GREATER IOWA CHAPTER 1730 28TH ST WEST DES MOINES, IA 50266	42-1520582	501(C)(3)	28,100.		FMV		PROGRAM SUPPORT
(11)	MID SOUTH CHAPTER 4825 TROUSDALE DR NASHVILLE, TN 37215	62-1860364	501(C)(3)	14,000.		FMV		PROGRAM SUPPORT
(12)	NORTHERN CALIFORNIA AND NEVADA CHAPTER 1060 LA AVENIDA MOUNTAIN VIEW, CA 94043	94-2897949	501(C)(3)	25,500.		FMV		PROGRAM SUPPORT

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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)	WEST VIRGINIA CHAPTER 1111 LEE ST CHARLESTON, SC 25301	36-3487172	501(C)(3)	18,000.		FMV		PROGRAM SUPPORT
(2)	LOUISIANA DEPT OF HEALTH P.O. BOX 3118 BATON ROUGE, LA 70821	72-6011595	501(A)	25,000.		FMV		PROGRAM SUPPORT
(3)	ARIZONA DEPT OF HEALTH 1740 W. ADAMS, ROOM 303 PHOENIX, AZ 85007	86-6004791	501(A)	20,000.		FMV		PROGRAM SUPPORT
(4)	GREATER KENTUCKY CHAPTER 6100 DUCHMANS LANE LOUISVILLE, KY 40205	36-4497854	501(C)(3)	5,500.		FMV		PROGRAM SUPPORT
(5)	MINNESOTA NORTH DAKOTA CHAPTER 4550 W 77TH MINNEAPOLIS, MN 55435	41-1361624	501(C)(3)	7,270.		FMV		PROGRAM SUPPORT
(6)	OREGON CHAPTER 1650 NW NAITO PKWY PORTLAND, OR 97209	93-0813252	501(C)(3)	28,000.		FMV		PROGRAM SUPPORT
(7)	CONNECTICUT CHAPTER 2075 SILAS DEANE HWY ROCKY HILL, CT 06067	42-1540769	501(C)(3)	17,000.		FMV		PROGRAM SUPPORT
(8)	OKLAHOMA/ARKANSAS CHAPTER 6465 SOUTH YALE TULSA, OK 74136	73-1183372	501(C)(3)	14,520.		FMV		PROGRAM SUPPORT
(9)	MAINE DEPT OF HEALTH 221 S. STATE ST AGUSTA, ME 04333	01-6000001	501(A)	15,000.		FMV		PROGRAM SUPPORT
(10)	NATIONAL CAPITAL AREA CHAPTER 3701 PENDER DR FAIRFAX, VA 22030	52-1196162	501(C)(3)	23,000.		FMV		PROGRAM SUPPORT
(11)	ALZHEIMER'S IMPACT MOVEMENT (AIM) 225 MICHIGAN CHICAGO, IL 60601	27-1961435	501(C)(3)	589,830.		FMV		PROGRAM SUPPORT
(12)	HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 WEST HOLCOMBE BLVD HOUSTON, TX 77030	74-2198685	501(C)(3)	35,161.		FMV		PROGRAM SUPPORT

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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)	CALIFORNIA AND CENTRAL COAST CHAPTER 1528 CHAPALA ST. SANTA BARBARA, CA 93101	77-0006745	501(C)(3)	9,600.		FMV		PROGRAM SUPPORT
(2)	CENTRAL AND NORTH FLORIDA CHAPTER 378 CENTER PT ALTAMONTE SPRINGS, FL 32701	36-3487166	501(C)(3)	7,480.		FMV		PROGRAM SUPPORT
(3)	EAST CENTRAL IOWA CHAPTER 317 SEVENTH AVE CEDAR RAPIDS, IA 52401	42-1333384	501(C)(3)	6,471.		FMV		PROGRAM SUPPORT
(4)	CENTRAL AND WESTERN VIRGINIA 1160 PEPSI PL CHARLOTTESVILLE, VA 22901	54-1309570	501(C)(3)	7,158.		FMV		PROGRAM SUPPORT
(5)	CONNECTICUT CHAPTER 2075 SILAS DEANE HWY ROCKY HILL, CT 06067	42-1540769	501(C)(3)	10,120.		FMV		PROGRAM SUPPORT
(6)	GEORGIA CHAPTER 1925 CENTURY BLVD ATLANTA, GA 30345	58-1492046	501(C)(3)	12,972.		FMV		PROGRAM SUPPORT
(7)	GREATER ILLINOIS CHAPTER 8430 W. BRYN MAWR CHICAGO, IL 60631	36-3102348	501(C)(3)	18,520.		FMV		PROGRAM SUPPORT
(8)	GREATER KENTUCKY CHAPTER 6100 DUCHMANS LN LOUISVILLE, KY 40205	36-4497854	501(C)(3)	9,998.		FMV		PROGRAM SUPPORT
(9)	GREATER MARYLAND CHAPTER 1850 YORK ROAD TIMONIUM, MD 21093	52-1219428	501(C)(3)	9,516.		FMV		PROGRAM SUPPORT
(10)	GREATER DALLAS CHAPTER 4144 N. CENTRAL EXPY DALLAS, TX 75204	75-2041194	501(C)(3)	13,200.		FMV		PROGRAM SUPPORT
(11)	MID MISSOURI CHAPTER 2400 BLUFF CREEK DR COLUMBIA, MO 65201	43-1344786	501(C)(3)	5,952.		FMV		PROGRAM SUPPORT
(12)	NORTHERN CALIFORNIA AND NEVADA CHAPTER 1060 LA AVENIDA MOUNTAIN VIEW, CA 94043	94-2897949	501(C)(3)	16,718.		FMV		PROGRAM SUPPORT

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(1)	NORTHEASTERN NEW YORK CHAPTER 4 PINE WEST PLAZA ALBANY, NY 12205	14-1634958	501(C)(3)	7,916.		FMV		PROGRAM SUPPORT
(2)	NORTH CENTRAL TEXAS CHAPTER 2630 WEST FWY FORT WORTH, TX 76102	75-1984152	501(C)(3)	7,681.		FMV		PROGRAM SUPPORT
(3)	OKLAHOMA AND ARKANSAS CHAPTER 6465 SOUTH YALE TULSA, OK 74136	73-1183372	501(C)(3)	8,160.		FMV		PROGRAM SUPPORT
(4)	ROCHESTER AND FINGER LAKES CHAPTER 435 E HENRIETTA RD ROCHESTER, NY 14620	16-1159941	501(C)(3)	9,517.		FMV		PROGRAM SUPPORT
(5)	SOUTH CAROLINA CHAPTER 4124 CLEMSON BLVD ANDERSON, SC 29621	57-0792592	501(C)(3)	7,651.		FMV		PROGRAM SUPPORT
(6)	SOUTHEASTERN VIRGINIA CHAPTER 6350 CENTER DR NORFOLK, VA 23502	54-1204329	501(C)(3)	5,710.		FMV		PROGRAM SUPPORT
(7)	UTAH CHAPTER 855 E. 4800 S SALT LAKE CITY, UT 84107	87-0397943	501(C)(3)	6,219.		FMV		PROGRAM SUPPORT
(8)	VERMONT CHAPTER 300 CORNERSTONE WILLISTON, VT 05495	03-0286299	501(C)(3)	6,650.		FMV		PROGRAM SUPPORT
(9)	WESTERN CAROLINA CHAPTER 3800 SHAMROCK CHARLOTTE, NC 28215	56-1440727	501(C)(3)	7,770.		FMV		PROGRAM SUPPORT
(10)	MID SOUTH CHAPTER 4825 TROUSDALE NASHVILLE, TN 37215	62-1860364	501(C)(3)	9,016.		FMV		PROGRAM SUPPORT
(11)	CALIFORNIA SOUTHLAND CHAPTER 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	95-3718119	501(C)(3)	18,400.		FMV		PROGRAM SUPPORT
(12)	GREATER PENNSYLVANIA CHAPTER 3544 PROGRESS AVE HARRISBURG, PA 17110	25-1510692	501(C)(3)	10,080.		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) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**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.**

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. Check this box if no one recipient 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)	<u>WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157</u>	<u>22-3849199</u>	<u>501(C)(3)</u>	<u>362,821.</u>		<u>FMV</u>		<u>PROGRAM SUPPORT</u>
(2)								
(3)								
(4)								
(5)								
(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 105.

3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) (2011)

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
1					
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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.

(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, and any other additional information.

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

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, 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, 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. ANY SUBSEQUENT PAYMENTS TO
GRANT AWARDEES ARE GENERATED AFTER THEIR RECEIPT AND APPROVAL BY OUR

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, and any other additional information.

CHIEF MEDICAL SCIENCE OFFICER OR 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 COMPLIANCE ON ALL AWARDED CONTRACTS, AND TO SECURE FINANCIAL REPORTING

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, and any other additional information.

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

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, and any other additional information.

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.

ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION

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, and any other additional information.

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.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULTS 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

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, and any other additional information.

FUNDING FROM FEDERAL AGENCIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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. 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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		(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	(i)	489,391.	85,000.	717.	393,218.	21,748.	990,074.	
	(ii)	6,750.	0	0			6,750.	
2 RICHARD HOVLAND	(i)	250,221.	76,658.	1,627.	60,283.	29,950.	418,739.	
	(ii)	658.	0	0			658.	
3 ANGELA GEIGER	(i)	302,974.	88,920.	308.	82,784.	18,282.	493,268.	
	(ii)	0	0	0				
4 WILLIAM THIES	(i)	252,334.	76,045.	2,912.	26,950.	22,664.	380,905.	
	(ii)	0	0	0				
5 ROBERT EGGE	(i)	243,083.	62,138.	246.	26,950.	28,856.	361,273.	
	(ii)	5,242.	0	0			5,242.	
6 SCOTT GARDNER	(i)	202,395.	50,891.	817.	24,848.	7,791.	286,742.	
	(ii)	0	0	0				
7 PAULA PELISSERO	(i)	175,300.	8,737.	631.	20,470.	2,870.	208,008.	
	(ii)	0	0	0				
8 MATTHEW BAUMGART	(i)	175,300.	8,737.	631.	20,470.	2,870.	208,008.	
	(ii)	0	0	0				
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

THREE BOARD MEMBERS HAVE EARLY ON-SET ALZHEIMER'S DISEASE AND TRAVELED TO BOARD MEETINGS WITH A COMPANION FOR SAFETY PURPOSES. COMPANION'S TRAVEL EXPENSE WAS REIMBURSED.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

HARRY JOHNS PARTICIPATES IN A 457(F) PLAN. THE AMOUNTS ACCRUED ARE INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION. THE AMOUNT FOR 2011 IS \$224,768.

RICHARD HOVLAND, ANGELA GEIGER, AND HARRY JOHNS PARTICIPATE IN A 457(B) PLAN. THE AMOUNT ACCRUED IS INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION. HARRY JOHNS WAS THE ONLY INDIVIDUAL IN 2011 WITH AN AMOUNT ACCRUED. HIS AMOUNT IN 2011 WAS \$16,500.

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

SCHEDULE J, PART II, COLUMN (C)

HARRY JOHNS - INCENTIVE COMPENSATION OF \$85,500 (PART II B(II)) IS BASED ON PERFORMANCE MEASURES DEVELOPED, REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE ALZHEIMER'S ASSOCIATION BOARD OF DIRECTORS IN CONSULTATION WITH THE ASSOCIATION'S INDEPENDENT COMPENSATION CONSULTANTS AND REPRESENTS ACHIEVEMENT OF GOALS FOR FISCAL YEAR 2010. THIS INCENTIVE COMPENSATION WAS EARNED IN FISCAL YEAR 2010, HOWEVER, NOT PAID UNTIL CALENDAR YEAR 2011 AS A RESULT OF FISCAL YEAR TIMING.

RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$393,218 (PART II (C)) IS COMPRISED OF BOTH EMPLOYEE AND EMPLOYER FUNDING TO THE 401K RETIREMENT PLAN AND EMPLOYER ACCRUAL TO A SUPPLEMENTAL RETIREMENT ACCOUNT. THIS ANNUAL CONTRIBUTION IS SUBJECT TO MULTIPLE YEAR VESTING REQUIREMENTS THROUGH JUNE 30, 2012. THE LATTER HAS NOT BEEN PAID TO THE EXECUTIVE AND WILL NOT BE PAID UNTIL A LATER DATE IN 2012, AND WILL APPEAR IN THE 2012 RETURN. NONTAXABLE BENEFITS OF \$21,748 (PART II(D)) INCLUDE EMPLOYER CONTRIBUTION TO MEDICAL, DENTAL, SHORT- AND LONG-TERM DISABILITY AND BASIC LIFE PROVISION.

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.

DEFERRED COMPENSATION FOR ANGELA GEIGER INCLUDES EMPLOYER FUNDING TO 401K RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT DECEMBER 31, 2011. MS. GEIGER'S DEFERRED COMPENSATION IS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH JUNE 30, 2012.

DEFERRED COMPENSATION FOR RICHARD HOVLAND INCLUDES EMPLOYER FUNDING TO RETIREMENT PLAN AND A RETENTION INCENTIVE ACCRUED BUT NOT PAID AT DECEMBER 31, 2011. MR. HOVLAND'S DEFERRED COMPENSATION IS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH JANUARY 30, 2013.

DEFERRED COMPENSATION FOR ROBERT EGGE AND WILLIAM THIES INCLUDE EMPLOYER FUNDING TO 401K RETIREMENT PLAN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

**Open To Public
Inspection**

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	569.	292,027.	COST/SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	105.	1,848,325.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATTACHMENT)	X	118.	310,643.	FAIR MARKET VALUE
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.		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization ASSOCIATION, INC.	ALZHEIMER'S DISEASE & RELATED DISORDERS	Employer identification number 13-3039601
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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 HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. WE ALSO ADVOCATE FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. MORE THAN 400,000 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.

REVENUES: NONE

EXPENSES: \$ 5,448,079

GRANTS: \$ 593,227

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

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CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE OFFERED IN PERSON, BY PHONE AND ONLINE. THROUGH OUR PROGRAMS AND SERVICES, THE ASSOCIATION SERVES OVER 700,000 INDIVIDUALS IN PERSON OR BY TELEPHONE, AND MILLIONS MORE OVER THE WEB EACH YEAR. ONLINE NATIONWIDE AND IN MORE THAN 80 AFFILIATED CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, ENROLL IN SUPPORT PROGRAMS AND PRODUCTS TO REDUCE THE RISKS ASSOCIATED WITH WANDERING, A DANGEROUS AND POTENTIALLY FATAL SYMPTOM OF ALZHEIMER'S DISEASE, RECEIVE PERSONALIZED CARE CONSULTATION AND ENGAGE IN EARLY STAGE PROGRAMS.

THE ASSOCIATION HAS BEEN A LEADER IN PROVIDING SUPPORT PROGRAMS AND PRODUCTS TO REDUCE THE RISKS ASSOCIATED WITH 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.

IN 2012, THE ALZHEIMER'S ASSOCIATION LAUNCHED TWO FREE RESOURCES FOR FAMILIES IMPACTED BY ALZHEIMER'S DISEASE. ALZHEIMER'S ASSOCIATION ALZHEIMER'S NAVIGATOR* IS AN ONLINE TOOL TO HELP CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THEIR NEEDS, IDENTIFY ACTION STEPS AND CONNECT WITH LOCAL PROGRAMS AND SERVICES. DEVELOPED WITH THE FEEDBACK OF PEOPLE LIVING WITH ALZHEIMER'S AND CAREGIVERS, ALZHEIMER NAVIGATOR* ALSO ALLOWS

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USERS TO REASSESS NEEDS AND ADJUST CARE PLANS AS THE DISEASE PROGRESSES. ALZCONNECTED*, POWERED BY 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 DISEASE.

THROUGH THE ASSOCIATION'S 24/7/365 HELPLINE, INDIVIDUALS WITH ALZHEIMER'S 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. THE HELPLINE HANDLES OVER 260,000 CALLS PER YEAR.

THE ASSOCIATION'S WEBSITE (ALZ.ORG) RECEIVES AN AVERAGE OF 1.4 MILLION VISITS EACH MONTH. ONLINE PROGRAMS INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 14 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, AND VIETNAMESE, A VIRTUAL LIBRARY, AND A SAFETY CENTER.

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 STAGE ADVISORY GROUP WHOSE MEMBERS WORK TO RAISE AWARENESS, ADVOCATE FOR THE CAUSE AND PROVIDE GUIDANCE AND REVIEW OF OUR

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PROGRAMS AND SERVICES.

THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO PROVIDE EDUCATION, INFORMATION AND SUPPORT 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 TO ALZHEIMER'S ASSOCIATION.

REVENUES: \$ 377,779

EXPENSES: \$ 10,937,786

GRANTS: \$ 446,797

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 VIII OF THE ORGANIZATIONAL BYLAWS. IN ADDITION TO DESCRIBING THE RESPONSIBILITIES OF EACH COMMITTEE, THE ALZHEIMER'S ASSOCIATION BYLAWS DESCRIBE THE PROCESS BY WHICH COMMITTEES OF THE BOARD OF DIRECTORS ARE CREATED AND MEMBERS ARE APPOINTED. THE FOLLOWING EXCERPT FROM THE ASSOCIATION BYLAWS DISCUSS COMMITTEES OF THE BOARD OF DIRECTORS.

COMMITTEES OF DIRECTORS:

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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 AND REGULATE ITS INTERNAL ECONOMY, APPROVE EXPENDITURES AND COMMITMENTS ACCORDING TO POLICIES PRESCRIBED BY 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 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 BY-LAW RECOMMENDATION TO THE BOARD; REVIEWING THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL AND NATIONAL ADVISORY COUNCIL; AND IDENTIFYING SIGNIFICANT ISSUES AS THAT TERM IS DEFINED IN ARTICLE X

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HEREAFTER 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 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, PROGRAM, AND PUBLIC POLICY, 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 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

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FOR EACH FISCAL YEAR TO BE PRESENTED TO THE BOARD OF DIRECTORS FOR
APPROVAL.

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 THE NATIONAL ADVISORY COUNCIL AND APPROVE AND
PRESENT TO THE BOARD FOR APPROVAL THE CANDIDATES FOR MSAC MEMBERSHIP. THE
COMMITTEE ALSO ADVISES THE CHAIR ON THE SELECTION OF VICE CHAIRS,
COMMITTEE CHAIRS AND COMMITTEE VICE CHAIRS.

COMPENSATION COMMITTEE:

A COMPENSATION COMMITTEE WHICH SHALL RECOMMEND SALARY AND BENEFITS FOR
THE PRESIDENT AND CEO AND SENIOR OFFICERS OF THE ASSOCIATION; ENSURE

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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.

AUDIT COMMITTEE:

THE AUDIT COMMITTEE IS A COMMITTEE OF THE BOARD OF DIRECTORS, REPORTS DIRECTLY TO THE BOARD AND ACTS UNDER A WRITTEN CHARTER ADOPTED AND APPROVED BY THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL OVERSEE THE ACTIVITIES OF ANY INTERNAL AUDITOR OF THE ASSOCIATION. THE AUDIT COMMITTEE SHALL SEE THAT AN ANNUAL AUDIT IS PREPARED BY AN INDEPENDENT FIRM OF CERTIFIED PUBLIC ACCOUNTANTS RECOMMENDED BY THE AUDIT COMMITTEE TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL REVIEW THE ASSOCIATION'S EXTERNAL AUDIT REPORTS AND ANNUAL REPORTS AND SUBMIT TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL REVIEW AND APPROVE THE FORM 990. THE AUDIT COMMITTEE SHALL HAVE AT LEAST FIVE MEMBERS, ALL OF WHOM ARE MEMBERS OF THE BOARD OF DIRECTORS AND ARE FINANCIALLY LITERATE, DEFINED AS HAVING THE ABILITY TO READ AND UNDERSTAND FUNDAMENTAL FINANCIAL STATEMENTS. AT LEAST ONE MEMBER OF THE AUDIT COMMITTEE SHALL MEET THE DEFINED REQUIREMENT OF "FINANCIAL EXPERT". THE MAJORITY OF THE MEMBERS OF THE AUDIT COMMITTEE MAY NOT CONCURRENTLY SERVE ON THE FINANCE COMMITTEE. THE TREASURER AND CHAIR OF THE FINANCE COMMITTEE MAY NOT SERVE CONCURRENTLY ON THE AUDIT COMMITTEE; HOWEVER, THE TREASURER AND THE CHAIR OF THE FINANCE COMMITTEE MAY BE AN EX OFFICIO OF THE AUDIT COMMITTEE MEANING THAT HE OR SHE HAS A VOICE BUT NO VOTE.

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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:

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 PROVIDES GUIDANCE TO THE BOARD ON ADVOCACY STRATEGIES, FEDERAL, STATE AND LOCAL PUBLIC POLICY ISSUES INCLUDING RESEARCH FUNDING, HEALTH CARE, LONG TERM CARE, AND PUBLICLY FUNDED CARE AND SUPPORT PROGRAMS.

E. A DIVERSITY & INCLUSIVENESS COMMITTEE WHICH SHALL HELP ENSURE THAT THE

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ALZHEIMER'S ASSOCIATION SERVES AND REFLECTS DIVERSE COMMUNITIES, SHALL WORK WITH THE NATIONAL BOARD 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 INCLUSIVENESS STRATEGIC GOALS.

FORM 990 REVIEW PROCESS

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 XIII, 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

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TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO
EVENT LESS OFTEN THAN ANNUALLY. AS CITED FROM ARTICLE XVIII, SECTION 2
OF THE BYLAWS, INTERESTED PERSONS OR CHAPTERS SHALL DISCLOSE ANY CONFLICT
AND SHALL NOT VOTE ON A MATTER AND FURTHER SHALL RETIRE FROM THE ROOM IN
WHICH THE BOARD OF COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY
DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE
MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE
INTERESTED PERSON OR CHAPTER REPRESENTATIVE WAS NOT PRESENT DURING 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 SHALL RETIRE FROM 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

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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 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 COMPENSATION CONSULTANTS. FOR THE CEO AND FOR THE SENIOR MANAGEMENT TEAM THIS REVIEW WAS LAST DONE IN 2011.

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

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COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS. THE COMMITTEE AND CHAIRMAN 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. THIS INCLUDES A SELF-ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. SALARY IS BENCHMARKED EVERY TWO YEARS. 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.

GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19
FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON OUR ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON OUR ORGANIZATION'S WEBSITE AND UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

OTHER CHANGE IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

UNREALIZED LOSS	\$ (1,099,120)
CHANGE IN PERPETUAL TRUST	(207,602)
CHANGE IN SPLIT INTEREST	(580,738)
ACQUISITION OF DISSOLVED CHAPTERS	481,427
DONATED NONCASH CONTRIBUTIONS	(310,643)

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BAD DEBT	(1,011,370)
MISCELLANEOUS ADJUSTMENT	5
TOTAL	\$(2,728,040)

SCHEDULE B

FORM 990, SCHEDULE B/PART IV, LINE 2

THE ORGANIZATION HAS CHECKED "NO" TO FORM 990, PART IV, LINE 2 AS IT IS REQUIRED TO COMPLETE SCHEDULE B, BUT THE ORGANIZATION QUALIFIES FOR THE SPECIAL RULE OF MEETING THE 33 1/3% AND IS ONLY REQUIRED TO REPORT CONTRIBUTIONS GREATER THAN 2% OF TOTAL CONTRIBUTIONS. THERE ARE NO CONTRIBUTORS THAT ARE REQUIRED TO BE REPORTED ON SCHEDULE B FOR THIS REPORTING PERIOD.

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

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER RESEARCH, CARE, AND SUPPORT. 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 IS A WORLD WITHOUT ALZHEIMER'S DISEASE.

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 MORE THAN 80 AFFILIATED 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

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ATTACHMENT 1 (CONT'D)

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

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
COMMITTED OVER \$300 MILLION TO MORE THAN 2,100 BEST-OF-FIELD GRANT
PROPOSALS. AS A LEADER IN THE FIELD, WE FOSTER A NETWORK FOR THE
SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE
FOCUSING ON 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' SIGN 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.

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

Employer identification number

ATTACHMENT 2

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

PUBLIC AWARENESS AND EDUCATION - ALZHEIMER'S IS A PROGRESSIVE, DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THAT THE LOOMING EPIDEMIC OF ALZHEIMER'S WILL HAVE A GRAVE ECONOMIC IMPACT ON THE U.S. ECONOMY AND AS MANY AS 16 MILLION FAMILIES BY MID-CENTURY. ALREADY MILLIONS OF 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 LEADER IN THE FIGHT AGAINST IT. 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 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 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 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

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
HARRY JOHNS PRESIDENT & CEO	.10
RICHARD HOVLAND COO/CFO	.02

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ATTACHMENT 5 (CONT'D)

ROBERT EGGE
VP - PUBLIC POLICY .20

ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
T G MADISON TOWER PLACE 3340 PEACHTREE RD., ST 2850 ATLANTA, GA 30326	CONSULTANT	9,549,999.
ALANIZ BOX # 799 425 N. IRIS STREET MT PLEASANT, IA 52641	PRINTING/LETTER SHOP	5,219,093.
INFOCISION 325 SPRINGSIDE DR. AKRON, OH 44333	TELE MARKETING	2,763,166.
THOMPSON HABIB DENISON 80 HAYDEN AVENUE STE #300 LEXINGTON, MA 02421	CONSULTANT	1,622,844.
RR DONNELLY P.O. BOX 93514 CHICAGO, IL 60673-3514	PRINTING	1,581,025.
TOTAL COMPENSATION		<u>20,736,127.</u>

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

Employer identification number

ATTACHMENT 7

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	925,744.
INVENTORY AT BEGINNING OF YEAR	328,464.
PURCHASES	343,080.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>671,544.</u>
MINUS ENDING INVENTORY	135,491.
COST OF GOODS SOLD	<u><u>536,053.</u></u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

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 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) 27-1961435 225 NORTH MICHIGAN AVE, SUITE CHICAGO, IL 60601-7633	SOC. WELFARE	IL	501(C)(4)	N/A	ALZ. ASSOC.	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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
(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, 35, 35a, or 36.)

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

	Yes	No
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?		
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 Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r 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 (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ALZHEIMER'S IMPACT MOVEMENT	B	589,830.	FMV
(2) ALZHEIMER'S IMPACT MOVEMENT	N	97,148.	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).

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 2012 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 DIAGNOSIS AND CARE PLANNING.