

**ALZHEIMER'S ASSOCIATION**

Form 990 for the  
Year Ended June 30, 2015

Public Disclosure Copy

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Form **990**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</u>		<b>D</b> Employer identification number <u>13-3039601</u>
	Doing Business As <u>ALZHEIMER'S ASSOCIATION</u>		<b>E</b> Telephone number <u>(312) 335-8700</u>
	Number and street (or P.O. box if mail is not delivered to street address) <u>225 N. MICHIGAN AVE. 17TH FLOOR</u>	Room/suite	<b>G</b> Gross receipts \$ <u>185,768,464.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60601-7633</u>		
<b>F</b> Name and address of principal officer: <u>RICHARD HOVLAND</u> <u>225 N. MICHIGAN AVE. 60601-7633 CHICAGO IL</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number <u>9334</u>
<b>J</b> Website: <u>WWW.ALZ.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <u>1980</u> <b>M</b> State of legal domicile: <u>IL</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, PROVIDE &amp; ENHANCE CARE &amp; SUPPORT FOR ALL AFFECTED &amp; REDUCE THE RISK OF DEMENTIA THROUGH PROMOTION OF BRAIN HEALTH.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 32.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 32.
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b> 698.
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 6,612.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> 0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 120,547,521. Current Year 149,718,313.
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	4,350,928. 4,363,958.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,334,371. 3,139,806.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	3,965,656. 4,570,519.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	131,198,476. 161,792,596.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	15,601,943. 18,704,419.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0. 0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	45,312,720. 50,455,090.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	142,353. 1,193,976.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>22,889,337.</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	61,593,597. 72,500,917.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	122,650,613. 142,854,402.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	8,547,863. 18,938,194.
	<b>20</b>	Total assets (Part X, line 16) . . . . .	Beginning of Current Year 161,616,574. End of Year 180,989,817.
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	56,911,456. 56,639,402.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20. . . . .	104,705,118. 124,350,415.

**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**

Signature of officer: RICHARD H. HOVLAND Date: 12/17/15

Type or print name and title: RICHARD H. HOVLAND, COO/CFO

**Paid Preparer Use Only**

Print/Type preparer's name: BRIDGET T ROCHE Preparer's signature: BRIDGET T ROCHE Date: 12/15/15 Check  if self-employed PTIN: P00666837

Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558

Firm's address: 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 Phone no.: 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

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

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

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

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

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number (EIN) or 13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. MICHIGAN AVE., 17TH FLR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601-7633	
	Enter the Return code for the return that this application is for (file a separate application for each return) <span style="float: right;">01</span>	

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

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

Telephone No. ▶ 312 335-5771 FAX No. ▶ 866 699-1246

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2016, 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, 2014, and ending 06/30, 2015.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.		<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) 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.**

Form **8868** (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 40,511,797. including grants of \$ 0 ) (Revenue \$ 0 )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 28,910,110. including grants of \$ 16,384,937. ) (Revenue \$ 4,080,239. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 10,979,724. including grants of \$ 305,800. ) (Revenue \$ 283,719. )

CHAPTER SERVICES - FROM COAST TO COAST, 81 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, TACTICAL, AND DIRECT SUPPORT IN THESE ACTIVITIES.

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

(Expenses \$ 29,465,018. including grants of \$ 2,013,682. ) (Revenue \$ 0 )

4e Total program service expenses 109,866,649.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</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? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 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 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 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, address, and telephone number of the person who possesses the organization's books and records: RICHARD HOVLAND, COO/CFO 225 N. MICHIGAN AVENUE, CHICAGO, IL 60601-7633 312-335-5771

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 or note to any line in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEWART PUTNAM CHAIR, EXEC. COMM., DIRECTOR	12.00 0	X		X				0	0	0
(2) CHRISTOPHER BINKLEY VICE CHAIR, EXEC. COMM., DIR.	12.00 0	X		X				0	0	0
(3) DEBORAH JONES SECRETARY, EXEC. COMM., DIR.	10.00 0	X		X				0	0	0
(4) THOMAS J. WINKEL TREASURER, EXEC. COMM., DIR.	10.00 0	X		X				0	0	0
(5) BILL BUCHELE DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(6) JACK FAER DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(7) MARLANA GEHA, PH.D DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(8) DAVID GOLTERMANN DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(9) LOUIS HOLLAND, JR. DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(10) WILLIAM E. KLUNK, M.D., PHD DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(11) JACQUELINE KOURI DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(12) MARGARET NOEL, M.D. DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(13) RONALD PETERSEN, M.D., PH.D DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
(14) KIMBERLY REED DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) CARL E. TUERK, JR. DIRECTOR AND EXEC COMMITTEE	5.00 0	X						0	0	0
( 16) ELECTA ANDERSON DIRECTOR	5.00 0	X						0	0	0
( 17) ANNA CATALANO DIRECTOR	5.00 0	X						0	0	0
( 18) DEBORAH GARRETT DIRECTOR	5.00 0	X						0	0	0
( 19) JAMES GROSSMANN DIRECTOR	5.00 0	X						0	0	0
( 20) VERNA JONES-RODWELL DIRECTOR	5.00 0	X						0	0	0
( 21) DIANA KERWIN, M.D. DIRECTOR	5.00 0	X						0	0	0
( 22) JOSEPH MCCAFFERTY DIRECTOR	5.00 0	X						0	0	0
( 23) RALPH NIXON, M.D., PHD DIRECTOR	5.00 0	X						0	0	0
( 24) CECILE PERICH DIRECTOR	5.00 0	X						0	0	0
( 25) PATRICK PEYTON DIRECTOR	5.00 0	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,202,940.	63,915.	703,042.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,202,940.	63,915.	703,042.

**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 **▶** 94

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 85

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DEBORAH A. RANDALL, ESQ. DIRECTOR	5.00 0	X					0	0	0	
( 27) BRIAN RICHARDSON DIRECTOR	5.00 0	X					0	0	0	
( 28) ALAN SILVERGLAT DIRECTOR	5.00 0	X					0	0	0	
( 29) DAVID SIMBRO DIRECTOR	5.00 0	X					0	0	0	
( 30) STAN G. THURSTON DIRECTOR	5.00 0	X					0	0	0	
( 31) JOAN URONIS DIRECTOR	5.00 0	X					0	0	0	
( 32) PAUL WEXLER DIRECTOR	5.00 0	X					0	0	0	
( 33) GERALD SAMPSON (THRU 10/11/14) CHAIR, EXEC. COMM., DIRECTOR	10.00 0	X					0	0	0	
( 34) DAVID MOSCOW DIRECTOR (THRU 10/11/14)	5.00 0	X					0	0	0	
( 35) SCOTT RUSSEL, ED.D DIRECTOR (THRU 10/11/14)	5.00 0	X					0	0	0	
( 36) ROBERT K. BURKE DIRECTOR (THRU 9/27/14)	5.00 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 94

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) LAURIE BURROWS GRAD DIRECTOR (THRU 10/11/14)	5.00 0	X						0	0	0
( 38) MATTHEW FURMAN DIRECTOR (THRU 3/4/15)	5.00 0	X						0	0	0
( 39) ELIZABETH GELFAND STEARNS DIRECTOR (THRU 10/17/14)	5.00 0	X						0	0	0
( 40) JEFFREY MALONEY DIRECTOR (THRU 3/23/15)	5.00 0	X						0	0	0
( 41) JEROME H. STONE FDNG PRES HON CHAIR (THRU 1/1)	5.00 0	X						0	0	0
( 42) HARRY JOHNS PRESIDENT & CEO	60.00 1.60			X				775,351.	37,475.	249,323.
( 43) RICHARD HOVLAND COO/CFO	60.00 .10			X				423,164.	756.	95,370.
( 44) ANGELA GEIGER CHIEF STRATEGY OFFICER	60.00 0				X			506,537.	158.	96,738.
( 45) MARIA CARRILLO CHIEF SCIENCE OFFICER	60.00 0					X		353,599.	0	58,657.
( 46) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	60.00 2.50					X		331,170.	25,294.	80,005.
( 47) SCOTT GARDNER CHIEF CHAP. RELATIONS OFFICER	60.00 0					X		295,227.	92.	40,303.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 94

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) DONNA MCCULLOUGH ----- VP - MASS MARKET & CORP DEV	60.00 0					X		302,515.	80.	50,362.
( 49 ) BETH KALLMYER ----- VP - CONSTITUENT SERVICES	60.00 0					X		215,377.	60.	32,284.
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<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 94

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	315,002.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	750,225.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	3,275,674.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	145,377,412.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		4,076,092.				
	<b>h Total.</b> Add lines 1a-1f . . . . .		149,718,313.				
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2a</b> PROGRAM CONFERENCES			611710	3,820,809.	3,820,809.		
<b>b</b> JOURNAL			511120	259,430.	259,430.		
<b>c</b> CAREGIVER TRAINING			611710	142,062.	142,062.		
<b>d</b> SAFE RETURN REGISTRATION FEES			611710	141,657.	141,657.		
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .				4,363,958.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,817,512.		2,817,512.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			237,511.		237,511.	
	<b>6a</b> Gross rents . . . . .	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . .				0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .				322,294.	322,294.	
	<b>8a</b> Gross income from fundraising events (not including \$ 750,225. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			3,254,575.		
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		1,919,899.		
<b>c</b> Net income or (loss) from fundraising events. . . . .				1,334,676.		1,334,676.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>			59,188.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		15,885.			
	<b>c</b> Net income or (loss) from gaming activities. . . . .			43,303.		43,303.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>			1,238,720.			
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		783,763.			
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			454,957.	153,928.	301,029.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> CHAPTER LICENSING & MAINTENANCE		900099	1,297,356.		1,297,356.		
<b>b</b> AFFILIATE REVENUE		900099	1,047,220.		1,047,220.		
<b>c</b> OTHER REVENUE		900099	155,496.		155,496.		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,500,072.				
<b>12 Total revenue.</b> See instructions . . . . .			161,792,596.	4,517,886.	7,556,397.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,882,384.	16,882,384.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,822,035.	1,822,035.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,226,192.	1,432,029.	433,301.	360,862.
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 . . . . .	38,369,510.	27,140,138.	2,724,070.	8,505,302.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,071,121.	4,338,553.	436,291.	1,296,277.
9 Other employee benefits . . . . .	3,620,557.	2,670,290.	239,753.	710,514.
10 Payroll taxes . . . . .	167,710.	121,235.	11,230.	35,245.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	564,624.	304,488.	50,820.	209,316.
c Accounting . . . . .	127,315.	81,729.	30,322.	15,264.
d Lobbying . . . . .	362,650.	362,650.		
e Professional fundraising services. See Part IV, line 17.	1,193,976.			1,193,976.
f Investment management fees . . . . .	143,575.	143,575.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	10,261,685.	6,968,911.	839,252.	2,453,522.
12 Advertising and promotion . . . . .	17,997,092.	17,508,485.	63,768.	424,839.
13 Office expenses . . . . .	22,202,373.	13,827,451.	3,728,526.	4,646,396.
14 Information technology . . . . .	956,107.	774,554.	93,462.	88,091.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	6,646,642.	4,858,492.	834,903.	953,247.
17 Travel . . . . .	5,319,870.	3,835,819.	251,214.	1,232,837.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	5,675,079.	5,080,530.	186,955.	407,594.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	1,773,905.	1,458,481.	111,405.	204,019.
23 Insurance . . . . .	223,341.	142,849.	42,818.	37,674.
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----	246,659.	111,971.	20,326.	114,362.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>142,854,402.</b>	<b>109,866,649.</b>	<b>10,098,416.</b>	<b>22,889,337.</b>
<b>26 Joint costs.</b> 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) . . . . .	14,958,616.	9,035,749.	2,162,003.	3,760,864.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	29,835,931.	<b>2</b>	38,703,075.
	<b>3</b> Pledges and grants receivable, net	28,737,753.	<b>3</b>	47,135,823.
	<b>4</b> Accounts receivable, net	15,467,687.	<b>4</b>	10,974,186.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	40,000.	<b>7</b>	25,868.
	<b>8</b> Inventories for sale or use	415,792.	<b>8</b>	504,588.
	<b>9</b> Prepaid expenses and deferred charges	4,623,058.	<b>9</b>	4,684,442.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 23,875,311.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 15,908,121.	7,674,825.	<b>10c</b> 7,967,190.
	<b>11</b> Investments - publicly traded securities	54,288,980.	<b>11</b>	48,669,409.
	<b>12</b> Investments - other securities. See Part IV, line 11	20,532,548.	<b>12</b>	22,325,236.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	161,616,574.	<b>16</b>	180,989,817.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	9,555,088.	<b>17</b>	12,346,186.
	<b>18</b> Grants payable	21,885,412.	<b>18</b>	20,267,915.
	<b>19</b> Deferred revenue	3,183,375.	<b>19</b>	2,415,064.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,287,581.	<b>25</b>	21,610,237.
	<b>26 Total liabilities.</b> Add lines 17 through 25	56,911,456.	<b>26</b>	56,639,402.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	39,687,770.	<b>27</b>	42,018,349.
	<b>28</b> Temporarily restricted net assets	37,497,269.	<b>28</b>	52,785,466.
	<b>29</b> Permanently restricted net assets	27,520,079.	<b>29</b>	29,546,600.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	104,705,118.	<b>33</b>	124,350,415.
	<b>34</b> Total liabilities and net assets/fund balances	161,616,574.	<b>34</b>	180,989,817.



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	161,792,596.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	142,854,402.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,938,194.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	104,705,118.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,135,779.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,842,882.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	124,350,415.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	85,472,068.	91,869,920.	107,906,015.	120,547,521.	149,718,313.	555,513,837.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	85,472,068.	91,869,920.	107,906,015.	120,547,521.	149,718,313.	555,513,837.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						555,513,837.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	85,472,068.	91,869,920.	107,906,015.	120,547,521.	149,718,313.	555,513,837.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,154,572.	2,076,055.	2,376,737.	2,089,505.	3,055,023.	11,751,892.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH 1</b> . . . . .	4,921,675.	6,683,529.	5,918,160.	6,103,829.	6,114,864.	29,742,057.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						597,007,786.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	21,941,925.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	93.05%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	91.02%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
CHAPTER LICENSE & MAIN. FEES	615,349.	846,245.	692,056.	547,650.	1,297,356.	3,998,656.
OTHER REVENUE	153,167.	952,574.	504,429.	15,889.	155,496.	1,781,555.
AFFILIATE REVENUE	753,889.	949,791.	1,196,319.	1,176,221.	1,047,220.	5,123,440.
FUNDRAISING AND GAMING EVENTS	3,114,200.	3,009,175.	2,701,183.	3,618,952.	3,313,763.	15,757,273.
INCOME FROM SALES OF INVENTORY	285,070.	925,744.	824,173.	745,117.	301,029.	3,081,133.
<b>TOTALS</b>	<u>4,921,675.</u>	<u>6,683,529.</u>	<u>5,918,160.</u>	<u>6,103,829.</u>	<u>6,114,864.</u>	<u>29,742,057.</u>

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

ALZHEIMER'S DISEASE & RELATED DISORDERS  
ASSOCIATION, INC.

Employer identification number

13-3039601

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of organization (ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.) and Employer identification number (13-3039601)

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...

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2014

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		482,000.
<b>d</b> Mailings to members, legislators, or the public?	X		3,000.
<b>e</b> Publications, or published or broadcast statements?	X		
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,038,025.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		886,457.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			2,409,482.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1A

VOLUNTEERS

MOST OF THE ASSOCIATION'S ADVOCACY IS THROUGH VOLUNTEERS. ADDITIONALLY THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED GRASSROOTS ACTIVITIES.

AS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, HEREAFTER REFERRED TO AS ALZHEIMER'S DISEASE, THREATEN TO BANKRUPT FAMILIES, BUSINESSES AND THE HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HIGH QUALITY HEALTHCARE AND LONG TERM SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. THIS INCLUDES ADVOCACY FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

SCHEDULE C, PART II-B, LINE 1C

MEDIA ADVERTISEMENTS

MEDIA ADVERTISEMENTS WERE RUN IN WASHINGTON, D.C. FOR KEY ADVOCACY AWARENESS OPPORTUNITIES DURING THE YEAR.

SCHEDULE C, PART II-B, LINE 1D

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

MAILING COSTS TO DISTRIBUTE FACTS AND FIGURES TO LEGISLATORS.

**Part IV** Supplemental Information (continued)

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SCHEDULE C, PART II-B, LINE 1E

PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

THE ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES APPROXIMATELY 26

TIMES DURING THE YEAR.

SCHEDULE C, PART II-B, LINE 1G

DIRECT CONTACT

THE ASSOCIATION UTILIZED APPROPRIATION CONSULTANTS TO MAKE DIRECT CONTACT

WITH LEGISLATORS.

SCHEDULE C, PART II-B, LINE 1H

RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

ADVOCACY FORUM

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 values, and yes/no questions about 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 of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting art and historical treasures held for public service and for financial gain.

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

Schedule D (Form 990) 2014

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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	13,715,104.	12,654,952.	11,611,486.	11,255,752.	9,438,167.
b Contributions	121,524.	1,060,152.	333,853.	323,701.	632,021.
c Net investment earnings, gains, and losses	537,643.	1,961,725.	709,613.	32,033.	1,185,564.
d Grants or scholarships	683,388.	1,961,725.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,690,883.	13,715,104.	12,654,952.	11,611,486.	11,255,752.

- 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  99.9600 %
  - c Temporarily restricted endowment  .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:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  | X  |
| (ii) related organizations  | 3a(ii) | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		181,600.		181,600.
b Buildings		487,770.	35,071.	452,699.
c Leasehold improvements		4,234,285.	3,268,438.	965,847.
d Equipment		7,574,723.	6,047,820.	1,526,903.
e Other		11,396,933.	6,556,792.	4,840,141.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,967,190.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) BENEFICIAL INTEREST	22,099,734.	FMV
(B) ASSETS HELD IN TRUST	225,502.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,325,236.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CHAPTERS	14,562,546.
(3) GIFT ANNUITY OBLIGATIONS	5,161,528.
(4) DEFFERED RENT	1,360,661.
(5) DEFFERED COMPENSATION	525,502.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,610,237.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	164,367,113.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>   -1,135,779.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>   3,714,969.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>   -788,436.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,790,754.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	162,576,359.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>   -783,763.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-783,763.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	161,792,596.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	147,353,134.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>   3,714,969.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>   783,763.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	4,498,732.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	142,854,402.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	142,854,402.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

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 51%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY 49%).

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:

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

**Part XIII** Supplemental Information (continued)

- GENERAL ECONOMIC CONDITIONS.
- THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION.
- THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS.
- OTHER RESOURCES OF THE ASSOCIATION.
- 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, 2015, 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 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.

SCHEDULE D, PART X, LINE 2

FIN 48

THE ASSOCIATION AND ALZHEIMER'S IMPACT MOVEMENT (AIM) HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE,



**Part XIII** Supplemental Information (continued)

STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ALZHEIMER'S IMPACT MOVEMENT POLITICAL ACTION COMMITTEE (AIMPAC) IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 527 OF THE IRC.

THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS AND, AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED. THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION. ASIDE FROM THE CURRENT YEAR, THE TAX YEARS ENDED 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE

CHANGE IN PERPETUAL TRUST	\$(298,301)
CHANGE IN SPLIT INTEREST	\$(490,135)
 TOTAL	 \$(788,436)

**Part XIII** Supplemental Information (continued)

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SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE

COST OF GOODS SOLD \$(783,763)

TOTAL \$(783,763)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES

COST OF GOODS SOLD \$783,763

TOTAL \$783,763

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> NORTH AMERICA			PROGRAM SERVICES	GRANTMAKING	954,777.
<b>(2)</b> EUROPE			PROGRAM SERVICES	GRANTMAKING	839,133.
<b>(3)</b> EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GRANTMAKING	28,125.
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					1,822,035.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					1,822,035.

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

Schedule F (Form 990) 2014

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	449,913.	CHECK OR WT			FMV
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	90,000.	CHECK OR WT			FMV
(3)			NORTH AMERICA	PROGRAM SUPP	654,170.	CHECK OR WT			FMV
(4)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK OR WT			FMV
(5)			NORTH AMERICA	PROGRAM SUPP	98,707.	CHECK OR WT			FMV
(6)			EAST ASIA/PACIFIC	PROGRAM SUPP	28,125.	CHECK OR WT			FMV
(7)			NORTH AMERICA	PROGRAM SUPP	46,966.	CHECK OR WT			FMV
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	99,220.	CHECK OR WT			FMV
(9)			NORTH AMERICA	PROGRAM SUPP	54,934.	CHECK OR WT			FMV
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPP	100,000.	CHECK OR WT			FMV
(11)			NORTH AMERICA	PROGRAM SUPP	100,000.	CHECK OR WT			FMV
(12)									
(13)									
(14)									
(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. . . . . 11.

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" on 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; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; do not file with Form 990)* . . . . .  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).

SCHEDULE F, PART I, LINE 2

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

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION NATIONAL AND INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY COUNCIL ALONG WITH THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC RELATIONS DIVISION, ENSURES PEER REVIEW AND HIGH QUALITY 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 SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF THE 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 AND IN SOME CASES BI-ANNUAL REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE AWARD. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). SIXTY DAYS PRIOR TO THE

**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).

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 OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT AT THE AWARDED INSTITUTION AT [HTTPS://PROPOSALCENTRAL.ALTUM.COM/LOGIN.ASP](https://proposalcentral.altum.com/login.asp).

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

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



**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).

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. PUBLICATION(S) AS ACCEPTED ARE UPLOADED TO PROPOSALCENTRAL DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORD OF ANY PUBLICATION(S) ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION.

DATA GENERATED AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDED WORK IS SUBJECT TO DATA SHARING, AS A CONDITION OF AWARD. DATA AND OTHER OUTPUTS OF THE PROJECT ARE SUBJECTED TO THIS POLICY FOR QUICK, REASONABLE SUBMISSIONS FOR COMPLETED WORK. FURTHER, AWARDEES AGREE TO SUBMIT/SHARE DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S ASSOCIATION INTERACTIVE NETWORK (GAAIN\*), A GLOBAL INFRASTRUCTURE CONNECTED RESEARCH STUDIES FROM AROUND THE WORLD THROUGH ONE PORTAL WHERE DATA CAN BE INTERROGATED IN AGGREGATE FOR ANALYSIS USING A VIRTUAL MACHINE. GAAIN IS WHOLLY FUNDED BY THE ALZHEIMER'S ASSOCIATION.

IN ADDITION, THE ASSOCIATION REQUESTS, MONITORS, AND FOLLOWS-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED CONTRACTS AND THAT FINANCIAL REPORTING REQUIREMENTS ARE MET. AWARDEES' FINANCIAL REPORTS ARE AUDITED ANNUALLY 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

**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).

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 (IN ENGLISH, IF POSSIBLE). IN CASES WHERE TRANSLATION IS NOT POSSIBLE, A DATED AND SIGNED LETTER IN ENGLISH FROM THE RECTOR OR OTHER AUTHORIZED SIGNING OFFICIAL OF THE INSTITUTION IS ACCEPTABLE.
- DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT.

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM AND PARTNERSHIP PROGRAMS SUCH AS BIOMAKERS ACROSS NEURODEGENERATIVE DISEASES (BAND).

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 THE IRS DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE YEAR PERIOD, THE INSTITUTION IS REQUIRED TO PROVIDE DOCUMENTATION FROM AN AUTHORIZED SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH TO CONFIRM THERE HAS NOT BEEN A STATUS CHANGE FOR THE ORGANIZATION. FOR THE PART THE CLOUD TRANSLATIONAL

**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).

RESEARCH GRANT PROGRAM, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT  
THE ORGANIZATION'S FINANCIAL STATEMENTS.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS  
DIVISION VERIFIES THAT EACH AWARDEE IS COMPLIANT WITH THE U.S. PATRIOT  
ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS (SDN)  
LISTS. A FORM IS COMPLETED FOR EACH APPROVED ALZHEIMER'S ASSOCIATION  
AWARDEE THAT VERIFIES COMPLIANCE WITH THE U.S. PATRIOT ACT AND UPLOADED  
TO THEIR ONLINE FILE AT PROPOSALCENTRAL PRIOR TO PAYMENT BEING SENT TO  
THE AWARDEE. IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS  
IS FOUND BY THE ASSOCIATION, IT WOULD BE IMMEDIATELY REPORTED TO THE  
ALZHEIMER'S ASSOCIATION LEGAL DEPARTMENT FOR APPROPRIATE HANDLING AND  
FOLLOW-UP. FOR TRANSACTIONS UNRELATED TO THE INTERNATIONAL RESEARCH GRANT  
PROGRAM IN THE MEDICAL AND SCIENTIFIC DEPARTMENT, THE SAME VERIFICATION  
IS PERFORMED.

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

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.

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	MAIL&EMAIL		X	49,768,641.	1,193,976.	48,574,665.
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					49,768,641.	1,193,976.	48,574,665.

- 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
		SARDI ' S (event type)	NEW YORK GALA (event type)	26 . (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	908,750 .	850,500 .	2,245,550 .	4,004,800 .
	<b>2</b> Less: Contributions . . . . .	208,750 .	138,300 .	403,175 .	750,225 .
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	700,000 .	712,200 .	1,842,375 .	3,254,575 .
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		177,562 .	284,265 .	461,827 .
	<b>6</b> Rent/facility costs . . . . .		32,983 .	111,877 .	144,860 .
	<b>7</b> Food and beverages . . . . .	175,079 .	246,476 .	412,578 .	834,133 .
	<b>8</b> Entertainment . . . . .	97,022 .	114,098 .	267,959 .	479,079 .
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,919,899 .
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				1,334,676 .

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .			15,884 .	15,884 .
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					15,884 .
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					43,304 .

**9** Enter the state(s) in which the organization conducts gaming activities: IL, IA, NE,  
**a** Is the organization licensed to conduct 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 conduct 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 conducted 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 ▶ MICHELLE HELTON

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ LYNNE CAREY- NATIONAL RUN EVENTS

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.** 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 provide any additional information (see instructions).

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

FUNDRAISING CONSULTANT - CONTROL ARRANGEMENT

THE ALZHEIMER'S ASSOCIATION ENGAGES THOMPSON, HABIB & DENISON INC. (THD)

FOR PROFESSIONAL FUNDRAISING CONSULTANT SERVICES. A DESCRIPTION OF THE

NEW ARRANGEMENT IS LISTED BELOW:

DIRECT MARKETING STRATEGY AND PROGRAM DIRECTION; PRODUCTION MANAGEMENT;

- 11 Does the organization conduct 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 conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV** **Supplemental Information.** 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 provide any additional information (see instructions).

DATABASE MANAGEMENT; E-MAIL PROGRAM MANAGEMENT; BUDGETING MANAGEMENT; REPORT MANAGEMENT.

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

FUNDRAISING CONSULTANT - FEE ARRANGEMENT

THE AGREEMENT BETWEEN THOMPSON, HABIB & DENISON (THD) AND THE ALZHEIMER'S

ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. THD IS PAID A FIXED FEE

- 11 Does the organization conduct 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 conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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 provide any additional information (see instructions).

PER MONTH. THE ALZHEIMER'S ASSOCIATION EXERCISES CONTROL AND APPROVAL OVER THE CONTENT AND FREQUENCY OF ALL SOLICITATIONS.

ALZHEIMER'S ASSOCIATION HAS MORE GAMING MANAGERS THAN LYNNE CAREY LISTED ON PART III, LINE 16. THIS INFORMATION IS AVAILABLE UPON REQUEST FROM ALZHEIMER'S NATIONAL ORGANIZATION.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
**13-3039601**

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> REGENTS OF THE UNIVERSITY OF MINNESOTA - TW 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	501C3	449,946.		FMV		PROGRAM SUPPORT
<b>(2)</b> UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD, #165 TAMPA, FL 33612	59-3112012	501C3	450,000.		FMV		PROGRAM SUPPORT
<b>(3)</b> THE PENNSYLVANIA STATE UNIVERSITY OSP, 110 TECHNOLOGY CENTER PARK, PA 16802	24-6000376	501C3	450,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> AMERICAN BRAIN FOUNDATION 203 CHICAGO AVE MINNEAPOLIS, MN 55415	43-0653611	501C3	43,333.		FMV		PROGRAM SUPPORT
<b>(5)</b> UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIF ST. SAN FRANCISCO, CA 94118	94-6036493	501C3	215,958.		FMV		PROGRAM SUPPORT
<b>(6)</b> FOUNDATION FOR THE NATIONAL INSTITUTES OF H 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501C3	250,000.		FMV		PROGRAM SUPPORT
<b>(7)</b> MASSACHUSETTS GEN HOSPITAL 101 HUNTINGTON AVENUE BOSTON, MA 02199	04-2697983	501C3	96,250.		FMV		PROGRAM SUPPORT
<b>(8)</b> SUNY AT STONEY BROOK, SUNY OFFICE OF SPONSRD PRGRMS STONY BROOK, NY 11794	14-1368361	501C3	67,500.		FMV		PROGRAM SUPPORT
<b>(9)</b> JOHNS HOPKINS UNIVERSITY, BOA 12529 COLLECTN CTR DR CHICAGO, IL 60693	52-0595110	501C3	40,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> WASHINGTON UNIV ST LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	513,634.		FMV		PROGRAM SUPPORT
<b>(11)</b> WASHINGTON UNIV ST LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	503,817.		FMV		PROGRAM SUPPORT
<b>(12)</b> UNIVERSITY OF SOUTHERN CALIF 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501C3	457,000.		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) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
**13-3039601**

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF SOUTHERN CALIF 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	886,452.		FMV		PROGRAM SUPPORT
<b>(2)</b> WASHINGTON UNIV ST LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	514,330.		FMV		PROGRAM SUPPORT
<b>(3)</b> NAT'L BIOMEDICAL RESEARCH ETHICS COUNCIL 8912 COPENHAVER DRIVE POTOMAC, MD 20854	35-2462963	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> C2N DIAGNOSTICS 4041 FOREST PARK AVENUE ST LOUIS, MO 63108	26-1421386	N/A	600,000.		FMV		PROGRAM SUPPORT
<b>(5)</b> UNIVERSITY OF KANSAS 3901 RAINBOW BLVD KANSAS CITY, MO 66103	48-1108830	501C3	596,826.		FMV		PROGRAM SUPPORT
<b>(6)</b> ICAHN SCHOOL OF MEDICINE A MOUNT SINAI 1 GUSTAVE LEVY PL NEW YORK, NY 10029	13-6171197	501C3	600,000.		FMV		PROGRAM SUPPORT
<b>(7)</b> EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C3	600,000.		FMV		PROGRAM SUPPORT
<b>(8)</b> UNIVERSITY OF MICHIGAN 3003 S. STATE ST. ANN ARBOR, MI 48109	38-6006309	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(9)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH BIRMINGHAM, AL 35294	16-3600539	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	15-9333702	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(11)</b> UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIF ST. SAN FRANCISCO, CA 94118	94-6036493	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(12)</b> RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY, STE 301 MENANDS, NY 12204	14-1410842	501C3	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) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
**13-3039601**

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE LEVY PL NEW YORK, NY 10029	13-6171197	501C3	99,985.		FMV		PROGRAM SUPPORT
<b>(2)</b> UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	99,996.		FMV		PROGRAM SUPPORT
<b>(3)</b> THE UNIVERSITY OF AKRON 302 BUCHTEL COMMON AKRON, OH 44325	34-6002924	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST NY, NY 10032	13-5598093	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(5)</b> STANFORD UNIVERSITY 3072 PORTER DRIVE PALO ALTO, CA 10032	13-5598093	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(6)</b> UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501C3	99,975.		FMV		PROGRAM SUPPORT
<b>(7)</b> ARIZONA BOARD OF REGENTS - UNIVERSITY OF ARIZONA P.O. BOX 210158 TUCSON, AZ 85721	74-2652689	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(8)</b> UNIVERSITY OF WISCONSIN MADISON 21 N. PARK ST, STE 6401 MADISON, WI 53715	39-6006492	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(9)</b> UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE CHICAGO, IL 60637	36-2177139	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> THE SCRIPPS RESEARCH INST., 10550 N. TORREY PINES RD. LA JOLLA, CA 92037	33-0435954	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(11)</b> WASHINGTON UNIV ST LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	143,547.		FMV		PROGRAM SUPPORT
<b>(12)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501C3	457,000.		FMV		PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BAYLOR SCHOOL OF MEDICINE ONE BAYLOR PLAZA, MS HOUSTON, TX 77030	74-1613878	501C3	99,940.		FMV		PROGRAM SUPPORT
<b>(2)</b> RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY, STE 301 MENANDS, NY 12204	14-1410842	501C3	250,000.		FMV		PROGRAM SUPPORT
<b>(3)</b> UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	249,999.		FMV		PROGRAM SUPPORT
<b>(4)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST NEW YORK, NY 10032	13-5598093	501C3	249,997.		FMV		PROGRAM SUPPORT
<b>(5)</b> BANNER HEALTH DBA BANNER SUN HEALTH 10515 WEST SANTA FE DRIVE	45-0233470	501C3	250,000.		FMV		PROGRAM SUPPORT
<b>(6)</b> WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	249,607.		FMV		PROGRAM SUPPORT
<b>(7)</b> CASE WESTERN RESERVE 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C3	240,000.		FMV		PROGRAM SUPPORT
<b>(8)</b> ROSALIND FRANKLIN SCHOOL OF MEDICINE 3333 GREEN BAY ROAD N CHICAGO, IL 60064	36-2181973	501C3	248,700.		FMV		PROGRAM SUPPORT
<b>(9)</b> RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C3	249,324.		FMV		PROGRAM SUPPORT
<b>(10)</b> RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501C3	245,830.		FMV		PROGRAM SUPPORT
<b>(11)</b> UNIVERSITY OF CALIF SAN FRANCISCO 3333 CALIF ST SAN FRANCISCO, CA 94118	94-6036493	501C3	250,000.		FMV		PROGRAM SUPPORT
<b>(12)</b> UNIVERSITY OF KENTUCKY 500 S LIMESTONE LEXINGTON, KY 40526	61-6033693	501C3	250,000.		FMV		PROGRAM SUPPORT

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Schedule I (Form 990) (2014)

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OMB No. 1545-0047

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- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SAN JOSE STATE UNIV RESEARCH FDN 210 N. FOURTH ST, 4TH FL SAN JOSE, CA 95112	94-6017638	501C3	170,000.		FMV		PROGRAM SUPPORT
<b>(2)</b> UNIVERSITY OF CALIF - MERCED 5200 N. LAKE ROAD MERCED, CA 95343	27-0093858	501C3	170,000.		FMV		PROGRAM SUPPORT
<b>(3)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> OREGON HEALTH, 3181 SW SAM JACKSON PARK RD PORTLAND, OR 92739	93-1176109	501C3	97,524.		FMV		PROGRAM SUPPORT
<b>(5)</b> UNIVERSITY OF CALIF SAN FRANCISCO 3333 CALIF ST SAN FRANCISCO, CA 94118	94-6036493	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(6)</b> WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(7)</b> ICAHN SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(8)</b> UNIVERSITY OF SOUTHERN CALIF 3720 S. FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501C3	99,977.		FMV		PROGRAM SUPPORT
<b>(9)</b> UNIVERSITY OF CALIF IRVINE 5171 CALIFORNIA AVENUE IRVINE, CA 92697	95-2226406	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> JOHAN AND SANFORD I. WEILL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501C3	99,858.		FMV		PROGRAM SUPPORT
<b>(11)</b> UNIVERSITY OF TOLEDO 3000 ARLINGTON AVENUE TOLEDO, OH 43614	34-6401483	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(12)</b> UNIVERSITY OF WISCONSIN AT MADISON 21 NORTH PARK STREET MADISON, WI 53715	39-6006492	501C3	99,998.		FMV		PROGRAM SUPPORT

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

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Schedule I (Form 990) (2014)

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

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Employer identification number  
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**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF CALIF LOS ANGELES, 11000 KINROSS AVE STE 211 LOS ANGELES, CA 90095	95-6006143	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(2)</b> NORTHWESTERN UNIVERSITY 750 N. LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(3)</b> UNIVERSITY OF TEXAS HEALTH P O BOX 20036 HOUSTON, TX 77225	74-1761309	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> KECK GRADUATE INSTITUTE 535 WATSON DRIVE CLAREMONT, CA 91711	95-4625327	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(5)</b> PALO ALTO VETERANS INSTITUTE FOR RESEARCH 3801 MIRANDA AVENUE PALO ALTO, CA 94304	77-0207331	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(6)</b> UNIVERSITY OF MINNESOTA TWIN CITIES 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(7)</b> BOSTON UNIVERSITY 85 EAST NEWTON STREET BOSTON, MA 02118	10-4210354	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(8)</b> UNIVERSITY OF MICHIGAN 3003 S. STATE ST. ANN ARBOR, MI 48109	38-6006309	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(9)</b> BAYLOR SCHOOL OF MEDICINE ONE BAYLOR PLAZA, MS HOUSTON, TX 77030	74-1613878	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(11)</b> COLUMBIA UNIVERSITY MEDICAL CENTER 630 W 168TH ST NEW YORK, NY 10032	13-5598093	501C3	100,000.		FMV		PROGRAM SUPPORT
<b>(12)</b> WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501C3	67,030.		FMV		PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2014)

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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
<b>(1)</b> UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST LOS ANGELES, CA 90089	95-1642394	501C3	150,000.		FMV		PROGRAM SUPPORT
<b>(2)</b> UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501C3	149,872.		FMV		PROGRAM SUPPORT
<b>(3)</b> UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501C3	150,000.		FMV		PROGRAM SUPPORT
<b>(4)</b> CENTRAL AND WESTERN KANSAS CHAPTER 1820 E DOUGLAS AVE WICHITA, KS 67214	20-5107941	501C3	15,291.		FMV		PROGRAM SUPPORT
<b>(5)</b> COLORADO CHAPTER 455 SHERMAN ST DENVER, CO 80203	84-0908354	501C3	51,495.		FMV		PROGRAM SUPPORT
<b>(6)</b> DESERT SOUTHWEST CHAPTER 1028 EAST MCDOWELL RD PHOENIX, AZ 85006	86-0402582	501C3	22,800.		FMV		PROGRAM SUPPORT
<b>(7)</b> GREATER INDIANA CHAPTER 50 EAST 91ST ST INDIANAPOLIS, IN 46240	35-1747836	501C3	13,530.		FMV		PROGRAM SUPPORT
<b>(8)</b> GREATER EAST OHIO AREA CHAPTER 70 W STREETSBORO ST HUDSON, OH 44236	34-1454446	501C3	13,940.		FMV		PROGRAM SUPPORT
<b>(9)</b> HOUSTON AND SOUTHEAST TEXAS CHAPTER 2242 W HOLCOMBE HOUSTON, TX 77030	74-2198685	501C3	24,700.		FMV		PROGRAM SUPPORT
<b>(10)</b> MAINE CHAPTER 383 US ROUTE ONE SCARBOROUGH, ME 04074	01-0428502	501C3	9,500.		FMV		PROGRAM SUPPORT
<b>(11)</b> MASSACHUSETTS/NEW HAMPSHIRE CHAPTER 480 PLEASANT ST WATERTOWN, MA 02472	04-2731194	501C3	103,125.		FMV		PROGRAM SUPPORT
<b>(12)</b> MINNESOTA NORTH DAKOTA CHAPTER 7900 WEST 78TH ST MINNEAPOLIS, MN 55426	41-1361624	501C3	11,700.		FMV		PROGRAM SUPPORT

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<b>(1)</b> MISSISSIPPI CHAPTER 196 CHARMANT PL RIDGELAND, MS 39157	64-0786327	501C3	12,750.		FMV		PROGRAM SUPPORT
<b>(2)</b> NATIONAL CAPITAL AREA CHAPTER 3701 PENDER DR FAIRFAX, VA 22030	52-1196162	501C3	75,000.		FMV		PROGRAM SUPPORT
<b>(3)</b> NORTHERN CALIFORNIA AND NEVADA CHAPTER 1060 LA AVENIDA ST MTN VIEW, CA 94043	94-2897949	501C3	146,600.		FMV		PROGRAM SUPPORT
<b>(4)</b> OKLAHOMA CHAPTER 2448 E 81ST ST TULSA, OK 74137	73-1183372	501C3	11,900.		FMV		PROGRAM SUPPORT
<b>(5)</b> RHODE ISLAND CHAPTER 245 WATERMAN ST PROVIDENCE, RI 02906	05-0445962	501C3	13,600.		FMV		PROGRAM SUPPORT
<b>(6)</b> SOUTH CAROLINA CHAPTER 4124 CLEMSON BLVD ANDERSON, SC 29621	57-0792592	501C3	26,725.		FMV		PROGRAM SUPPORT
<b>(7)</b> ST. LOUIS CHAPTER 9370 OLIVE BLVD ST LOUIS, MO 63132	43-1237069	501C3	27,975.		FMV		PROGRAM SUPPORT
<b>(8)</b> WEST VIRGINIA CHAPTER 1601 2ND AVE CHARLESTON, WV 25387	36-3487172	501C3	12,000.		FMV		PROGRAM SUPPORT
<b>(9)</b> IOWA DEPT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES, IA 50319	46-6004523	501C3	27,000.		FMV		PROGRAM SUPPORT
<b>(10)</b> LOUISIANA DEPT OF HEALTH P.O. BOX 629 BATON ROUGE, LA 70821	72-6011595	501A	27,000.		FMV		PROGRAM SUPPORT
<b>(11)</b> MICHIGAN DEPT OF COMMUNITY HEALTH 201 TOWNSEND STREET LANSING, MI 48913	38-6000134	501A	12,500.		FMV		PROGRAM SUPPORT
<b>(12)</b> ALZHEIMER'S IMPACT MOVEMENT 225 N MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501C4	1,207,227.		FMV		PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 95.

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

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

Schedule I (Form 990) (2014)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

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

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION NATIONAL AND INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST, THE ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY COUNCIL ALONG WITH THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC RELATIONS DIVISION, ENSURES PEER REVIEW AND HIGH QUALITY OF FUNDED AWARDS DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF THE 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:

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL AND IN SOME CASES BI-ANNUAL REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE AWARD. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). 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 III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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. PUBLICATION(S) AS ACCEPTED ARE UPLOADED TO PROPOSALCENTRAL DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORD OF ANY PUBLICATION(S) ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION.

DATA GENERATED AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDED WORK IS SUBJECT TO DATA SHARING, AS A CONDITION OF AWARD. DATA AND OTHER OUTPUTS OF THE PROJECT ARE SUBJECTED TO THIS POLICY FOR QUICK, REASONABLE

**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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SUBMISSIONS FOR COMPLETED WORK. FURTHER, AWARDEES AGREE TO SUBMIT/SHARE DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S ASSOCIATION INTERACTIVE NETWORK (GAAIN\*), A GLOBAL INFRASTRUCTURE CONNECTED RESEARCH STUDIES FROM AROUND THE WORLD THROUGH ONE PORTAL WHERE DATA CAN BE INTERROGATED IN AGGREGATE FOR ANALYSIS USING A VIRTUAL MACHINE. GAAIN IS WHOLLY FUNDED BY THE ALZHEIMER'S ASSOCIATION.

IN ADDITION, THE ASSOCIATION REQUESTS, MONITORS, AND FOLLOWS-UP TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED CONTRACTS AND THAT FINANCIAL REPORTING REQUIREMENTS ARE MET. AWARDEES' FINANCIAL REPORTS ARE AUDITED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ANNUALLY 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:



**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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- ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS (IN ENGLISH, IF POSSIBLE). IN CASES WHERE TRANSLATION IS NOT POSSIBLE, A DATED AND SIGNED LETTER IN ENGLISH FROM THE RECTOR OR OTHER AUTHORIZED SIGNING OFFICIAL OF THE INSTITUTION IS ACCEPTABLE.

- DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT.

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM AND PARTNERSHIP PROGRAMS SUCH AS BIOMAKERS ACROSS NEURODEGENERATIVE DISEASES (BAND).

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION LETTER). IF THE IRS DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE YEAR PERIOD, THE INSTITUTION IS REQUIRED TO PROVIDE DOCUMENTATION FROM AN AUTHORIZED SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH TO CONFIRM THERE HAS NOT BEEN A STATUS CHANGE FOR THE ORGANIZATION. FOR THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT THE ORGANIZATION'S FINANCIAL STATEMENTS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS DIVISION VERIFIES THAT EACH AWARDEE IS COMPLIANT WITH THE U.S. PATRIOT ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS (SDN) LISTS. A FORM IS COMPLETED FOR EACH APPROVED ALZHEIMER'S ASSOCIATION AWARDEE THAT VERIFIES COMPLIANCE WITH THE U.S. PATRIOT ACT AND UPLOADED TO THEIR ONLINE FILE AT PROPOSALCENTRAL PRIOR TO PAYMENT BEING SENT TO THE AWARDEE. IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS IS FOUND BY THE ASSOCIATION, IT WOULD BE IMMEDIATELY REPORTED TO THE ALZHEIMER'S ASSOCIATION LEGAL DEPARTMENT FOR APPROPRIATE HANDLING AND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOLLOW-UP. FOR TRANSACTIONS UNRELATED TO THE INTERNATIONAL RESEARCH GRANT PROGRAM IN THE MEDICAL AND SCIENTIFIC DEPARTMENT, THE SAME VERIFICATION IS PERFORMED.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT MOVEMENT (AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2015 TO SUPPORT PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S STRATEGIC PLAN. THIS GRANT IS RESTRICTED TO THE FOLLOWING 501(C)3 ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH SPECIFIC GOALS INCLUDING: 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

**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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EDUCATION EFFORTS AND CAREGIVER SUPPORT SERVICES; EXPANDING DIAGNOSIS AND PLANNING.

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2014**

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

▶ Attach to Form 990.

**Open to Public Inspection**

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**13-3039601**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed 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? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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 **7**  Yes  No

**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 **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HARRY JOHNS PRESIDENT & CEO	(i)	639,486.	134,550.	1,315.	228,600.	20,723.	1,024,674.	0
	(ii)	37,475.	0	0	0	0	37,475.	0
2 RICHARD HOVLAND COO/CFO	(i)	324,905.	96,035.	2,224.	66,100.	29,270.	518,534.	0
	(ii)	756.	0	0	0	0	756.	0
3 ANGELA GEIGER CHIEF STRATEGY OFFICER	(i)	390,839.	115,392.	306.	78,600.	18,138.	603,275.	0
	(ii)	158.	0	0	0	0	158.	0
4 MARIA CARRILLO CHIEF SCIENCE OFFICER	(i)	284,401.	68,750.	448.	53,600.	5,057.	412,256.	0
	(ii)	0	0	0	0	0	0	0
5 ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	(i)	259,482.	71,254.	434.	53,600.	26,405.	411,175.	0
	(ii)	25,294.	0	0	0	0	25,294.	0
6 SCOTT GARDNER CHIEF CHAP. RELATIONS OFFICER	(i)	235,822.	58,433.	972.	28,600.	11,703.	335,530.	0
	(ii)	92.	0	0	0	0	92.	0
7 DONNA MCCULLOUGH VP - MASS MARKET & CORP DEV	(i)	250,678.	51,000.	837.	28,600.	21,762.	352,877.	0
	(ii)	80.	0	0	0	0	80.	0
8 BETH KALLMYER VP - CONSTITUENT SERVICES	(i)	187,678.	27,314.	385.	22,788.	9,496.	247,661.	0
	(ii)	60.	0	0	0	0	60.	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.

SCHEDULE J, PART I, LINE 1A

TRAVEL FOR COMPANIONS

AT TIMES A BOARD MEMBER WITH EARLY ON-SET ALZHEIMER'S DISEASE MAY REQUIRE A COMPANION TO ACCOMPANY HIM OR HER ON BUSINESS TRAVEL FOR SAFETY REASONS. SINCE HIS OR HER INVOLVEMENT IN THE MEETINGS IS CRITICAL TO REPRESENTING KEY CONSTITUENTS AND APPROPRIATELY FULFILLING THE MISSION OF THE ALZHEIMER'S ASSOCIATION, THE EXPENSES OF COMPANION TRAVEL ARE REIMBURSED.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

HARRY JOHNS PARTICIPATES IN A 457(F) SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION OR RETIREMENT PLAN. THE ACCRUAL AMOUNT UNDER THE PLAN IN CALENDAR YEAR 2014 WAS \$150,000. THE ACCRUAL IS PART OF A MULTI-YEAR BENEFIT WHICH WILL BECOME VESTED IN 2017.

THERE WERE NO ADDITIONAL AMOUNTS ACCRUED OR REPORTED FOR HARRY JOHNS, ANGELA GEIGER, OR RICHARD HOVLAND RELATED TO A 457(B) PLAN IN CALENDAR YEAR 2014.

**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.

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

SUPPLEMENTAL COMPENSATION INFORMATION

HARRY JOHNS RECEIVED PERFORMANCE BASED INCENTIVE COMPENSATION OF \$134,550 BASED ON HIS SUCCESSFUL ACHIEVEMENT OF SPECIFIC GOALS, WHICH WERE DEVELOPED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN CONSULTATION WITH THE BOARD'S INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANTS. THIS PERFORMANCE BASED INCENTIVE COMPENSATION WAS EARNED FOR PERFORMANCE IN FISCAL YEAR 2014 AND WAS PAID IN CALENDAR YEAR 2014.

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

SUPPLEMENTAL COMPENSATION INFORMATION: OTHER REPORTABLE COMPENSATION

HARRY JOHNS, ANGELA GEIGER, AND RICHARD HOVLAND ALL RECEIVE A BASIC LIFE INSURANCE BENEFIT OF ONE TIMES THE ANNUAL SALARY. THE AMOUNT REPRESENTED IN THIS SECTION IS IMPUTED INCOME FOR THE GROUP TERM LIFE BENEFIT. ROBERT EGGE, MARIA CARRILLO, DONNA MCCULLOUGH, SCOTT GARDNER, AND BETH KALLMYER ALSO RECEIVE THE LIFE INSURANCE BENEFIT. RICHARD HOVLAND AND DONNA MCCULLOUGH HAVE ADDITIONAL IMPUTED INCOME FOR VOLUNTARY ELECTIONS UNDER THE GROUP DISABILITY PLAN.

**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.

SCHEDULE J, PART II, COLUMN (C)

SUPPLEMENTAL COMPENSATION INFORMATION

HARRY JOHNS - RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$228,600 IS

COMPRISED OF THE FOLLOWING:

- EMPLOYER CONTRIBUTIONS TO THE QUALIFIED BROAD-BASED 401(K) RETIREMENT

PLAN - \$28,600;

- EMPLOYER ACCRUAL OF RETIREMENT BENEFIT TO A SUPPLEMENTAL RETIREMENT

ACCOUNT UNDER THE PREVIOUSLY DISCUSSED 457(F) - \$150,000

RICHARD HOVLAND AND ANGELA GEIGER - RETIREMENT AND OTHER DEFERRED

COMPENSATION INCLUDE EMPLOYER CONTRIBUTION TO A QUALIFIED 401(K) PLAN AND

A RETENTION INCENTIVE ACCRUAL WHICH WAS NOT PAID AS OF DECEMBER 31, 2014

BUT WHICH IS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH

JUNE 30, 2017.

ROBERT EGGE AND MARIA CARRILLO - RETIREMENT AND OTHER DEFERRED

COMPENSATION INCLUDE EMPLOYER CONTRIBUTION TO A QUALIFIED 401(K) PLAN AND

A RETENTION INCENTIVE ACCRUAL WHICH WAS NOT PAID AS OF DECEMBER 31, 2014

**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.

BUT WHICH IS TIED TO SPECIFIC MULTI-YEAR VESTING REQUIREMENTS THROUGH  
JUNE 30, 2018.

DONNA MCCULLOUGH, SCOTT GARDNER, AND BETH KALLMYER - RETIREMENT AND OTHER  
DEFERRED COMPENSATION INCLUDE EMPLOYER CONTRIBUTIONS TO A QUALIFIED  
401(K) PLAN.

SCHEDULE J, PART II, COLUMN (D)

SUPPLEMENTAL COMPENSATION INFORMATION

HARRY JOHNS - NON-TAXABLE BENEFITS OF \$20,723 INCLUDE EMPLOYER  
CONTRIBUTIONS TO MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND  
LONG-TERM DISABILITY, AND LONG TERM CARE INSURANCE BASED ON HIS PERSONAL  
ELECTIONS FOR CALENDAR YEAR 2014 THROUGH THE BENEFIT OFFERINGS AVAILABLE  
TO ALL OTHER BENEFITS-ELIGIBLE EMPLOYEES AT OUR ORGANIZATION.

THE AMOUNTS REPRESENTED FOR RICHARD HOVLAND, ANGELA GEIGER, ROBERT EGGE,  
MARIA CARRILLO, DONNA MCCULLOUGH, SCOTT GARDNER AND BETH KALLMYER  
REPRESENT COMPANY CONTRIBUTIONS TO THE MEDICAL, DENTAL, BASIC LIFE  
INSURANCE, SHORT AND LONG TERM DISABILITY, AND LONG TERM CARE INSURANCES

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**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.

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BASED ON INDIVIDUAL ELECTIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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	546.	170,312.	COST/SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	175.	3,331,804.	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 ▶ ( <u>ATCH 1</u> ) . . . . .		886.	573,976.	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization 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) (2014)

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

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

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

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 RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM AUTOMOBILE SALES.

SCHEDULE M, PART I, COLUMN B

ALZHEIMER'S ASSOCIATION IS REPORTING THE DOLLAR AMOUNT OF NONCASH CONTRIBUTIONS AS WELL AS THE NUMBER OF ITEMS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VARIOUS NONCASH ITEMS	X	109.	96,265.	FAIR MARKET VALUE
GALA-RELATED NONCASH ITEM	X	777.	477,711.	FAIR MARKET VALUE
TOTALS		<u>886.</u>	<u>573,976.</u>	



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

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

ADVOCACY - AS ALZHEIMER'S DISEASE THREATENS TO BANKRUPT FAMILIES, BUSINESSES AND OUR HEALTHCARE SYSTEM, SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR BETTER CARE AND RESOURCES, AND HEALTH AND LONG-TERM COVERAGE TO ENSURE HIGH QUALITY COST EFFECTIVE CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE AND THEIR FAMILIES. MORE THAN 600,000 GRASS ROOTS ALZHEIMER'S ASSOCIATES ADVOCATES SPEAK UP FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND ENCOURAGE CONGRESS TO INCREASE FUNDING FOR RESEARCH AND CARE. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION\* PROVIDES AN ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE OFFERED IN PERSON, BY PHONE AND ONLINE. IN CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, RECEIVE PERSONALIZED CARE CONSULTATION, ENGAGE IN EARLY STAGE PROGRAMS,

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ENROLL IN SUPPORT PROGRAMS AND PURCHASE PRODUCTS TO REDUCE THE RISKS ASSOCIATED WITH WANDERING.

IN ORDER TO MEET THE NEEDS OF CONSTITUENTS WHO RELY ON THE WEB FOR INFORMATION AND SUPPORT, THE ASSOCIATION OFFERS A ROBUST CAREGIVER CENTER. WITHIN THE CAREGIVER CENTER, FAMILIES AND CAREGIVERS CAN ACCESS ALZHEIMER'S NAVIGATOR\*, AN INNOVATIVE TOOL TO HELP CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THEIR NEEDS, CREATE A CUSTOMIZED ACTION PLAN AND LINK TO INFORMATION, SUPPORT AND LOCAL RESOURCES FOR INDIVIDUALS LIVING WITH ALZHEIMER'S. ALSO AVAILABLE THROUGH THE CAREGIVER CENTER, FOR INDIVIDUALS LOOKING FOR SUPPORT FROM OTHERS LIVING IN SIMILAR SITUATIONS IS ALZCONNECTED\*, AN ON-LINE COMMUNITY THAT INCLUDES MULTIPLE FORUMS FOR DIVERSE AUDIENCES.

THROUGH THE ASSOCIATION'S HELPLINE, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR, INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES AND CAREGIVERS CAN TALK TO A SPECIALIST TO RECEIVE INFORMATION AND BASIC EDUCATION ABOUT THE DISEASE; AND GUIDANCE FOR MORE COMPLICATED OR URGENT SITUATIONS, WITH MASTERS-LEVEL COUNSELORS WHO ARE AVAILABLE TO CONSTITUENTS, ANY TIME, DAY OR NIGHT. ADDITIONALLY, CALLS CAN BE HANDLED IN OVER 170 DIFFERENT LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE. ANNUALLY, THE HELPLINE RECEIVES MORE THAN 300,000 CALLS.

THE ASSOCIATION'S WEBSITE (WWW.ALZ.ORG) RECEIVES AN AVERAGE OF 2.6 MILLION VISITS EACH MONTH. ONLINE PROGRAMS INCLUDE: SELF-SERVICE

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EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 15 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN; A VIRTUAL LIBRARY, A SAFETY CENTER, AND A SECTION DEVELOPED SPECIFICALLY FOR PEOPLE LIVING WITH ALZHEIMER'S, WITH INPUT FROM PEOPLE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE AND THEIR CARE PARTNERS.

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

THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO PROVIDE EDUCATION, INFORMATION, SUPPORT, AND RESOURCES IN ORDER TO HELP INDIVIDUALS WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS NAVIGATE THE LONG AND COMPLICATED JOURNEY THROUGH ALZHEIMER'S DISEASE.

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

EXPENSES: \$29,465,018  
 GRANTS: \$ 2,013,682  
 REVENUES: NONE

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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FORM 990, PART VI, LINE 1A

GOVERNING BODY:

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

COMMITTEES OF DIRECTORS:

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

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE SHALL SUPERVISE THE AFFAIRS OF THE ASSOCIATION, APPROVE EXPENDITURES AND COMMITMENTS ACCORDING TO POLICIES PRESCRIBED BY THE BOARD OF DIRECTORS, ACT FOR AND CARRY OUT THE ESTABLISHED POLICIES OF THE ASSOCIATION AS DEFINED BY THE BOARD OF DIRECTORS, INCLUDING THE POLICIES AND PROCEDURES, REPORT TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE BOARD OF DIRECTORS AND HAVE SUCH OTHER ADDITIONAL POWERS AS MAY BE BY LAW OR RESOLUTION OF THE BOARD OF DIRECTORS PROVIDED. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL AUTHORITY (INCLUDING THE ELECTION OF OFFICERS OTHER THAN THE CHAIR, CHAIR ELECT, ONE OR MORE VICE CHAIRS, SECRETARY, TREASURER OR PRESIDENT AND CHIEF EXECUTIVE OFFICER, IT BEING UNDERSTOOD THAT THE EXECUTIVE COMMITTEE MAY ELECT AN INTERIM

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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PRESIDENT AND CHIEF EXECUTIVE OFFICER TO SERVE UNTIL THE NEXT MEETING OF THE BOARD OF DIRECTORS) IN THE MANAGEMENT OF THE ASSOCIATION, SUBJECT TO THE LIMITATIONS CONTAINED IN THE DELAWARE CORPORATION LAW. THE COMMITTEE'S RESPONSIBILITIES SHALL INCLUDE, BUT NOT BE LIMITED TO, INITIATING LONG-RANGE PLANNING, ENVIRONMENTAL SCANNING AND PERFORMANCE EVALUATION; INITIATING THE BOARD'S ANNUAL STRATEGIC PRIORITIES FOR APPROVAL BY THE BOARD; ASSISTING THE CHAIR IN DEVELOPING CHARGES TO THE COMMITTEES; IDENTIFYING PROGRAMMATIC AND FINANCIAL INDICATORS OF ASSOCIATION PERFORMANCE; CONDUCTING THE REVIEW, PERFORMANCE EVALUATION AND SUCCESSION PLANNING FOR THE PRESIDENT AND CEO; MAKING BYLAW RECOMMENDATIONS TO THE BOARD; REVIEWING THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL; AND IDENTIFYING SIGNIFICANT ISSUES AS THAT TERM IS DEFINED IN ARTICLE IX WHICH REQUIRE CONSIDERATION BY THE ASSOCIATION ASSEMBLY AS DESCRIBED IN THE SAME ARTICLE AND RECEIVING, ON BEHALF OF THE BOARD, THE ASSOCIATION ASSEMBLY'S SUGGESTIONS AND RECOMMENDATIONS FOR BOARD CONSIDERATION OR ACTION. AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED RESOLUTION SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF NOT LESS THAN ELEVEN OR MORE THAN FIFTEEN DIRECTORS. THE CHAIR, CHAIR ELECT, VICE CHAIRS, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES AND CHAIRS OF THE FOLLOWING COMMITTEES: CHAPTER RELATIONS, DEVELOPMENT, DIVERSITY AND INCLUSION, PROGRAM, AND PUBLIC POLICY, AS WELL AS THE CHAIR OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL SHALL BE MEMBERS OF THE EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY HOLD REGULAR MEETINGS MONTHLY OR

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AS IT MAY OTHERWISE DETERMINE, AT SUCH PLACE AND AT SUCH TIMES AND UPON SUCH NOTICE AS IT MAY DETERMINE. SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED AT ANY TIME BY THE CHAIR OR BY ANY THREE OF ITS MEMBERS, BY NOTICE DELIVERED PERSONALLY OR BY MAIL, TELEPHONE, ELECTRONIC MAIL OR FACSIMILE AT LEAST SEVEN DAYS (OR AT LEAST 48 HOURS IN THE CASE OF TELEPHONIC MEETINGS) PRIOR TO THE MEETING. A MAJORITY OF THE CURRENTLY SERVING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR ALL PURPOSES.

FINANCE COMMITTEE:

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

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 ASSIST THE BOARD IN ENSURING THE SUCCESSFUL GOVERNANCE OF THE ASSOCIATION THROUGH BOARD ASSESSMENT, RECRUITMENT, NOMINATIONS, ORIENTATION AND DEVELOPMENT. THE GOVERNANCE AND NOMINATING COMMITTEE

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SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE. THE GOVERNANCE AND NOMINATING COMMITTEE MAY NOMINATE CANDIDATES FOR DIRECTOR EMERITUS, HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS OR COMMITTEES AND APPROVE AND PRESENT TO THE BOARD FOR APPROVAL THE CANDIDATES FOR MEDICAL AND SCIENTIFIC ADVISORY MEMBERSHIP. THE GOVERNANCE AND NOMINATING COMMITTEE ALSO SHALL PROVIDE INPUT TO THE CHAIR ON THE SELECTION OF VICE CHAIRS AND COMMITTEE CHAIRS.

COMPENSATION COMMITTEE:

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

AUDIT COMMITTEE:

THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR RECOMMENDING AN AUDITOR TO THE BOARD OF DIRECTORS AND SHALL OVERSEE THE ACTIVITIES OF ANY INTERNAL AUDITOR OF THE ASSOCIATION. THE COMMITTEE SHALL SEE THAT AN ANNUAL AUDIT IS PREPARED BY AN INDEPENDENT FIRM OF CERTIFIED PUBLIC ACCOUNTANTS SELECTED BY THE BOARD OF DIRECTORS AND, UPON RECEIVING SUCH AUDITOR'S REPORT, THE COMMITTEE SHALL PREVIEW THE AUDIT REPORT FOR SUBMISSION TO THE BOARD OF DIRECTORS EACH YEAR. THE COMMITTEE SHALL REVIEW THE FINANCIAL REPORTS OF THE ASSOCIATION, ITS SYSTEM OF INTERNAL CONTROLS, AND THE AUDIT PROCESS, INCLUDING THE REVIEW OF THE ACTIVITIES OF THE

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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MEDICAL AND SCIENTIFIC ADVISORY COUNCIL. THE AUDIT COMMITTEE SHALL HAVE AT LEAST FIVE MEMBERS, ALL OF WHOM ARE MEMBERS OF THE BOARD OF DIRECTORS AND THE MAJORITY OF WHOM HAVE APPROPRIATE FINANCIAL EXPERTISE. AT LEAST ONE MEMBER OF THE AUDIT COMMITTEE SHALL MEET THE REQUIREMENT OF "AUDIT COMMITTEE FINANCIAL EXPERT" AS THEN DEFINED BY THE SECURITIES AND EXCHANGE COMMISSION. THE MAJORITY OF THE MEMBERS OF THE AUDIT COMMITTEE MAY NOT CONCURRENTLY SERVE ON THE FINANCE COMMITTEE AND THE TREASURER AND CHAIR OF THE FINANCE COMMITTEE MAY NOT SERVE CONCURRENTLY ON THE AUDIT COMMITTEE.

OTHER COMMITTEES:

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

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



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AND SERVICES, QUALITY AND STANDARDS AND RELATED MATTERS.

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

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

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE ORGANIZATION UNDERGOES A THOROUGH REVIEW PROCESS BEFORE FILING THE RETURN. THE AUDIT COMMITTEE DISCUSSES AND REVIEWS THE FORM BEFORE IT IS PROVIDED 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 990 IS FILED.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEN ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE UPON THE INTERESTED PARTY WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PARTIES ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE ASSOCIATION AND THEREAFTER SHALL FILE WITH THE ASSOCIATION AN UPDATED DISCLOSURE STATEMENT AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR ITS COMMITTEE DESIGNEE AND IN NO EVENT LESS OFTEN THAN ANNUALLY. AS CITED FROM ARTICLE XVII, SECTION 2 OF THE BYLAWS, INTERESTED PERSONS OR CHAPTER REPRESENTATIVE SHALL DISCLOSE ANY CONFLICT AND SHALL NOT VOTE ON A MATTER AND FURTHER IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED PERSON OR CHAPTER REPRESENTATIVE DID NOT PARTICIPATE IN ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON OR CHAPTER SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE FROM A CHAPTER HAVING A CONFLICT IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT

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

COPIES OF THE ALZHEIMER'S ASSOCIATION BYLAWS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE PROVIDED TO ALL BOARD 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.

FORM 990, PART VI, LINE 15A & 15B  
PROCESS FOR DETERMINING COMPENSATION

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 POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT SOURCES OCCURRED IN 2014. THE PROCESS WAS CONDUCTED IN A MANNER INTENDED TO QUALIFY FOR THE

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS  
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REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES. AS TO THE MEMBERS OF THE SENIOR MANAGEMENT TEAM OTHER THAN THE CEO, ANNUALLY UPDATED MARKET DATA IS ALSO PROVIDED BY THE OUTSIDE COMPENSATION CONSULTANT, SO THAT THE UPDATED MARKET DATA CAN BE USED IN SETTING REASONABLE COMPENSATION FOR EACH MEMBER OF THE SENIOR MANAGEMENT TEAM.

EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES 360 FEEDBACK COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS. THE COMMITTEE AND CHAIR OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THESE INCLUDE A SELF-ASSESSMENT, 360 REVIEW AND EVALUATION BY THE CEO. UPDATED MARKET DATA FOR USE IN SETTING REASONABLE COMPENSATION IS PROVIDED BY A NATIONAL COMPENSATION CONSULTING FIRM TO THE COMPENSATION COMMITTEE FOR CONFIRMATION OF REASONABLENESS USING A PROCESS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INCLUDING CONTEMPORANEOUS DOCUMENTATION IN THE COMMITTEE'S MINUTES). FOR FISCAL YEAR 2015, THE SALARIES AND TOTAL COMPENSATION PACKAGES OF THE SENIOR STAFF WERE BENCHMARKED BY AON HEWITT. COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 18

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON THE WEBSITE AT WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

FORM 990, PART XI, LINE 9

OTHER CHANGE IN NET ASSETS OR FUND BALANCE

CHANGE IN PERPETUAL TRUST	\$( 298,301)
CHANGE IN SPLIT INTEREST	( 490,135)
ACQUISITION OF DISSOLVED CHAPTERS	3,036,098
BAD DEBT	( 404,780)
	-----
TOTAL	\$ 1,842,882

ATTACHMENT 1

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

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH. THE MISSION OF THE ALZHEIMER'S ASSOCIATION 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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ATTACHMENT 1 (CONT'D)

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

THE PROMOTION OF BRAIN HEALTH. THE VISION OF THE ALZHEIMER'S ASSOCIATION IS A WORLD WITHOUT ALZHEIMER'S.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. THE ALZHEIMER'S ASSOCIATION HAS 81 CHAPTERS WORKING TOGETHER TO ACCOMPLISH THE MISSION. THE NATIONAL ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT THROUGH A HELPLINE 365 DAYS A YEAR (1.800.272.3900) AND OUR WEB SITE, ALZ.ORG.

AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT AND RESEARCH, SINCE AWARDING THE FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED MORE THAN \$350 MILLION TO APPROXIMATELY 2,300 BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, THE ALZHEIMER'S ASSOCIATION FOSTERS A NETWORK FOR THE SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S RESEARCH IN THE WORLD.

IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, SPEAKS UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, AND HOSTS AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C. AND LEADS ADVOCACY EFFORTS IN EVERY STATE. CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS ABOUT THE ASSOCIATION ARE CRITICAL TO ACCELERATING PROGRESS. THE ALZHEIMER'S ASSOCIATION STRIVES TO MAKE

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ATTACHMENT 1 (CONT'D)

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

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 CONSTITUENTS HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD.

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE. THE ASSOCIATION IS QUALIFIED TO USE THE "BBB TORCH LOGO" AND A NATIONAL CHARITY SEAL ("SEAL").

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 THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER'S AND AS MANY AS 15 MILLION PEOPLE ARE PROVIDING UNPAID CARE AND SUPPORT. AND THIS MASSIVE GROUP IS IN NEED OF INFORMATION AND RESOURCES.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE KNOWLEDGE ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION AS THE CENTER OF HELP

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number
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ATTACHMENT 2 (CONT'D)

AND HOPE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE. MILLIONS OF CONSTITUENTS PARTICIPATED IN PROGRAMS IN OUR LOCAL COMMUNITIES AND ON-LINE.

EXPENSES: \$40,511,797

GRANTS: NONE

REVENUES: NONE

ATTACHMENT 3

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

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

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 ENDEAVORS LIKE



Name of the organization <b>ALZHEIMER'S DISEASE &amp; RELATED DISORDERS ASSOCIATION, INC.</b>	<b>Employer identification number</b>
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ATTACHMENT 3 (CONT'D)

THE WORLDWIDE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (WW-ADNI) TO ACCELERATE ADVANCES IN IMAGING, THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND AND ADVANCE BEST-IN-CLASS RESEARCH AND WORKS WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS.

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

EXPENSES: \$28,910,110  
 GRANTS: \$16,384,937  
 REVENUES: \$ 4,080,239

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,  
 DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,  
 MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA,  
 RI, SC, TX, UT, VA, WA, WV, WI,

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OLSON + CO., INC. 420 NORTH FIFTH ST., STE 1000 MINNEAPOLIS, MN 55401	ADVERTISING & MEDIA	13,309,654.
ALANIZ 425 N. IRIS STREET	PRINT/LETTER SHOP	8,521,465.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MT. PLEASANT, IA 52641		
WEBB MASON P.O. BOX 62414 BALTIMORE, MD 21264	PRINT/LETTER SHOP	2,445,659.
THOMPSON HABIB DENISON 80 HAYDEN AVENUE, STE 300 LEXINGTON, MA 02421	CONSULTANT	1,494,298.
BLACKBAUD-GA P.O. BOX 930256 ATLANTA, GA 31193-0256	MAIL DISTRIBUTORS	1,335,057.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

Employer identification number  
**13-3039601**

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

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

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on 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	SOC WELFARE	IL	501C4		ALZ. ASSOC	X	
(2) ALZ DIS. & REL. DISORDERS ASSN OF CANADA 999999999 181 BAY ST BROOKFIELD PL M5J 2 TORONTO, ONTARIO CA	PUB CHAR	CA	501C3		ALZ. ASSOC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALZHEIMER'S IMPACT MOVEMENT	B	1,207,227.	FMV
(2) ALZHEIMER'S IMPACT MOVEMENT	O	63,915.	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 sections 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).

SCHEDULE R, PART V, LINE 2

AMOUNT INVOLVED IN RELATIONSHIP

THE ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT MOVEMENT (AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2015 TO SUPPORT PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S STRATEGIC PLAN. THIS GRANT IS RESTRICTED TO THE FOLLOWING 501(C)3 ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH SPECIFIC GOALS INCLUDING: IMPLEMENTATION OF THE NATIONAL ALZHEIMER'S PROJECT ACT (RECOGNIZING THIS GROWING ALZHEIMER'S CRISIS, CONGRESS UNANIMOUSLY PASSED AND PRESIDENT OBAMA SIGNED INTO LAW THE NATIONAL ALZHEIMER'S PROJECT ACT - NAPA); INCREASING THE COMMITMENT TO ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND CAREGIVER SUPPORT SERVICES; EXPANDING DIAGNOSIS AND PLANNING.