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Form 990

Return of Organization Exempt From Income Tax

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](#)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Alzheimer's Disease & Related Disorders Association Inc

% RICHARD HOVLAND

Doing business as

Alzheimer's Association

Number and street (or P O box if mail is not delivered to street address)

Room/suite

225 N Michigan Ave 17th Floor

City or town, state or province, country, and ZIP or foreign postal code

Chicago, IL 606017633

F Name and address of principal officer

Richard H Hovland

225 N Michigan Ave 17th Fl

Chicago, IL 606017633

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

13-3039601

E Telephone number

(312) 335-8700

G Gross receipts \$ 355,945,511

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.alz.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, PROVIDE & ENHANCE CARE & SUPPORT FOR ALL AFF-ECTED & REDUCE THE RISK OF DEMENTIA THROUGH PROMOTION OF BRAIN HEALTH

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶56,097,504

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished herein, 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 COO/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Bridget T Roche

Preparer's signature

Bridget T Roche

Firm's name

▶ GRANT THORNTON LLP

Firm's address ▶ 171 N CLARK ST SUITE 200

CHICAGO, IL 60601

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE ALZHEIMER'S ASSOCIATION IS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER CARE, SUPPORT, AND RESEARCH (MISSION CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

| | | | | | | | |
|---------------------|---------|--------------|-------------|------------------------|-------------|-------------|-----------|
| 4a | (Code) | (Expenses \$ | 183,962,755 | including grants of \$ | 3,069,223) | (Revenue \$ | 177,026) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|------------|------------------------|--------------|-------------|-------------|
| 4b | (Code) | (Expenses \$ | 40,534,601 | including grants of \$ | 27,656,078) | (Revenue \$ | 8,476,188) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|------------|------------------------|--|-------------|-------------|
| 4c | (Code) | (Expenses \$ | 11,951,764 | including grants of \$ | | (Revenue \$ | 1,270,788) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|-----------|--|------------|------------------------|-------------|-------------|--|--|
| 4d | Other program services (Describe in Schedule O) | | | | | | |
| | (Expenses \$ | 15,892,366 | including grants of \$ | 1,625,035) | (Revenue \$ | | |

| | | | | | | | |
|-----------|---|-------------|--|--|--|--|--|
| 4e | Total program service expenses ▶ | 252,341,486 | | | | | |
|-----------|---|-------------|--|--|--|--|--|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|-----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 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> | 21 | Yes |
| 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> | 22 | Yes |
| 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> | 23 | Yes |
| 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> | 24a | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| 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> | 25b | No |
| 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> | 26 | No |
| 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> | 27 | No |
| 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> | 28a | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| 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> | 28c | Yes |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes |
| 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> | 30 | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 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> | 32 | No |
| 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> | 33 | No |
| 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> | 34 | Yes |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| 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> | 35b | Yes |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | Yes |
| 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> | 37 | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|------------|--|------------|-------|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 779 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 1 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 2,307 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► RICHARD HOVLAND 225 N MICHIGAN AVE 17TH FLOOR Chicago, IL 606017633 (312) 335-5771

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

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

Form **990** (2016)

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 | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 3,513,917 | 9,718 | 694,732 |

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 **▶ 122**

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

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 |
|--|--------------------------------|---------------------|
| Hayworth Marketing Media LLC, 45 South 7th Street Suite 2400 MINNEAPOLIS, MN 55402 | MEDIA | 12,430,234 |
| World-Wide Printing Distrib Inc, 2900 E Apache TULSA, OK 74110 | Print/Letter Shop | 5,991,944 |
| Blackbaud Inc, PO Box 930256 ATLANTA, GA 311930256 | Consultant | 3,114,736 |
| Webb Mason Inc, PO Box 62414 BALTIMORE, MD 212642414 | Print/Letter Shop | 3,102,726 |
| Personify Inc, PO Box 759470 BALTIMORE, MD 212759470 | SOFTWARE DEVELOPMENT | 2,771,308 |

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

Part VIII Statement of RevenueCheck 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 |
|---|--|---------------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | |
| | b Membership dues . . . | 1b | 439,669 | | | |
| | c Fundraising events . . . | 1c | 2,239,597 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 22,096,172 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 278,525,353 | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 5,754,565 | | | |
| | h Total. Add lines 1a-1f | | 303,300,791 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a PROGRAM CONFERENCES | 611710 | 7,714,642 | 7,714,642 | | |
| | b JOURNAL | 511120 | 761,546 | 761,546 | | |
| | c CAREGIVER TRAINING | 611710 | 730,115 | 730,115 | | |
| | d SAFE RETURN REGISTRATION FEES | 611710 | 540,673 | 540,673 | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 9,746,976 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,803,366 | | | 4,803,366 |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 79,252 | | | 79,252 |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | 0 0 | | | | |
| | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | 24,580,857 464,098 | | | |
| | b Less cost or other basis and sales expenses | 23,067,315 601,263 | | | | |
| | c Gain or (loss) | 1,513,542 -137,165 | | | | |
| | d Net gain or (loss) | | 1,376,377 | | | 1,376,377 |
| | 8a Gross income from fundraising events (not including \$ 2,239,597 of contributions reported on line 1c) See Part IV, line 18 | a | 10,324,453 | | | |
| | b Less direct expenses | b | 4,600,926 | | | |
| | c Net income or (loss) from fundraising events | | 5,723,527 | | | 5,723,527 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | 119,702 | | | |
| | b Less direct expenses | b | 118,891 | | | |
| | c Net income or (loss) from gaming activities | | 811 | | | 811 |
| | 10a Gross sales of inventory, less returns and allowances | a | 291,736 | | | |
| b Less cost of goods sold | b | 97,766 | | | | |
| c Net income or (loss) from sales of inventory | | 193,970 | 177,026 | | 16,944 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a LEGAL SETTLEMENT | | 900099 | 1,860,650 | | | 1,860,650 |
| b GROUP CHAPTER REVENUE | | 900099 | 352,995 | | | 352,995 |
| c AFFILIATE REVENUE | | 900099 | 20,635 | | | 20,635 |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 2,234,280 | | | |
| 12 Total revenue. See Instructions | | | 327,459,350 | 9,924,002 | | 14,234,557 |

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 ☐

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 26,139,264 | 26,139,264 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 3,026,030 | 3,026,030 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 3,185,042 | 3,185,042 | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 2,100,007 | 1,188,746 | 614,800 | 296,461 |
| 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. | 127,524,625 | 96,857,642 | 6,707,113 | 23,959,870 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 17,529,047 | 13,229,653 | 976,249 | 3,323,145 |
| 9 Other employee benefits. | 13,298,066 | 10,100,575 | 794,123 | 2,403,368 |
| 10 Payroll taxes. | 365,235 | 282,470 | 26,283 | 56,482 |
| 11 Fees for services (non-employees). | | | | |
| a Management. | 0 | | | |
| b Legal. | 2,265,610 | 1,392,311 | 583,190 | 290,109 |
| c Accounting. | 379,012 | 265,583 | 62,860 | 50,569 |
| d Lobbying. | 2,146,576 | 2,146,576 | | |
| e Professional fundraising services. See Part IV, line 17. | 1,310,457 | | | 1,310,457 |
| f Investment management fees. | 255,915 | 255,915 | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 21,449,556 | 15,002,635 | 1,613,376 | 4,833,545 |
| 12 Advertising and promotion. | 22,078,908 | 19,601,681 | 235,993 | 2,241,234 |
| 13 Office expenses. | 32,056,010 | 21,334,343 | 5,001,072 | 5,720,595 |
| 14 Information technology. | 1,531,018 | 1,124,129 | 177,706 | 229,183 |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 21,540,163 | 17,010,671 | 1,625,426 | 2,904,066 |
| 17 Travel. | 10,355,699 | 7,514,839 | 467,273 | 2,373,587 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 14,251,357 | 9,080,014 | 203,184 | 4,968,159 |
| 20 Interest. | 0 | | | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 3,793,341 | 2,607,149 | 402,082 | 784,110 |
| 23 Insurance. | 607,094 | 376,871 | 117,648 | 112,575 |
| 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 | 0 | | | |
| b | 0 | | | |
| c | 0 | | | |
| d | 0 | | | |
| e All other expenses. | 963,730 | 619,347 | 104,394 | 239,989 |
| 25 Total functional expenses. Add lines 1 through 24e. | 328,151,762 | 252,341,486 | 19,712,772 | 56,097,504 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 15,483,112 | 9,333,551 | 2,401,314 | 3,748,247 |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 0 | 1 | 417,659 |
| | 2 | Savings and temporary cash investments | | 38,330,322 | 2 | 57,724,862 |
| | 3 | Pledges and grants receivable, net | | 38,226,245 | 3 | 54,827,463 |
| | 4 | Accounts receivable, net | | 13,284,637 | 4 | 10,482,245 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 0 | 5 | 0 |
| | 6 | 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 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 266,268 | 7 | 47,468 |
| | 8 | Inventories for sale or use | | 879,501 | 8 | 885,536 |
| | 9 | Prepaid expenses and deferred charges | | 4,035,909 | 9 | 8,562,543 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D. | 10a | 39,154,237 | | |
| | b | Less: accumulated depreciation | 10b | 21,264,745 | | |
| | | | | 9,059,732 | 10c | 17,889,492 |
| | 11 | Investments—publicly traded securities | | 71,219,128 | 11 | 160,429,873 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 21,940,244 | 12 | 32,978,937 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 843,711 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 197,241,986 | 16 | 345,089,789 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 12,932,698 | 17 | 23,502,870 |
| | 18 | Grants payable | | 28,986,791 | 18 | 37,213,895 |
| | 19 | Deferred revenue | | 4,223,548 | 19 | 10,150,125 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 0 | 21 | 0 |
| | 22 | 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 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 19,268,809 | 25 | 6,356,753 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 65,411,846 | 26 | 77,223,643 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 43,597,033 | 27 | 136,430,935 |
| | 28 | Temporarily restricted net assets | | 58,852,663 | 28 | 90,231,019 |
| | 29 | Permanently restricted net assets | | 29,380,444 | 29 | 41,204,192 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 131,830,140 | 33 | 267,866,146 | |
| 34 | Total liabilities and net assets/fund balances | | 197,241,986 | 34 | 345,089,789 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 327,459,350 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 328,151,762 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -692,412 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 131,830,140 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,617,742 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 131,110,676 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 267,866,146 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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 | Yes | |
| 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? | Yes | |
| 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 | |

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Form 990 (2016)

Form 990, Part III, 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 COMMUNICATING OUR ROLE AS LEADERS OF THE CAUSE 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 OUR PROGRAMS IN LOCAL COMMUNITIES AND ON-LINE

Form 990, Part III, 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 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

Form 990, Part III, Line 4c:

CHAPTER SERVICES - 81 CHAPTERS ARE IN COMMUNITIES NATIONWIDE, PROVIDING SERVICES TO FAMILIES AND PROFESSIONALS, INCLUDING INFORMATION AND REFERRAL, SUPPORT GROUPS, CARE CONSULTATION, EDUCATION AND SAFETY SERVICES

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (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 | | | |
| Stewart Putnam Thru 1016 Chair, Exec Comm , Director | 12 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Christopher BinkleyBEG 1016 Chair, Exec Comm , Director | 12 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Deborah Jones Thru 1016 Secretary, Exec Comm , Dir | 10 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Thomas J Winkel Thru 1016 Treasurer, Exec Comm , Dir | 10 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Bill Buechele Treasurer, Exec Comm , Dir | 10 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Jack Faer Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Marlana GehaPhD Thru 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| David Goltermann Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Louis Holland Jr Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Paul Hornback BEG 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| William E Klunk MD PhD Dir & Exec Comm (Thru 10/16) | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| David Knopman MDBEG 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Jacqueline Kouri Secretary, Exec Comm , Dir | 10 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Margaret Noel MD Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Ronald Petersen MD PhD Dir & Exec Comm (Thru 10/16) | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Debra Pierson BEG 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Kimberly Reed Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Karen Stevenson BEG 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Carolyn Tieger BEG 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Carl E Tuerk JrThru 1016 Director and Exec Committee | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Derek van Amerongen Dir & Exec Comm (BEG 10/16) | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Electa Anderson Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Helen Brooks Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Anna Catalano Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| James Grossmann Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| David Hunter Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Verna Jones-Rodwell Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Diana Kerwin MD Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Sarah Lorance Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Ralph Nixon MD PhD Director | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | (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 |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|---|
| (A) Name and Title | 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) | | | | | | | | | | |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | | |
| Robert O'Keefe Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Steven Osgood Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Cecile Perich Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Patrick Peyton Thru 1016 Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Brian Richardson Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Alan Silverglat Thru 1016 Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| David Simbro Thru 1016 Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Joan Uronis Thru 1016 Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Julia Wallace Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |
| Paul Wexler Director | 5 0 0 0 | X | | | | | | | 0 | 0 | 0 | |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (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 | | | |
| HARRY JOHNS President & CEO | 60 0 0 13 | | | X | | | | 856,846 | 1,539 | 251,073 |
| RICHARD HOVLAND COO/CFO | 60 0 0 08 | | | X | | | | 516,475 | 522 | 98,314 |
| Christine Foh Asst Secy & VP Legal & GC | 60 0 0 03 | | | X | | | | 242,347 | 96 | 37,832 |
| Maria Carrillo Chief Science Officer | 60 0 0 0 | | | | | X | | 420,614 | 0 | 59,255 |
| Robert Egge Chief Public Policy Officer | 60 0 1 07 | | | | | X | | 412,896 | 5,639 | 83,588 |
| Donna McCullough Chief Development Officer | 60 0 0 04 | | | | | X | | 368,439 | 215 | 64,189 |
| Scott Gardner Chief Chap Relations Officer | 60 0 0 0 | | | | | X | | 349,243 | 0 | 42,256 |
| Michael Carson Chief Marketing Officer | 60 0 0 48 | | | | | X | | 245,433 | 1,707 | 49,240 |
| Angela Geiger Chief Strategy Officer | 0 0 0 0 | | | | | | X | 101,624 | 0 | 8,985 |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Alzheimer's Disease & Related Disorders Association Inc

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.

OMB No 1545-0047

2016

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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, 8, or 9 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 108,426,401 | 120,142,741 | 149,251,302 | 158,669,271 | 303,300,791 | 839,790,506 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 108,426,401 | 120,142,741 | 149,251,302 | 158,669,271 | 303,300,791 | 839,790,506 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 839,790,506 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 7 | Amounts from line 4 | 108,426,401 | 120,142,741 | 149,251,302 | 158,669,271 | 303,300,791 | 839,790,506 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,376,737 | 2,089,505 | 3,055,023 | 3,039,352 | 4,882,618 | 15,443,235 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 5,918,160 | 6,103,829 | 6,633,496 | 7,077,019 | 12,716,507 | 38,449,011 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 893,682,752 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 29,530,745 |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.970 % |
| 15 | Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 93.320 % |

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

| | | |
|--|-----------|--|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2016. 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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> | 1 | |
| 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> | 2 | |
| 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> | 3a | |
| 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> | 3b | |
| 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> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| 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> | 4b | |
| 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> | 4c | |
| 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> | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 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 or 990-EZ).</i> | 8 | |
| 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> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| 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> | 10b | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test Answer (a) and (b) below. | | |
| a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 2a | | |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations Answer (a) and (b) below. | | |
| a 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? <i>Provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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

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

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| 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 Total annual distributions. 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 2016 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-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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

| | |
|--|--|
| Name of the organization Alzheimer's Disease & Related Disorders Association Inc | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

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

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | | |

☐ Yes ☐ 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | (a) | | (b) |
|-----------|--|-----|----|-----------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | Yes | | 305,341 |
| d | Mailings to members, legislators, or the public? | Yes | | 1,000 |
| e | Publications, or published or broadcast statements? | Yes | | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 1,433,291 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 2,926,141 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 3,137,579 |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 7,803,352 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

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.

| Return Reference | Explanation |
|--------------------------------|---|
| 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 1b Paid Staff or Management The Association has paid staff who engage on behalf of the Association in public policy work, including educating policymakers and supporting the advocacy work of volunteers. |
| 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. |
| Schedule C, Part II-B, Line 1e | PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS The Association distributed Federal and State Updates approximately 41 times during the year. Schedule C, Part II-B, Line 1f Grants to Other Organizations for Lobbying Purposes The Association makes a grant to AIM which is used for the lobbying purposes discussed above and which is also shown on the Form 990 of AIM as a lobbying expense. As such, the amount of the grant is reported twice for transparency purposes. |
| Schedule C, Part II-B, Line 1g | DIRECT CONTACT The Association uses internal staff and retained lobbyists to educate policymakers about the Association's policy recommendations. |

| | | |
|--|--|--|
| SCHEDULE D (Form 990) | Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. | OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold;">2016</div> Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | | |
| Name of the organization Alzheimer's Disease & Related Disorders Association Inc | | Employer identification number 13-3039601 |

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X

► \$ _____

► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X

► \$ _____

► \$ _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 13,717,133 | 13,690,883 | 13,715,104 | 12,654,952 | 11,611,486 |
| b Contributions | 10,321,498 | 26,250 | 121,524 | 1,060,152 | 333,853 |
| c Net investment earnings, gains, and losses | 1,125,281 | 545,968 | 537,643 | 1,961,725 | 709,613 |
| d Grants or scholarships | | 545,968 | 683,388 | 1,961,725 | |
| e Other expenditures for facilities and programs | 1,125,281 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 24,038,631 | 13,717,133 | 13,690,883 | 13,715,104 | 12,654,952 |

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

►

97 480 %

c

Temporarily restricted endowment

►

2 520 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 728,500 | | 728,500 |
| b Buildings | 0 | 1,750,494 | 237,446 | 1,513,048 |
| c Leasehold improvements | 0 | 7,849,848 | 4,307,390 | 3,542,458 |
| d Equipment | 0 | 8,253,014 | 6,065,306 | 2,187,708 |
| e Other | 0 | 20,572,381 | 10,654,603 | 9,917,778 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 17,889,492 |

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) BENEFICIAL INTEREST | 32,747,656 | F |
| (B) ASSETS HELD IN TRUST | 231,281 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 32,978,937 | |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| DUE TO CHAPTERS | 1,942,872 |
| GIFT ANNUITY OBLIGATIONS | 4,413,881 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 6,356,753 |

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' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 340,557,641 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,617,742 |
| b | Donated services and use of facilities | 2b | 5,511,513 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 1,871,270 |
| e | Add lines 2a through 2d | 2e | 13,000,525 |
| 3 | Subtract line 2e from line 1 | 3 | 327,557,116 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | -97,766 |
| c | Add lines 4a and 4b | 4c | -97,766 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 327,459,350 |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 335,381,192 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 5,513,778 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 1,715,652 |
| e | Add lines 2a through 2d | 2e | 7,229,430 |
| 3 | Subtract line 2e from line 1 | 3 | 328,151,762 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 328,151,762 |

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.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
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| | |
| | |
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| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | <p>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 57%) or not purpose restricted (approximately 43%). 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 -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, 2017, 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.</p> |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART X, LINE 2 | <p>FIN 48 THE ASSOCIATION AND ALZHEIMER'S IMPACT MOVEMENT (AIM) HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME ALZHEIMER'S IMPACT MOVEMENT POLITICAL ACTION COMMITTEE (AIMPAC) IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 527 OF THE IRC THE ALZHEIMERS ASSOCIATION INTERNATIONAL IS A NOT-FOR-PROFIT CANADIAN ENTITY INCORPORATED ON JUNE 4, 2015 THE APPLICATION FOR CHARITABLE STATUS WAS APPROVED IN AUGUST 2017 THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS AND, AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES OR STATEMENT OF FINANCIAL POSITION</p> |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| Schedule D, Part XI, Line 2D | RECONCILIATION OF REVENUE CHANGE IN PERPETUAL TRUST \$1,492,475 CHANGE IN SPLIT INTEREST \$378,795 ----- TOTAL \$1,871,270 SCHEDULE D, PART XI, LINE 4B RECONCILIATION OF REVENUE COST OF GOODS SOLD \$(97,766) ----- TOTAL \$(97,766) SCHEDULE D, PART XII, LINE 2D RECONCILIATION OF EXPENSES COST OF GOODS SOLD \$97,766 BAD DEBT EXPENSE \$1,617,886 ----- TOTAL \$1,715,652 |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 3,185,042 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 3,185,042 |

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

[illegible]

| | | | |
|---|--|---|----|
| 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 | ▶ | 22 |
| 3 | Enter total number of other organizations or entities | ▶ | |

| | |
|-----------------|---|
| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[illegible]

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Schedule F, Part I, Line 2 | <p>PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S. The oversight 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's 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 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.alum.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 Proposal Central. 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., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (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 days after the award expires and must be uploaded to Proposal Central 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 Proposal Central 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 connecting 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 or continued funding. Delinquent report(s) may result in the withdrawal of funding. Researchers are informed that delinquent reporting could lead to withdrawal of funding when the request for annual report(s) is sent. If funding is withdrawn due to delinquent reports, any unspent funds must be returned to the Alzheimer's Association. This Researcher becomes ineligible to apply for funding from the Alzheimer's Association. Foreign Institutions are required to submit one of the following as verification of Non-Profit status - Organization's charter, bylaws and other governing documents (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 BIOMARKERS ACROSS NEURODEGENERATIVE DISEASES(BAND). Unless otherwise stated in program, all institutions are required to submit verification of their non-profit status dated within the last five years (e.g., IRS tax determination letter). If 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. 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 PROPOSAL CENTRAL 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 trans</p> <p>actions 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.</p> |

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | | | Program Services | Grantmaking | 2,243,264 |
| East Asia and the Pacific | | | Program Services | Grantmaking | 520,685 |
| North America | | | Program Services | Grantmaking | 421,093 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | Program Support | 150,000 | Check or WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 174,990 | Check or WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | North America | Program Support | 69,729 | CHECK OR WT | | | FMV |
| | | East Asia and the Pacific | Program Support | 139,735 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | Europe (Including Iceland and Greenland) | Program Support | 123,500 | CHECK OR WT | | | FMV |
| | | East Asia and the Pacific | Program Support | 175,000 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | North America | Program Support | 175,000 | CHECK OR WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 174,999 | CHECK OR WT | | | FMV |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | Program Support | 173,000 | CHECK OR WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 150,000 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | Europe (Including Iceland and Greenland) | Program Support | 150,000 | CHECK OR WT | | | FMV |
| | | East Asia and the Pacific | Program Support | 149,700 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | North America | Program Support | 81,818 | CHECK OR WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 120,000 | CHECK OR WT | | | FMV |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | Program Support | 150,000 | CHECK OR WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 133,800 | CHECK OR WT | | | FMV |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | Program Support | 450,000 | CHECK OR WT | | | FMV |
| | | Europe (Including Iceland and Greenland) | Program Support | 249,975 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | Europe (Including Iceland and Greenland) | Program Support | 43,000 | CHECK OR WT | | | FMV |
| | | East Asia and the Pacific | Program Support | 28,125 | CHECK OR WT | | | FMV |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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) |
| | | East Asia and the Pacific | Program Support | 28,125 | CHECK OR WT | | | FMV |
| | | North America | Program Support | 94,546 | CHECK OR WT | | | FMV |

| |
|---------------------------------------|
| Employer identification number |
| 13-3039601 |

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

| Revenue | | (a) Event #1 <u>Hilarity - CA</u> (event type) | (b) Event #2 <u>NY Gala</u> (event type) | (c) Other events <u>54</u> (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|---|--|--|---|---|
| | | | | | |
| | 1 Gross receipts | 1,052,150 | 1,036,800 | 10,475,100 | 12,564,050 |
| | 2 Less Contributions | 108,450 | 40,900 | 2,090,247 | 2,239,597 |
| | 3 Gross income (line 1 minus line 2) | 943,700 | 995,900 | 8,384,853 | 10,324,453 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 74,073 | 130,354 | 1,633,676 | 1,838,103 |
| | 6 Rent/facility costs | 21,892 | | 214,839 | 236,731 |
| | 7 Food and beverages | 274,480 | 185,999 | 1,366,024 | 1,826,503 |
| | 8 Entertainment | 247,335 | 197,072 | 175,560 | 619,967 |
| | 9 Other direct expenses | | | 79,622 | 79,622 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 4,600,926 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 5,723,527 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|--|---|
| | | | | | |
| | 1 Gross revenue | | | 119,702 | 119,702 |
| Direct Expenses | 2 Cash prizes | | | 811 | 811 |
| | 3 Noncash prizes | | | 118,080 | 118,080 |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | 118,891 |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | 811 |

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 _____

10a 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 606017633

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ Lynne Carey

Gaming manager compensation ▶ \$ 600

Description of services provided ▶ Overall supervision and management

☐ Director/officer

☒ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

| Return Reference | Explanation |
|--|---|
| 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 arrangement is listed below: Direct marketing strategy and program direction, production management, database management, e-mail program management, budgeting management, and 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 per month. The Alzheimer's Association exercises control and approval over the content and frequency of all solicitations. Schedule G, Part III, Line 16 GAMING MANAGER INFORMATION 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 home office. |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493349013057

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

| (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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 105

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule I, Part I, Line 2 | <p>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 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 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.alz.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 Proposal Central 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 , INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (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 days after the award expires and must be uploaded to Proposal Central 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 Proposal Central 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 connecting 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 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 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 BIOMARKERS ACROSS NEURODEGENERATIVE DISEASES (BAND) Unless otherwise stated in program, all institutions are required to submit verification of their non-profit status dated within the last five years (e g , IRS tax determination letter) If 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 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 PROPOSAL CENTRAL 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 The Alzheimer's Association granted funds to Alzheimer's Impact Movement (AIM) for public policy division activities in fiscal year 2017 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 the President 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 * These are names that are trademarks to Alzheimer's Association</p> |

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Beth Israel Deaconness Medical Center 330 Brookline Avenue E/BR 264 Boston, MA 02215 | 04-2103881 | 501(C)(3) | 175,000 | | | | Program Support |
| The Brigham and Women's Hospital 75 Francis Street Boston, MA 02115 | 10-4231290 | 501(C)(3) | 139,059 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Massachusetts General Hospital Research Mgt 101 Huntington Ave Charlestown, MA 02199 | 04-2697983 | 501(C)(3) | 175,000 | | | | Program Support |
| New York University School of Medicine One Park Avenue 6th Floor New York, NY 10016 | 13-5562308 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Florida 219 Grinter Hall Gainesville, FL 32611 | 59-6002052 | 501(C)(3) | 174,961 | | | | Program Support |
| University of Calif San Francisco 3333 California Street Suite 315 San Francisco, CA 94118 | 94-6036493 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (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 |
| Oregon Health & Science Univ 3181 SW Sam Jackson Park Rd Portland, OR 97239 | 93-1176109 | 501(C)(3) | 174,952 | | | | Program Support |
| Emory University 1599 Clifton Road NE 4th Floor Atlanta, GA 30322 | 58-0566256 | 501(C)(3) | 170,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| The University of Chicago 5801 South Ellis Avenue Chicago, IL 60637 | 36-2177139 | 501(C)(3) | 173,000 | | | | Program Support |
| Salk Institute for Biological Studies 10010 North Torrey Pines Road La Jolla, CA 920371002 | 95-2160097 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Columbia University Medical Center 630 West 168th Street Box 49 New York, NY 10032 | 13-5598093 | 501(C)(3) | 175,000 | | | | Program Support |
| University of Southern California Department of Contracts and Grants Los Angeles, CA 900891147 | 95-1642394 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Pittsburgh 123 University Place Pittsburgh, PA 15213 | 25-0965591 | 501(C)(3) | 175,000 | | | | Program Support |
| Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195 | 34-0714585 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Columbia University 630 West 168th Street New York, NY 100323702 | 13-5598093 | 501(C)(3) | 140,000 | | | | Program Support |
| Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115 | 10-4231290 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (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 |
| Univ of Texas Health at San Antonio 7703 Floyd Curl Drive San Antonio, TX 782293900 | 74-1586031 | 501(C)(3) | 140,000 | | | | Program Support |
| Yale University PO Box 208327 New Haven, CT 065208327 | 06-0646973 | 501(C)(3) | 174,984 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (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 |
| University of California San Diego 9500 Gilman Drive San Diego, CA 92093 | 95-6006144 | 501(C)(3) | 175,000 | | | | Program Support |
| University of Pennsylvania 3451 Walnut Street P-221 Philadelphia, PA 19104 | 23-1352685 | 501(C)(3) | 168,625 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Univ of Calif Lawrence Berkeley Lab 1 Cyclotron Road Berkeley, CA 94720 | 94-2951741 | 501(C)(3) | 174,973 | | | | Program Support |
| Icahn School of Medicine One Gustave L Levy PL Box 1075 New York, NY 10029 | 13-6171197 | 501(C)(3) | 174,981 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| J David Gladstone Institutes 1650 Owens Street San Francisco, CA 94158 | 12-3720366 | 501(C)(3) | 175,000 | | | | Program Support |
| Yale University PO Box 208327 New Haven, CT 06520 | 06-0646973 | 501(C)(3) | 174,947 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| University of South Florida 3702 Spectrum Blvd Suite 165 Tampa, FL 33612 | 59-3102112 | 501(C)(3) | 140,000 | | | | Program Support |
| Baylor College of Medicine One Baylor Plaza Houston, TX 77030 | 74-1613878 | 501(C)(3) | 174,970 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Columbia University Medical Center Sponsored Projects Administration New York, NY 10032 | 13-5598093 | 501(C)(3) | 174,999 | | | | Program Support |
| University of North Dakota 264 Centennial Drive Grand Forks, ND 58202 | 45-6002491 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of California San Diego 9500 Gilman Drive San Diego, CA 92093 | 96-6006144 | 501(C)(3) | 175,000 | | | | Program Support |
| Boston University 75 East Newton St Boston, MA 02118 | 10-4210354 | 501(C)(3) | 171,920 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Wisconsin Madison 21 North Park St Madison, WI 53715 | 39-6006492 | 501(C)(3) | 173,174 | | | | Program Support |
| Baylor College of Medicine One Baylor Plaza Houston, TX 77030 | 74-1613878 | 501(C)(3) | 140,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Columbia University Medical Center 630 West 168th Street Box 49 New York, NY 10032 | 13-5598093 | 501(C)(3) | 140,000 | | | | Program Support |
| The University of Texas at San Antonio One UTSA Circle San Antonio, TX 78249 | 74-1717115 | 501(C)(3) | 175,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| (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 |
| New York University School of Medicine One Park Avenue New York, NY 10016 | 13-5562308 | 501(C)(3) | 175,000 | | | | Program Support |
| East Carolina University 2200 Charles Blvd Greenville, NC 27858 | 56-6000400 | 501(C)(3) | 140,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of IL at Champaign 1901 S First St Champaign, IL 61820 | 37-6000511 | 501(C)(3) | 136,915 | | | | Program Support |
| University of Wisconsin-Madison 21 North Park Street Suite 6401 Madison, WI 53715 | 39-6006492 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 441064919 | 34-1018992 | 501(C)(3) | 150,000 | | | | Program Support |
| Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224 | 15-9337028 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of California San Diego 9500 Gilman Drive Dept 0934 San Diego, CA 920930934 | 95-6006144 | 501(C)(3) | 149,995 | | | | Program Support |
| University of Utah 75 S 2000 E Rm 111 Salt Lake City, UT 84112 | 87-6000525 | 501(C)(3) | 149,998 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Arizona State University PO Box 2260 Tempe, AZ 852802260 | 86-6051042 | 501(C)(3) | 149,997 | | | | Program Support |
| Old Dominion University 4111 Monarch Way Suite 204 Norfolk, VA 235082561 | 54-6068198 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Columbia University Medical Center 630 West 168th Street Box 49 New York, NY 10032 | 13-5598093 | 501(C)(3) | 150,000 | | | | Program Support |
| The Regents of the University of CA (Irvine) 141 Innovation Suite 250 Irvine, CA 926977600 | 95-2226406 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Calif Los Angeles 10889 Wilshire Blvd Suite 700 Los Angeles, CA 90095 | 95-6006143 | 501(C)(3) | 150,000 | | | | Program Support |
| Massachusetts General Hospital 55 Fruit Street Boston, MA 02114 | 04-2697983 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215 | 04-2103881 | 501(C)(3) | 150,000 | | | | Program Support |
| Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115 | 10-4231290 | 501(C)(3) | 149,913 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Washington University in StLouis One Brookings Drive St Louis, MO 63130 | 43-0653611 | 501(C)(3) | 150,000 | | | | Program Support |
| Mayo Clinic 200 First St SW Rochester, MN 55905 | 41-6011702 | 501(C)(3) | 149,998 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Florida Atlantic University 777 Glades Road Boca Raton, FL 33431 | 65-0385507 | 501(C)(3) | 149,467 | | | | Program Support |
| University of New Mexico 1700 Lomas BLvd NE Ste 2200 Albuquerque, NM 87131 | 85-6000642 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Northwestern University - Evanston 1801 Maple Ave Suite 2410 Evanston, IL 60201 | 36-2167817 | 501(C)(3) | 150,000 | | | | Program Support |
| University of California (Irvine) 141 Innovation Suite 250 Irvine, CA 92697 | 95-2226406 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Washington University in StLouis One Brookings Drive St Louis, MO 63130 | 43-0653611 | 501(C)(3) | 150,000 | | | | Program Support |
| University of Maryland Baltimore 1000 Hilltop Circle Baltimore, MD 21250 | 52-6002033 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| The Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115 | 10-4231290 | 501(C)(3) | 150,000 | | | | Program Support |
| Cornell University 1300 York Avenue Box 89 New York, NY 10065 | 13-1623978 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Tufts Medical Center 800 Washington Street Boston, MA 02111 | 04-3400617 | 501(C)(3) | 150,000 | | | | Program Support |
| New York University One Park Avenue New York, NY 10016 | 13-5562308 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of TX at Galveston 301 University Blvd Galveston, TX 77555 | 74-0000949 | 501(C)(3) | 150,000 | | | | Program Support |
| Mayo Clinic Jacksonville 4500 San Pablo Road Jacksonville, FL 32224 | 15-9337028 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Boston University 85 East Newton Street Boston, MA 02119 | 10-4210354 | 501(C)(3) | 149,415 | | | | Program Support |
| New York University One Park Avenue New York, NY 10016 | 13-5562308 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Wm Beaumont Hospital 3811 W Thirteen Mile Rd Royal Oak, MI 48072 | 38-1459362 | 501(C)(3) | 149,451 | | | | Program Support |
| Columbia University 630 West 168th St New York, NY 10032 | 13-5598093 | 501(C)(3) | 149,999 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Oregon Health & Science University 3181 SW Sam Jackson Portland, OR 97239 | 93-1176109 | 501(C)(3) | 146,784 | | | | Program Support |
| University of Pittsburgh 123 University Place Pittsburgh, PA 15213 | 25-0965591 | 501(C)(3) | 149,386 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| MN Veterans Medical Res & Education Fdn 1 Veterans Drive Minneapolis, MN 55417 | 41-1652941 | 501(C)(3) | 150,000 | | | | Program Support |
| Baylor College of Medicine One Baylor Plaza Houston, TX 77030 | 74-1613878 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Arizona State University Foundation PO Box 2260 Tempe, AZ 85280 | 86-6051042 | 501(C)(3) | 150,000 | | | | Program Support |
| Iowa State University of Science and Technology 1138 Pearson Hall Ames, IA 50011 | 42-6004224 | 501(C)(3) | 149,820 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Trinity University One Trinity Place San Antonio, TX 78212 | 74-1109633 | 501(C)(3) | 150,000 | | | | Program Support |
| University of Miami 1320 S Dixie Highway Coral Gables, FL 33146 | 56-0624458 | 501(C)(3) | 120,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| UCLA 10889 Wilshire Blvd Los Angeles, CA 90095 | 95-6006143 | 501(C)(3) | 149,881 | | | | Program Support |
| Vanderbilt 2301 Vanderbilt Place Nashville, TN 37240 | 62-0476822 | 501(C)(3) | 150,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Rush University Medical Center 1653 W Congress Parkway Chicago, IL 60612 | 36-2174823 | 501(C)(3) | 449,955 | | | | Program Support |
| New York University School of Medicine Sponsored Programs Administration O New York, NY 10016 | 13-5562308 | 501(C)(3) | 444,225 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Indiana University (Indianapolis) Indiana University Office of Resear Indianapolis, IN 462022915 | 35-6001673 | 501(C)(3) | 450,000 | | | | Program Support |
| University of CA San Diego- Health Science 9500 Gilman Drive Mail Code 0041 San Diego, CA 92093 | 95-6006144 | 501(C)(3) | 700,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Neurophage Pharmaceuticals Inc 222 Third Street Suite 3120 Cambridge, MA 02142 | 20-8558071 | N/A | 700,000 | | | | Program Support |
| NeuroTherapia Inc 10000 Cedar Ave Cleveland, OH 44040 | 47-3977513 | N/A | 700,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Kentucky Research Foundation 109 Kinkead Hall Lexington, KY 40506 | 61-6033693 | 501(C)(3) | 997,738 | | | | Program Support |
| Stanford University Research Management Group 3172 Port Palo Alto, CA 94304 | 94-1156365 | 501(C)(3) | 250,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Texas Tech University Health Sciences Centr 3601 4th St MS 6271 Lubbock, TX 79430 | 75-2668014 | 501(C)(3) | 249,999 | | | | Program Support |
| University of Wisconsin-Milwaukee PO Box 340 Milwaukee, WI 53201 | 39-1805963 | 501(C)(3) | 250,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Colorado Denver 500 13001 E 17th Place W1126 Aurora, CO 80045 | 84-6000555 | 501(C)(3) | 199,714 | | | | Program Support |
| USCUniversity of Southern California 3720 S Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 249,879 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| USCUniversity of Southern California 3720 S Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 249,279 | | | | Program Support |
| Washington University in StLouis One Brookings Drive St Louis, MO 631304862 | 43-0653611 | 501(C)(3) | 249,999 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| USCUniversity of Southern California 3720 S Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 249,990 | | | | Program Support |
| Massachusetts Gen Hospital 101 Huntington Avenue Boston, MA 02199 | 04-2697983 | 501(C)(3) | 96,249 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Foundation for the NIH 9650 Rockfille Pike Bethesda, MD 20814 | 52-1986675 | 501(C)(3) | 200,000 | | | | Program Support |
| Massachusetts Gen Hospital 101 Huntington Avenue Boston, MA 02199 | 04-2697983 | 501(C)(3) | 96,250 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Southern Calif 3720 Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 871,541 | | | | Program Support |
| Indiana University 410 West 10th Street Indianapolis, IN 46202 | 35-6001673 | 501(C)(3) | 449,400 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| Foundation for the NIH 9650 Rockfille Pike Bethesda, MD 20814 | 52-1986675 | 501(C)(3) | 298,830 | | | | Program Support |
| American College of Radiology 1891 Preston White Drive Reston, VA 20191 | 36-2261602 | 501(C)(3) | 200,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Southern Calif 3720 Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 457,000 | | | | Program Support |
| Washington University St Louis 660 South Euclid Ave St Louis, MO 63110 | 14-3065361 | 501(C)(3) | 664,598 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Washington University St Louis 660 South Euclid Ave St Louis, MO 63110 | 14-3065361 | 501(C)(3) | 106,453 | | | | Program Support |
| Banner ALZ Foundation 2901 N Central Avenue Phoenix, AZ 85012 | 20-4862361 | 501(C)(3) | 750,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Southern Calif 3720 Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 871,541 | | | | Program Support |
| University of Southern Calif 3720 Flower Street Los Angeles, CA 90089 | 95-1642394 | 501(C)(3) | 457,000 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| University of Pennsylvania 3451 Walnut St Philadelphia, PA 19104 | 23-1352685 | 501(C)(3) | 50,000 | | | | Program Support |
| NCCHR 101 Connecticut Ave NW 632 Washington, DC 20036 | 52-1122531 | 509a | 93,429 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| ALZHEIMERS IMPACT MOVEMENT 225 North Michigan Avenue Chicago, IL 60601 | 27-1961435 | 501(C)(4) | 1,433,291 | | | | Public Policy |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

| | |
|---|--|
| Name of the organization Alzheimer's Disease & Related Disorders Association Inc | Employer identification number 13-3039601 |
|---|--|

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b If any of the boxes in 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 | Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | Yes | |
| 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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? | | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III | | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? | | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III | | No |
| 7 For persons listed on 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 | | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | Base (i) compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 HARRY JOHNS President & CEO | (i) | 711,496 | 144,134 | 1,216 | 229,150 | 21,923 | 1,107,919 | 0 |
| | (ii) | 1,539 | 0 | 0 | 0 | 0 | 1,539 | 0 |
| 2 RICHARD HOVLAND COO/CFO | (i) | 383,121 | 131,250 | 2,104 | 66,650 | 31,664 | 614,789 | 0 |
| | (ii) | 522 | 0 | 0 | 0 | 0 | 522 | 0 |
| 3 Mana Camllo Chief Science Officer | (i) | 324,756 | 95,400 | 458 | 54,150 | 5,105 | 479,869 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Robert Egge Chief Public Policy Officer | (i) | 317,029 | 95,400 | 467 | 52,315 | 31,273 | 496,484 | 0 |
| | (ii) | 5,639 | 0 | 0 | 0 | 0 | 5,639 | 0 |
| 5 Donna McCullough Chief Development Officer | (i) | 297,778 | 69,427 | 1,234 | 54,150 | 10,039 | 432,628 | 0 |
| | (ii) | 215 | 0 | 0 | 0 | 0 | 215 | 0 |
| 6 Scott Gardner Chief Chap Relations Officer | (i) | 266,277 | 81,210 | 1,756 | 29,150 | 13,106 | 391,499 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Michael Carson Chief Marketing Officer | (i) | 212,979 | 32,250 | 204 | 21,440 | 27,800 | 294,673 | 0 |
| | (ii) | 1,707 | 0 | 0 | 0 | 0 | 1,707 | 0 |
| 8 Chrstine Foh Asst Secy & VP Legal & GC | (i) | 199,627 | 40,615 | 2,105 | 26,937 | 10,895 | 280,179 | 0 |
| | (ii) | 96 | 0 | 0 | 0 | 0 | 96 | 0 |
| 9 Angela Geiger Chief Strategy Officer | (i) | 82,966 | 0 | 18,658 | 6,688 | 2,297 | 110,609 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III **Supplemental Information**

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.

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 1A | TRAVEL FOR COMPANIONS At times a board member with early onset Alzheimers 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 Alzheimers 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 2016 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 2016. Schedule J, Part II, Column (b)(ii) Supplemental Compensation Information Harry Johns received performance based incentive compensation of \$144,134 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 2016 and was paid in calendar year 2016. 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, Michael Carson, and Christine Foh also receive the life insurance benefit. Richard Hovland, Donna McCullough, and Christine Foh have additional imputed income for voluntary elections under the group disability plan. Schedule J, Part II, Column (c) Supplemental Compensation Information Harry Johns - retirement and other deferred compensation of \$179,150 is comprised of the following: -Employer contributions to the qualified broad-based 401(k) retirement plan - \$29,150, -Employer accrual of retirement benefit to a supplemental retirement account under the previously discussed 457(f) - \$150,000 -Retention incentive accrual which was not paid as of December 31, 2016, but which is tied to multi-year vesting through June 30, 2017 payable November 1, 2017. Richard Hovland - 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, 2016, but which is tied to specific multi-year vesting requirements through June 30, 2018. Robert Egge, Maria Carrillo, and Donna McCullough - 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, 2016, but which is tied to specific multi-year vesting requirements through June 30, 2018 for Robert Egge and Maria Carrillo, 2020 for Donna McCullough. Scott Gardner, Michael Carson, and Christine Foh - 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 \$21,923 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 2016 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, Michael Carson and Christine Foh represent company contributions to the medical, dental, basic life insurance, short and long term disability, and long term care insurances based on individual elections. |

Additional Data

Software ID:

Software Version:

EIN: 13-3039601

Name: Alzheimer's Disease & Related Disorders Association Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Alzheimer's Disease & Related Disorders Association Inc

Employer identification number
13-3039601

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ► \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) TANDEM SOLUTIONS | FORMER BOARD MEMBER | 232,941 | INDEPENDENT CONTRACTOR | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|---------------------|---|
| Schedule L, Part IV | Description of Business Transactions Involving Interested Persons Joseph McCafferty, former board member of Alzheimers Association, resigned on July 7th, 2016 Following his resignation, Mr McCafferty's company, tandem solutions, was engaged as an independent contractor |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

| | |
|--|--|
| Name of the organization Alzheimer's Disease & Related Disorders Association Inc | Employer identification number 13-3039601 |
|--|--|

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property . . . | | | | |
| 9 Securities—Publicly traded . | X | 310 | 3,704,317 | FAIR MARKET VALUE |
| 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 ► See Additional Data | | | | |
| 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 | 0 |
|---|----|---|

| | | |
|--|-----|----|
| 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? | Yes | No |
| 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? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

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.

| Return Reference | Explanation |
|--|---|
| 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 |

Additional Data

Software ID:
Software Version:
EIN: 13-3039601
Name: Alzheimer's Disease & Related Disorders
Association Inc

Part I, Lines 25-28

Other ▶ (GALA-RELATED NONCASH ITEMS)
Other ▶ (NON GALA-RELATED NONCASH ITEMS)
Other ▶ (FUNDRAISING NONCASH ITEMS)
Other ▶ (RAFFLE NONCASH ITEMS)
Other ▶ (MISC NONCASH ITEMS)

| (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 |
|----------------------------|---|--|---|
| X | 2,152 | 864,306 | FAIR MARKET VALUE |
| X | 520 | 539,985 | FAIR MARKET VALUE |
| X | 647 | 463,811 | FAIR MARKET VALUE |
| X | 818 | 118,080 | FAIR MARKET VALUE |
| X | 51 | 64,066 | FAIR MARKET VALUE |

| | | | |
|---|--|--|---|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493349013057 |
| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 . | | OMB No 1545-0047 |
| | | | 2016 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service Name of the organization Alzheimer's Disease & Related Disorders Association Inc | | Employer identification number 13-3039601 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Part III, Line 1 | <p>Organization's Mission, continued 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 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 ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT IN OVER 170 LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE 365 DAYS A YEAR (1-800-272-3900) AS WELL AS ON OUR WEBSITE, 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 \$375 MILLION TO MORE THAN 2,400 BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, THE ALZHEIMER'S ASSOCIATION FOSTERS COLLABORATION OF THE SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S DISEASE RESEARCH IN THE WORLD. IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS, SPEAKING UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, (INCLUDING THROUGH 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 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 NATIONAL CHARITY SEAL ("SEAL").</p> <p>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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Part III, Line 1 | <p>,000 GRASS ROOTS ALZHEIMER'S ASSOCIATION 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, 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 more than 41 million visits a year. ONLINE PROGRAMS INCLUDE SELF-SERVICE 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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Part III, Line 1 | 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 AND OTHER DEMENTIAS * INDICATED NAMES THAT ARE TRADEMARKS OF THE ALZHEIMER'S ASSOCIATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 1A | <p>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 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 T</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART VI, LINE 1A | <p>he Executive Committee may hold regular meetings monthly or as it may otherwise determine, at such place and at such times and upon such notice as it may determine. Special meetings of the Executive Committee may be called at any time by the Chair or by any three of its members, by notice delivered personally or by mail, telephone, electronic mail or facsimile at least seven days (or at least 48 hours in the case of telephonic meetings) prior to the meeting. A majority of the currently serving members of the Executive Committee shall constitute a quorum for all purposes.</p> <p>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.</p> <p>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.</p> <p>THE GOVERNANCE AND NOMINATING COMMITTEE SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE. THE GOVERNANCE AND NOMINATING COMMITTEE MAY NOMINATE CANDIDATES FOR DIRECTOR EMERITUS, HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS OR COMMITTEES AND APPROVE AND PRESENT TO THE BOARD FOR APPROVAL THE CANDIDATES FOR 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.</p> <p>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.</p> <p>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 ELECTED BY THE BOARD OF DIRECTORS AND, UPON RECEIVING SUCH AUDITOR'S REPORT, THE COMMITTEE SHALL PREVIEW THE AUDIT REPORT FOR SUBMISSION TO THE BOARD OF DIRECTORS EACH YEAR. THE COMMITTEE SHALL REVIEW THE FINANCIAL REPORTS OF THE ASSOCIATION, ITS SYSTEM OF INTERNAL CONTROLS, AND THE AUDIT PROCESS, INCLUDING THE REVIEW OF THE ACTIVITIES OF THE MEDICAL AND SCIENTIFIC ADVISORY COUNCIL. THE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 1A | <p>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 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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 12C | <p>Conflict of Interest Policy Monitoring & Enforcement The Alzheimer's Association conflict of interest policy is described in Article XIII, Section 2 of the organizational bylaws. The responsibility for disclosing any known or reasonably foreseen actual or potential conflicts of interest shall be upon the interested party whose interests are or may appear to be in conflict with the Association. All interested parties are required to file with the Association a disclosure statement prior to such individual commencing his or her service with the Association and thereafter shall file with the Association an updated disclosure statement as may be required from time to time by the Board of Directors or its committee designee and in no event less often than annually. As cited from Article XIII, 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 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, LINE 15A & 15B | <p>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 2016. The process was conducted in a manner intended to qualify for the rebuttable presumption of reasonableness under the Intermediate Sanctions Rules. As to the members of the senior management team other than the CEO, annually updated market data 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 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 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 2017, the salary and total compensation package of the CEO was benchmarked by SULLIVAN COTTER. Compensation is contemporaneously documented in the Compensation Committee minutes.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION C, LINE 18 | <p>HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC 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.</p> <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | OTHER CHANGE IN NET ASSETS OR FUND BALANCE ACQUISITION OF DISSOLVED CHAPTERS \$130,859,707 CHANGE IN PERPETUAL TRUST \$1,492,475 CHANGE IN SPLIT INTEREST \$378,795 BAD DEBT \$(1,617,886) MISCELLANEOUS \$(2,415) ----- TOTAL \$131,110,676 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| General Note | Effective July 1, 2016, one chapter dissolved and 46 chapters merged with the Association to create a united Alzheimers Association. Total assets acquired from the 47 chapters were approximately \$152,004,000 and net assets acquired were approximately \$130,859,000. The Association oversees the operations and activities for 81 chapters to facilitate strategic alignment, deliver on the overarching Association-wide strategic objectives and priority activities, and to ensure coverage for all geographic territories. |

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.

OMB No 1545-0047

2016

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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) 225 N Michigan Ave Fl 17 Chicago, IL 60601 27-1961435 | SOC Welfare | IL | 501(C)(4) | | Alz Assoc | Yes | |
| (2)Alzheimer's Association International 181 Bay St Brookfield Pl 2100 Toronto, Ontario M5J2T3 CA 99-9999999 | PUBLIC CHAR | CA | 501(C)(3) | | Alz Assoc | Yes | |
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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 | |
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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 |
| | | | | | | | | | |
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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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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 | 1,433,291 | FMV |
| (2)Alzheimer's Impact Movement | O | 130,504 | FMV |
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Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|----------------------------|--|
| 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 2017 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 the President 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. |