### Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning , 2012, and ending D Employer Identification Number Check if applicable: ALZHEIMER'S DRUG DISCOVERY FOUNDATION Address change 20-1082179 57 WEST 57TH ST #904 E Telephone number Name change NEW YORK, NY 10019 Initial return (212) 901-8000 Terminated Amended return G Gross receipts \$ 10,194,658. F Name and address of principal officer: HOWARD FILLIT MD H(a) Is this a group return for affiliates? Application pending Yes XNo H(b) Are all affiliates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE Yes X 501(c)(3) Tax-exempt status 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.ALZDISCOVERY.ORG H(c) Group exemption number Form of organization: X Corporation | Trust L Year of Formation: 2004 W State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: ACCELERATE THE DISCOVERY AND DEVELOPMENT OF DRUGS TO PREVENT, TREAT AND CURE ALZHEIMER'S DISEASE, RELATED Governance DEMENTIAS AND COGNITIVE AGING Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 16 cජ Number of independent voting members of the governing body (Part VI, line 1b)..... Δ 14 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7 a Ò. b Net unrelated business taxable income from Form 990-T, line 34..... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 7,946,390 9,676,164. 9 Program service revenue (Part VIII, line 2g).... 240,733 354,442. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....  $6,\overline{320}$ 6,352. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -141,633-385,581. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 8,051,810 9,651,377. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 5,521,875 7,462,473. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 97,855. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 239,766. 286,448. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 5,761,641 7,846,776. Revenue less expenses. Subtract line 18 from line 12..... 2,290,169 1,804,601. **Beginning of Current Year End of Year** Total assets (Part X, line 16)..... 20 7,707,145 12,592,295. 21 Total liabilities (Part X, line 26)..... 4,588,610 7,669,159. Net assets or fund balances. Subtract line 21 from line 20..... 3,118,535 4,923,136 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge. 96411 Signature of officer Sign Here HOWARD FILLIT MD EXECUTIVE DIRECTOR Type or print name and title. Print/Type preparer's name Date Check LEONARD J. BENCIVENGA, CPA Paid 9/06/13 self-employed P00116788 Preparer ► BENCIVENGA WARD & COMPANY CPAS, PC Use Only Firm's address 420 COLUMBUS AVENUE, SUITE 304 Firm's EIN ► 13-3274930 VALHALLA, NY 10595-1382 (914) 769-5005 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes No

Form	990 (2012) ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	ere German der German der State der den der
	ACCELERATE THE DISCOVERY AND DEVELOPMENT OF DRUGS TO PREVENT, T	REAT AND CURE
	ALZHEIMER'S DISEASE, RELATED DEMENTIAS AND COGNITIVE AGING	TO COME COME COME COME AND COME COME COME COME COME COME COME COME
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2	Did the organization undertake any significant program services during the year which were not listed on the p	Orior
	Form 990 or 990-EZ?	proved posterior
	If 'Yes,' describe these new services on Schedule O.	Y 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	convious?
9	If 'Yes,' describe these changes on Schedule O.	services? Yes X No
4		and a second second second
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
Programma		
4 a	(Code:) (Expenses \$ 7,846,776. including grants of \$ 7,462,473.)	(Revenue \$ )
	EXEMPT PURPOSE ACHIEVEMENT IS TO ACCELERATE THE DISCOVERY AND D	EVELOPMENT OF DRUGS TO
	PREVENT, TREAT AND CURE ALZHEIMER'S DISEASE, RELATED DEMENTIAS	
	THROUGH THE GRANTING OF FUNDS TO ORGANIZATIONS AND THE SPONSORS	HIP OF CONFERENCES
	THAT BRING TOGETHER ACADEMIC AND BIO TECHNOLOGY SCIENTISTS COND	
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	Other program services. (Describe in Schedule O.)	
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wannan ya	(Expenses \$ including grants of \$ ) (Revenue \$	
4 e	Total program service expenses ► 7,846,776.	

			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	gran	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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	- mileson - miles	Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	and the second seco	Х
į	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.	17 b	-	Х
	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.	11 c		Х
•	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	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
Í	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	77 f		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	72a		X
	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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	entr-co-contamination	X
į	o 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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	75	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	OPERAPERU ZHINIXOOO.	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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	X	
19	complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) ALZHEIMER'S DRUG DISCOVERY FOUNDATION
Part IV Checklist of Required Schedules (continued)

21 bit the organization root more than \$5.00 of grants and other assistance to poverments and organizations in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III.  22 bit the organization coord more than \$5.00 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III.  23 bit the organization answer Yes" to Part VII. Section A, line 3.4, or 5 about compensation of the organization's current and former officers, director, fusites, key employees, an individual compensation of the organization current and former officers, director, fusites, key employees and individual in the United State Only 10 to				Yes	No
IN, column (A), line 2° If Yes, 'complete Schedule I, Parts I and III.  22 X  23 Die the organization causer Yes 1º Part VII, Section A, line 3.4, a 7° 5 shout compansation of the organization's current and former officers, directors, trudeses, key employees, and highest compensated employees? If Yes, 'complete Schedule K, If Wo, 'go to line 25'.  24a Die 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, and that was issued after December 31, 2002? If Yes, 'answer fines 240 through 24d and complete Schedule K, If Wo, 'go to line 25'.  25a Section 501(c)(3) and 501(c)(4) organization is a refunding escrow at any time during the year to defease any tax-exempt bonds?  25b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule L, Part I.  25b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule L, Part I.  25b Schedule L, Part I.  25c Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's pior Forms 900 or 990-E27 If Yes, 'complete Schedule L, Part II.  26c Was be organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's bit of complete Schedule L, Part IV.  27c Vib the organization provide a grant or other assistance to an officer, director, trustee, lore organization provide a grant or other assistance to an officer, director, trustee, or the following parties (see Schedule L, Part IV.  28c Was the organization organization receive contributions, and exceptions; and contributions of the part III.  28d Was the organizati	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule J"  22 a Die 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, and that twas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No, go to line 25.  24 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds."  25 a Section 501(c/3) and 501(c/4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25 a Section 501(c/3) and 501(c/4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part 1.  25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete organizations were that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part 1.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person during as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.  27 X  28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee terroid, a grant selection committee embers, or to a 35% controlled entity of remity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV.  28 Was the organization applicable filing thresholds, conditions, and exceptions):  39 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part I.  30 Life the organization receive contributions of art, historical treasur	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
the last day of the year, and that was assued after December 31, 2002? If Yes, answer lines 246 through 24d and compilete Schedule L. If No. to to lime 25. exempt bonds beyond a temporary period exception?.  24b	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	Х	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fax-exempt bonds?.  24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.  24d Z5a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. Part II. Part III. Par		the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
any tax-exempt bonds? 24d    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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  25a   X    2	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part II.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. Schedule II. Part III.  28 Was the organization are transaction with one of the following parties (see Schedule I., Part IV.  28 Was the organization are transaction with one of the following parties (see Schedule I., Part IV.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV.  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II., Part IV.  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II., Part IV.  20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II., Part II.  30 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II., Part II.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part II.  33 Did the organization have a con		any tax-exempt bonds?	24c		
disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  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-E2? If 'Yes,' complete Schedule L, Part II.  25b X  26c Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part III.  27c Video of any of these persons? If 'Yes,' complete Schedule L, Part III.  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28d A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28d X  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N.  21 Did the organization sell, exchange, dispose of, or fransfer more than 25% of its net assets? If 'Yes,' complete Schedule N.  31 Did the organization sell, exchange, dispose of, or fransfer more than 25% of its net assets? If 'Yes,' complete Schedule N.  32 Did the organization sell, exchange, dispose of, or fransfer more than 25% of its net assets? If 'Yes,' complete Schedule N.  33 Did the organization sell, exchange, dispose of, or fransfer more than 25% of its net assets? If 'Yes,' complete Schedule N.  34 Was the organization neared to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section	C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	doub-manage.	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1	25a		X
disqualified person outstanding as of the end of the organization's tax year? If Yes,' complete Schedule L, Part II. 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes,' complete Schedule L, Part III.  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? If Yes,' complete Schedule L, Part IV.  28a X  b A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV.  28b X  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or deverage of the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes,' complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule N, Part I.  31 Did the organization was 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 and 301.7701-3? If Yes,' complete Schedule R, Part I.  32 A Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part SI, III, III, IV, and V, line 1.  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meani	h	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		X
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28 X  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28 X  c An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  28 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  31 Did the organization ilquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, IV, and V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35 b If 'Yes,' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Sched	26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  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? If 'Yes,' complete Schedule L, Part IV.  28b X  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-32 if 'Yes,' complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part III, III, IV, and V, line 1  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  35 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  36 Section 501(C)(3) organizations. Did the organization make any transfers to an ex	27	contributor or employee thereof, a grapt selection committee member, or to a 35% controlled entity or family member	27		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  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? If 'Yes,' complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Iine 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, Iine 2.  35 Did the organization solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, Iine 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, Iine 2.  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? If 'Yes,' complete Schedule R, Part VI, Iines 11b and 19?  Note. All Form 990 filers are required to com		instructions for applicable filing thresholds, conditions, and exceptions):			
Schedule L, Part IV.  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? If 'Yes, 'complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  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? If 'Yes,' complete Schedule R, Part VI.  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 comp	ê	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I.  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  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? If 'Yes,' complete Schedule R, Part VI. line Sthedule R, Part VI. line	Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	C	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		
contributions? If 'Yes,' complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.  34 and V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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 X	29		29		Χ
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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.	30	contributions? If 'Yes,' complete Schedule M	30		
Schedule N, Part II.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2.  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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.	31		31		Х
33 X  34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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)? If 'Yes,' complete Schedule R, Part V, line 2.  35 cection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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 X	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
and V, line 1	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? If 'Yes,' complete Schedule R, Part I.	33		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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 X	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  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 X	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	***************************************	Χ
organization? If 'Yes,' complete Schedule R, Part V, line 2	k	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
Note. All Form 990 filers are required to complete Schedule O	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? If 'Yes,' complete Schedule R, Part VI	37		X
		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	Х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V.

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	† → Tc		X
2 a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	1200,000,000	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		5.04	Questian
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	A	X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
e4 63	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	lf 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	***************************************	X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
62	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		Х
t	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	onzana.	
7	Organizations that may receive deductible contributions under section 170(c).	0.0	(C) 7782	201000
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
e	services provided to the payor?	7 a	Х	e.Antiquit.cog.c
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year			Paper Colo
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	and the second second	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			unon-womatu
•	as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		-
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11				
8	Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	-	201	
12:	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	124	0.027203	045000
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
۰	Note. See the instructions for additional information the organization must report on Schedule O.			
ī	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			
	Enter the amount of reserves on hand	9.4		14.00
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ŀ	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2012) ALZHEIMER'S DRUG DISCOVERY FOUNDATION Page 6 20-1082179 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management No a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ... 14 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? SEE SCHEDULE X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .... SEE SCH .0...... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . 5 X Did the organization have members or stockholders? ... SEE SCHEDULE 0. X 6 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 88 b Each committee with authority to act on behalf of the governing body?..... 86 X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10 a Did the organization have local chapters, branches, or affiliates?..... 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done....SEE SCHEDULE O...... X 12c 13 Did the organization have a written whistleblower policy?..... X 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official. Χ 15a X b Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public

inspection. Indicate how you make these available. Check all that apply.

Own website

Another's website

Yupon request

Other (explain in Schedule O)

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

SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

LISA SOMAR 57 WEST 57TH STREET NEW YORK NY 10019 (212) 901–8000

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

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

X

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
Completion of the content of the con	(C)									он од надрига вод от привод бито применения (общения применения вод од о
(A) Name and Title	(B) Average hours per week (list	one bo	ıx, ùn	less r d a d	erso	c more to n is both or/trustee	n an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	. <b>(F)</b> Estimated amount of other compensation
SEE SCHEDULE O	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
CHARTER & CICRENT IN	1					8			nad a straigh air an Bhirinn air fheann aig an an gar an air an tha air an taigh an deile an taigh an tha an t	телікальня по поти по поти поти поти поти поти пот
(1) LEONARD A. LAUDER CO-CHAIR / GOV	$\frac{1}{0}$	Х		Х				0.	0.	0
CO-CHAIR / GOV (2) RONALD S. LAUDER	1			_^				U .	. U .	0.
CO-CHAIR / GOV		Х		X				0.	0.1	0.
(3) HOWARD FILLIT MD	0	1 1		47				<u> </u>		
EXEC DIR/GOV	40	Х		Х				0.	411,013.	251,618.
(4) NANCY LYNN	0									
EX. DIR/COO/GOV	40	X		X				0.	293,475.	102,071.
(5) NANCY CORZINE	1							A CANADA CAN	A STATE OF THE PROPERTY OF THE	American (constitution) de la VIII-le de la Serva de la malle partir le constituti de media reactivi de reacti
PRESIDENT/GOV	0	X		X				0.	0.	0.
(6) SANDRA DAY O'CONNOR										
HON-CHAIR/GOV	0	X						0.	0.	0.
(7) ROBERT BELFER	1									
GOVERNOR	0	X	-					0.	0.	0.
(8) RANDAL SANDLER	1_1_	1								
GOVERNOR	0	X		-			-	0.	0.	0.
(9) SALLY SUSMAN	1 1	1								
GOVERNOR	0	X						0.	0.	0.
(10) BONNIE PFEIFER EVANS	1_1_	ļ								
GOVERNOR	0	X	-					0.	0.	0.
(11) LADY LYNN DE ROTHSCHILD	1	.,						_	•	
GOVERNOR	1 0	X						0.	0.	0.
(12) ALICE SHURE	1 1 0	X						0.	0.	^
GOVERNOR (13) MELVIN R. GOODES					·			U .	U .	0.
GOVERNOR	1-0	X						0.	0.	0.
(14) PETER J. SOLOMON	1	- 42	<del> </del>			-		o contraction of the contraction	O o	
GOVERNOR	1-5-	X						0.	0.	0.
			سيمسك	1		<del></del>	kanenanen	1		· · · · · · · · · · · · · · · · · · ·

Page 8

Part VII Section A. Officers, Directors, Trus	tees, l	<b>Кеу</b>	Em	plc	уе	es, a	ınd	l Highest Con	pensated Empl	oyees (cont)
dramp i stolenda de depote de la companio del la companio de la companio del la companio de la companio del la companio de la companio de la companio del la compani	(B)			(C	•					
(A) Name and title	Average hours per	box,	unle:	heck ss pe	rson direct	than o is both or/truste	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) PAULA ZAHN GOVERNOR	1 0	Х						0.	0 .	0 .
(16) NANCY GOODES GOVERNOR	1 0	х						0.	0.	0.
(17) JOAN KRUPSKAS TREASURER	1 0			X	Contraction of the Contraction o			0.	0.	0.
(18) LISA SOMAR ASST TREAS/SEC	<u> 1</u> 0			Х				0.	0.	0.
(19)				-						
(20)								-masteure-enovite-stell-derivativate/enovitativate/salarium	-	◆untritotorioriessa Adriantes austrassa anno accompanyo
(21)										
(22)								majaristinossis mai tillistus viinkais jokki killik tillitus ultuva asunaatuskos alakus vaatilis	andizanski se red 1884 i 1	and distribution from a 1864 demonstration of constraints are constraints and constraints are constraints.
(23)					ļ			annen Still Still Stille versich aus Still Ausgeber der zugen der anzugen der der der der der der der der der d		erken kijak kalenaan darek kinnkon as on maan maan kinkon na zon assa saa
(24)								Mark Charles C		Anderson i op drijske kreiter kan in de skrij i i i i i i i i i i i i i i i i i i
(25)		<u> </u>								Magazin rinka dia gipijik rinkapina kulunga pengupun kangan kangan kangan kangan kangan kangan kangan kangan k
1 b Sub-total							A	0.	704,488.	353,689.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>&gt;</b>	0. 0.	0. 704,488.	0. 353,689.
2 Total number of individuals (including but not limited t from the organization ► ()							/ed			
	ndagrad gross (no meningun da	ale de alec de de la companya de la					********	AND PROPERTY AND ARRANGE AND CONTROL OF THE PROPERTY AND ARRANGE A	des Communication (Communication Communication Communication Communication Communication Communication Communi	Yes No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such	individ	ıal	• • • •							3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	than \$	150,0	00?	If '	Yes'	comp	olet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compei ' comple	nsatio	on fr chea	om dule	any J fo	unre or suc	late h p	ed organization or erson	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens	ated inc	ieper	nden	it cc	ntra	ctors	tha	at received more t	han \$100,000 of	manife beneration was responsible and an approximate specific and appro
compensation from the organization. Report compens		the c	caler	idar	yea	endir	ng v	(B	)	(C)
Name and business addre		************			***************************************			Description	UI SEIVICES	Compensation
		200	and whom							
2 Total number of independent contractors (including but \$100,000 in compensation from the organization but are to the compensation of the organization but are to the compensation of the		nited 1	to th	ose	liste	d abov	ve)	who received more	than	Form 990 (2012)

- Company	ern water-	Check if Schedule O	ontains a re	sponse to any questi	on in this Part VIII.			
		100 miles (100 miles (			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E S		Federated campaigns	and the same	a	e checoptes in the said			
5 6		Membership dues	- Company of the Comp	b		200000000000000000000000000000000000000	1.70 m of the	
8 8		Fundraising events	L	c 3,745,238.	200 (100 (100 (100 (100 (100 (100 (100 (			
2 4		Related organizations					F	
55	е	Government grants (contributio	ns) 1	е		3.4		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, gr similar amounts not included a Noncash contributions included	bove	f 5,930,926.				
	_	Total. Add lines 1a-1f		Commence Com	9,676,164.	3		
				Business Code	2,070,104.	1.00		
	2 a	CONFERENCE REG	FEES		220,582.	220,582.		
ee uu		GRANT RETURN		Gard Street Stre	133,860.	133,860.	·	a transaction and an accommodation and along a proper and a proper and a proper and a proper and a series of the
3	С	Calleder Colleges Courter Angeles Externs Called Called Called Colleges Called Section Courter Section Called Called Sec						
PROGRAM SERVICE REVENUE	d	Control Column C						
K	е							
8		All other program servic		Armen annum			ekalekunkunlis 4-4-kalektilis visitijanis jättäliitiste kunalulis peoryipunjakunin pro-	
<u>a</u>	g	Total. Add lines 2a-2f			354,442.			
	3	Investment income (include other similar amounts).				. 252		
	4	Income from investment			6,352.	6,352.		- Address and September 1990 and the Septembe
	5	Royalties		•	чино чини на текновичници на применения на применения на применения на применения на применения на применения			
	J	Toyanics	(i) Real	(ii) Personal				
i	6a	Gross rents				10 may 10 m		
	b	Less: rental expenses				SECTION 2		The Control of the Co
1	С	Rental income or (loss)	emanus en				944	Bernard Burgarian States
	d	Net rental income or (lo	ss)		P	to great and the comment of the comm		
	7 a	Gross amount from sales of	(i) Securitie	s (ii) Other		1.00	100	100
		assets other than inventory.						200
	b	Less: cost or other basis						
		and sales expenses			_			100 miles
		Gain or (loss)	en en en particular de la companya d					
		Net gain or (loss)		Contraction to the Contraction of the Contraction o				
OHEREVENUE	8 a	Gross income from fund (not including \$ 3 of contributions reported	,745,238	3.				509 943 - 120 130 1 609 943 - 120 130 1 60 100 100 100 100 100 100 100 100 100 1
œ		See Part IV, line 18		. a 157,700.				
22	b	Less: direct expenses		b 543,281.	450			
0	С	Net income or (loss) fro	m fundraisir	ng events	<u>-385,581.</u>			-385,581.
		Gross income from gam See Part IV, line 19		a				2 (40 m)
		Less: direct expenses		happenson and the contract of	AND	The second of th	the contract of the contract o	Andrew Control
Ì		Net income or (loss) fro		and the state of t	*			
	10 a	Gross sales of inventory and allowances	/, less returi	าร			1 (A)	
	h	Less: cost of goods sold			- 100	The second second		and the second
		Net income or (loss) fro		CARLO COLORO DE CONTROL DE CONTRO				
		Miscellaneous Revenu		Business Code			200 Control (190 C	
	11 a		Notes the title that the					
	b	Colonia Colonia Esticia dischia Esticia Direka essisia essisia Esticia essisia chicia		· ends employed of the second				
	C	CHAIR CHAIR GUAR GUAR CARR CARR CARR CARR CARR CARR CARR		м бекта кайтабан-астембасынтын отой айтаты септин атап септин отой	aller annium ne et entr Annum in er t niur er rannum annaum annu, apaana		на въститителнителна от определения поста от	
	d	All other revenue						
		Total. Add lines 11a-11					-	
	12	Total revenue. See inst	ructions	1	9,651,377.	360,794.	0.	-385,581.

#### 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 re				and the second s
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,539,249.	5,539,249.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		and the second s		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	1,923,224.	1,923,224.		
Ą	Benefits paid to or for members	als 9 of loss of 9 days late at a	492607		and the grade Code of the state
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.	0.	0.	0.
7	Other salaries and wages	72,355.	72,355.	ACC NOCKED CONTROL AND AN AND AN AND AND AND AND AND AND A	ophing the control of
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)			ugbergetig in general	antiquiment con se communicativa (in modelle di uniternazione del di di modelle di uniternazione di constituto
9	Other employee benefits				
10	Payroll taxes	25,500.	25,500.		
11	Fees for services (non-employees):				
ä	a Management				
1	b Legal				
	c Accounting				
	d Lobbying				
4	e Professional fundraising services. See Part IV, line 17				
9	f Investment management fees				
13	Office expenses	<u> </u>	velordannya i ana ana ana ana ana ana ana ana ana	de material de la participa de la compositor de la compos	
14					
15	Royalties	**************************************	GOOD COMMON TO C	жеродитуль домужуродом и моги прининий политический политический политический политический политический полити Политический политический политический политический политический политический политический политический политич	
16	Occupancy	enteration electronic districtive district		entreter en redictive and the descriptions are resident and an analysis and the contract of the contract of the	
17	Travel	vermentations with each (\$50.00 = 0.54 ps.) on a parties are a surrounce and the sur	**************************************	e de de la company de la compa	Committee of the Commit
78	Payments of travel or entertainment expenses for any federal, state, or local public officials	description of the state of the		entil and taxou constant or white his days and constant depth to the constant of the constant	
19	· · · · · · · · · · · · · · · · · · ·	254,337.	254,337.		
20	Interest				NATIONAL MARKET AND
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	21 000	21 222		
	a HONORARIUM	21,000.	21,000. 7,871.		
	b DUES & SUBSCRIPTIONS	7,871. 3,240.	3,240.		A STATE OF THE PROPERTY OF THE
	c PRINTING AND PUBLICATIONS	3,240.	3,240.	Andrew Contraction of the Contra	and the state of t
	e All other expenses			e quantum account popular account account over a constitute of the foreign account over a series	do populari internazione e e e e e e e e e e e e e e e e e e
25		7,846,776.	7,846,776.	0.	0.
26		1,020,110.	1,040,770.	0.	0.

Part X Balance Sheet

anny paositra de la constanta	amountem guierness	Check if Schedule O contains a response to any qu	estion in this Part X			
erianan en en	ananirana di valor	under Germanische und der State der		(A) Beginning of year		(B) End of year
<u> </u>	1	Cash - non-interest-bearing			1	h-044-kidranisras/kis-odienonisnam
	2	Savings and temporary cash investments		3,843,108.	2	2,335,165.
	3	Pledges and grants receivable, net		2,815,985.	3	2,125,129.
	4	Accounts receivable, net		1000-100-100-100-100-100-100-100-100-10	4	amana amana an amana
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officers, directors, mployees. Complete		5	
_	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	3)(B) and contributing		6	
A S	7	Notes and loans receivable, net	w-lesseration frames, anno - homos sensor grammor to the Epitology with the consequence of the Epitology and the Consequence of the Epitology and the Consequence of	7	eminimiento de de de produce eminimiento de de desta de constante e constante de la constante	
ASSETS	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	46,956.	9	16,224.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	13 m		
İ	b	Less: accumulated depreciation	10b		10 c	
	11	Investments — publicly traded securities		1,001,096.	77	8,115,777.
ļ	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11.		13		
	14	Intangible assets	errati-cummunicus activitationi pripagra-esticopolyettimo escrimaredaim	14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	7,707,145.	16	12,592,295.
	17	Accounts payable and accrued expenses		48,755.	17	41,916.
	18	Grants payable		4,509,233.	18	7,485,431.
	19	Deferred revenue	• • • • • • • • • • • • • • • • • • • •	A Company of the Comp	19	132,049.
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability. Complete Part			21	
ם ב	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons.		22	
1 1	23	Secured mortgages and notes payable to unrelated ti			23	
E S	24	Unsecured notes and loans payable to unrelated third	•	cione Chronica unaberro cum respirit rela facilitate e reconstruiro, comercial graco, comercia graco, comercia	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, iplete Part X of Schedule D.	30,622.	25	9,763.
	26	Total liabilities. Add lines 17 through 25		4,588,610.	26	7,669,159.
-fm2=		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete	1 m		
	27	Unrestricted net assets		1,819,517.	27	4,920,240.
くいろきょう	28	Temporarily restricted net assets		1,299,018.	28	2,896.
Š	29	Permanently restricted net assets			29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), ci and complete lines 30 through 34.				
במכיי	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm			31	
Ā	32	Retained earnings, endowment, accumulated income			32	
Ņ	33	Total net assets or fund balances		3,118,535.	33	4 000 100
いまりませいとい	34	Total liabilities and net assets/fund balances		7,707,145.		4,923,136. 12,592,295.
-	0,00		• • • • • • • • • • • • • • • • • • • •	1,/0/,140.	6200	1 14,000,000.

**BAA** Form **990** (2012)

3 a

Form 990 (2012)

Χ

Audit Act and OMB Circular A-133?....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

BAA

TEEA0112L 08/09/11

### Form **8868**

(Rev January 2013)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20-1082179 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 57 WEST 57TH ST #904 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10019 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Application Return Return Is For is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► <u>LISA SOMAR</u> Telephone No. ► (212) 901-8000 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . ▶ │ . If it is for part of the group, check this box . . . ▶ │ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return |Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3 a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit..... 3 b S 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.

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

PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	8 (Rev 1-2013)	and a state of the Control of the Security of		A STATE OF THE STA	Page 2
If you	are filing for an Additional (Not Automatic) 3-N	Wonth Extension	n, complete only Part II and check	this box	P X
Note. Only	y complete Part II if you have already been gra	anted an automa	atic 3-month extension on a previou	usly filed Form 8868.	لـــا
If you	are filing for an Automatic 3-Month Extension	, complete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Mont	h Extension	of Time. Only file the origina	al (no copies needed	d).
				identifying number, see in	***************************************
Vivi excent Carecon construction const	Name of exempt organization or other filer, see instructions	·		Employer identification numbe	
T					
Type or print	ALZHEIMER'S DRUG DISCOVERY B	NOTTAGNUOT		20-1082179	
•	Number, street, and room or suite number. If a P.O. box, se		And Annual Assessment Catalogue Cata	Social security number (SSN)	CONTROLLED CLIC DE CONTROL CONTROL DE CONTRO
File by the extended	BENCIVENGA WARD & COMPANY CE	אם אם			
due date for filing your	420 COLUMBUS AVENUE, SUITE 3				
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instruct	ions.	100 to	distributed the statement of the stateme
	VALHALLA, NY 10595-1382				
Enter the	Return code for the return that this application	is for (file a se	parate application for each return).		01
Application	on	Return	Application		Return
ls For		Code	Is For		Code
Form 990 o	or Form 990-EZ	01			
Form 990	BL	02	Form 1041-A	tin mineral de de transmitte d	08
Form 4720	(individual)	03	Form 4720		09
Form 990	PF	04	Form 5227	77 (100 (100 (100 (100 (100 (100 (100 (1	10
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11
Form 990-	-T (trust other than above)	06	Form 8870		12
If this whole grown	oks are in care of ► <u>LISA SOMAR</u> one No. ► <u>(212)</u> <u>901-8000</u> organization does not have an office or place of is for a Group Return, enter the organization's up, check this box ►	four digit Group	Exemption Number (GEN)	. If this	s is for the
5 For 6 If the(7 State	tuest an additional 3-month extension of time to calendar year 2012, or other tax year begins tax year entered in line 5 is for less than 12 in Change in accounting period the extension AND ACCURATE REPORTS	inning months, check r DDITIONAL	, 20 , and ending eason:  Initial return	· · · · · · · · · · · · · · · · · · ·	ION TO
nonr	s application is for Form 990-BL, 990-PF, 990- efundable credits. See instructions				
<b>b</b> If thi payn with	s application is for Form 990-PF, 990-T, 4720, nents made. Include any prior year overpayme Form 8868.	or 6069, enter ant allowed as a	any refundable credits and estimate credit and any amount paid previou	ed tax usly 8b\$	
c Bala	nce due. Subtract line 8b from line 8a. Include PS (Electronic Federal Tax Payment System).	vour payment	with this form if required by using		Phonolicia vallan-elda-elda-elda-elda-elda-elda-elda-elda
Under penaltic	Signature and Ver		st be completed for Part II or	<i>&amp;</i>	-
Signature	omniete, and that I am authorized to bropper extrus form.			Date > 8//	0//3
BAA	TY VIIV V	FIFZ0502L	01/21/13	Form <b>8868</b> (	(Rev 1-2013)
				·	, , , , , , , , , , , , , , , , , , ,

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

### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of t	Name of the organization Employer identification number											
ALZH	EIMER'S DRUG DI	SCOVERY FOUND	ATION					20-10	082179	€ .		
Part I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ii	nstruct	ions.		
The org	anization is not a priva	ite foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					***************************************
7	A church, convention	of churches or assoc	ciation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	A hospital or a coope	erative hospital service	e organization describe	ed in sec	tion 170	D(b)(1)(A	\)(iii).					
4	A medical research of	organization operated	in conjunction with a h	ospital (	describe	d in sec	tion 17	0(b)(1)(A)	Miii). Er	nter the hos	pital's	
L	ິ name, city, and state		•	·							•	
5		ted for the benefit of a	college or university own	ed or ope	erated by	a gover	nmenta	l unit des	cribed in	section	esime total device	**** **** \$
6			vernmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).					
7	≟ in section 1 <b>70(b)(1)</b> (/	<b>4)(vi).</b> (Complete Par			=	ental uni	t or fron	n the ger	eral publ	lic described	I	
8	A community trust de	escribed in <b>section 17</b>	' <b>0(b)(1)(A)(vi).</b> (Comple	te Part I	1.)							
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
70			xclusively to test for pu									
77	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated											
e [												
f		eived a written determir	nation from the IRS that	is a Type	I. Type	II or Tvp	e III sup	portina a	rganizati	ion.		
g	check this box		on accepted any gift o									. [_]
						-			,		Yes	No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	with pe	ersons d	escribe 	d in (ii)	and (iii)	. 11 g (i)		
	(ii) A family memb	er of a person describ	oed in (i) above?							.   11 g (ii)		
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	above?			<i>.</i>			11 g (iii)	****	***************************************
h	Provide the following	information about th	e supported organizati	on(s).						9(/		tirt-re-reconnection
<u>Б</u> -фірануваннямур синт-ин	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i vour go	s the ation in listed in verning ment?	(v) Did yo the organ column ( supp	ization in	organiz colur organize	s the cation in (i) ed in the S.?	''		etary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)	orientationalismane-marks-king o interspective description of the state of the stat		-development of a local transport of the following and the second and the second and the second and the second		AND THE PROPERTY OF THE PROPER							
(C)	ىلىغاردىيىلى ئالىدىدىن ئىلىدىدىن ئىلىدىدىن ئالىدىدىدىن ئالىدىدىدىن ئالىدىدىدىن ئالىدىدىن ئالىدىدىدىن ئالىدىدىن ئالىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىد		wakayo binquink qiray esing islamid kilikok niqoyay waqaayaan kilikok qaasii madaa qaasii ka ka ka ka ka ka ka									
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(E)							g503500000000		2002 Decode 180 No	and to be the state of the stat	4·~2·2·0············	ماروند المساور المساور
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support										
begir	ndar year (or fiscal year nning ìn) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,037,254.	2,398,116.	4,928,614.	7,946,390.	9,676,164.	26,986,538.			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	2,037,254.	2,398,116.	4,928,614.	7,946,390.	9,676,164.	26,986,538.			
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).						7,806,796.			
6	Public support. Subtract line 5 from line 4	12 (± 1)	e de la companya de l	The state of the s	100 7		19,179,742.			
Sec	tion B. Total Support									
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) 2012	(f) Total			
7	Amounts from line 4	2,037,254.	2,398,116.	4,928,614.	7,946,390.	9,676,164.	26,986,538.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,652.	3,991.	2,978.	6,320.	6,352.	48,293.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE FART IV	71,349.	96,406.	50,184.	240,733.	354,442.	813,114.			
77	Total support. Add lines 7 through 10			2.12	7.00		27,847,945.			
12	Gross receipts from related acti	vities, etc (see ins	structions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □			
Sec	tion C. Computation of Pu	ıblic Support F	Percentage							
74	Public support percentage for 2	012 (line 6, colum	n (f) divided by li	ne 11, column (f)	)	14	68.87%			
	Public support percentage from						65.90%			
16a	33-1/3% support test — 2012. In and stop here. The organization	f the organization n qualifies as a pu	did not check the blicly supported o	box on line 13, a	and the line 14 is 3	33-1/3% or more,	check this box			
Ł	33-1/3% support test - 2011. If and stop here. The organization	the organization on qualifies as a pu	did not check a boublicly supported of	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or more,	check this box			
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	hox and <b>stop he</b>	re. Explain in Par	t IV how			
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and but to facts and the organization of the organiz	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain in Par ted organization .	t IV how the			
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 10a, 10b, 1/a	i, or izb, check tr	ns oux and see in	structions			

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

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

Sect	tion A. Public Support	gage a congression of a congression of the conference of the confe				yezo1500c2.com2326cm2000-1-0	
Calenc	lar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
la.	sions, merchandise sold or	· ·		1			
	services performed, or facilities	ļ					
	furnished in any activity that is related to the organization's			·			
	tax-exempt purpose						
3	Gross receipts from activities				redictivativalistismismitet lakkõpus terdasetin van Beromoston kommenteen	need Typic on a delicting and a given recording Control of Control	
	that are not an unrelated trade or business under section 513.						
. 1	Tax revenues levied for the						
అకి	organization's benefit and						
	either paid to or expended on						
5	its behalf				- MA CANCEL MAN MONTH OF THE PARTY OF THE PA		
-	facilities furnished by a						
	governmental unit to the organization without charge						
~	-						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,						
10	2, and 3 received from						
	disqualified persons		aproximental property and the state of a factor and the state of the s				
d	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						
_			programme and commence and control of the form the first control of the control o				
_	Add lines 7a and 7b			4		1.00	
8	Public support (Subtract line 7c from line 6.)			100			
Sec	tion B. Total Support			I in the second second			
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6		and or the second secon		**************************************		
-	Gross income from interest,			e-w-do-un-populari-s-in-in-in-in-in-in-in-in-in-in-in-in-in-			
	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						
k	Unrelated business taxable						
	income (less section 511 taxes) from businesses			Ì			
	acquired after June 30, 1975						
c	Add lines 10a and 10b				and the second s	According to the control of the cont	
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			O CHIPPERINE MENTAL PROGRAMMENTAL PROGRAMMENT CONTINUENTE PO	ing orangan makan mangi nili dan direkter erakar makarer Gerier arangen		
	gain or loss from the sale of capital assets (Explain in						
	Part IV.)		1	}			
90	•			-	acommence and a second second second		1
	Total support. (Add ins 9, 10c, 11, and 12.)						
			ation's first, seco	nd, third, fourth, o	or fifth tax year as	s a section 501(	c)(3)
14	First five years. If the Form 990 organization, check this box and	is for the organiz		nd, third, fourth, c	or fifth tax year as	s a section 501(	©)(3) ►
14 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organized stop here	Percentage				
14 Sec 15	First five years. If the Form 990 organization, check this box and cition C. Computation of Pu Public support percentage for 2	is for the organized stop here  Iblic Support F	ercentage in (f) divided by li	ne 13, column (f)	)		
14 Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from	is for the organized stop here	Percentage in (f) divided by li , Part III, line 15	ne 13, column (f)	)		5   8
14 Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Invition D. Computation of Invition D.	is for the organized stop here	Percentage in (f) divided by li , Part III, line 15 me Percentag	ne 13, column (f)	)		5 8
14 Sec 15 16 Sec 17	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 2 Public support percentage from tion D. Computation of Investment income percentage	is for the organized stop here	Percentage in (f) divided by li , Part III, line 15 me Percentag , column (f) divid	ne 13, column (f) e ed by line 13, colu	)	18	5   % 5   %
14 Sec 15 16 Sec 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from Public support percentage from tion D. Computation of Investment income percentage Investment income percentage	is for the organized stop here	Percentage In (f) divided by li , Part III, line 15 Ime Percentag , column (f) dividule A, Part III, line	ne 13, column (f); e ed by line 13, column 17.	)		7 8 3 %
14 Sec 15 16 Sec 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 2 Public support percentage from tion D. Computation of Investment income percentage	is for the organized stop here	Percentage In (f) divided by li , Part III, line 15 IME Percentag , column (f) dividuale A, Part III, line a did not check the	ne 13, column (f); e ed by line 13, column (f); e 17	umn (f))and line 15 is mo	11. 11. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	5   % 5   % 7   % 3   %
14 Sec 15 16 Sec 17 18 198	First five years. If the Form 990 organization, check this box and tion C. Computation of Purpublic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage investment income percentage in a 33-1/3% support tests — 2012. It is not more than 33-1/3%, check a 33-1/3% support tests — 2011. It	is for the organized stop here  Iblic Support For 12012 (line 8, column 2011 Schedule A restment Incomposition 2012 (line 10c from 2011 Schedule for 2012 (line 10c from 2011 Schedule for the organization of the organization of the organization stop the stop here	Percentage In (f) divided by li , Part III, line 15 IME Percentag , column (f) dividuale A, Part III, line I did not check the phere. The organ	e ed by line 13, column (f);  17	umn (f))and line 15 is mo as a publicly suppline 19a, and line	11: 16: 17: 18: 19: 19: 19: 19: 19: 19: 19: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10	5
14 Sec 15 16 Sec 17 18 19:	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 2 Public support percentage from tion D. Computation of Investment income percentage Investment income percentage a 33-1/3% support tests — 2012. It is not more than 33-1/3%, check	is for the organization here  Iblic Support For 12 (line 8, column 2011 Schedule A restment Incomposed from 2012 (line 10c from 2011 Schedule for 2012 (line 10c from 2011 Schedule for the organization for the organization for check this box	Percentage In (f) divided by li , Part III, line 15 IME Percentag , column (f) dividule A, Part III, line idid not check the phere. The orgal and stop here. The	ne 13, column (f);  e ed by line 13, column 17 e box on line 14, inization qualifies box on line 14 or he organization qualifier	umn (f))and line 15 is mo as a publicly suppline 19a, and line ualifies as a publi	15	7

Schedule A	(Form 990 or	990-EZ) 2012	$^2$ ALZ	HEIMER'S	DRUG	DISCOVER:	Y FOUNDA	ATION	20-1082179	Page 4
Part IV	Supplem Part II, Iir (See inst	ne 17a or '	<b>mation.</b> 17b; and 1	Complete Part III, lin	this part e 12. Als	to provide so complet	the expla e this par	anations t for any	required by Part II, line additional information.	10;
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2012

### SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

#### **ALZHEIMER'S DRUG DISCOVERY FOUNDATION**

20-1082179

PART	Ħ.	LINE	10 -	OTHER	INCOME
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NATURE AND SOURCE	· consecution	2012	 2011	***************************************	2010	attranspo	2009	<b>Bellinoon</b>	2008
CONFERENCE GRANT RETURNS	\$	220,582. 133,860.	\$ 240,733.	\$	50,184.	\$	96,406.	\$	71,349.
TOTAL	\$	354,442.	\$ 240,733.	\$	50,184.	\$	96,406.	\$	71,349.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
ALZHEIMER'S DRUG DISCOVERY F	OUNDATION	20-1082179
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\underline{3}$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	•
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust treated as a private trust treated as a private trust trust treated as a private trust trust trust treated as a private trust t	vate foundation
	501(c)(3) taxable private foundation	
•		
Check if your organization is covered by the	General Rule or a Special Rule	
	ganization can check boxes for both the General Rule and a	Special Rule See instructions
•	ganization can check boxes for both the General Rule and a	Special Nuie. See Instructions.
General Rule		
For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in mon	ey or property) from any one
contributor. (complete : arts   arts my		
Crasial Dulac		
Special Rules	F 000 000 F.7 HL 11- 22 1/20/	d-4:
509(a)(1) and 170(b)(1)(A)(vi) and receive	Form 990 or 990-EZ that met the 33-1/3% support test of the ed from any one contributor, during the year, a contribution out VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organizar	tion filing Form 990 or 990-EZ that received from any one contribu	utor, during the year,
total contributions of more than \$1,000 fo	r use <i>exclusively</i> for religious, charitable, scientific, literary, c	or educational purposes, or
· · · · · · · · · · · · · · · · · · ·	•	utor during the year
contributions for use <i>exclusively</i> for religious	tion filing Form 990 or 990-EZ that received from any one contributions did not total to	more than \$1,000.
If this box is checked, enter here the total co	ntributions that were received during the year for an <i>exclusively</i> rentered to the control of t	eligious, charitable, etc,
	\$5,000 or more during the year	
and A Collection of the Communication	LDd and the Back Consist Date at the Calendar D. (Cons. ODO, ODO, CT.)	Ethiopidiadelorie-dadori-companies controlative controlat
answer 'No' on Part IV, line 2, of its Form 990; or ched	al Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, o ok the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990	3-PF, to certify that it does not
meet the filing requirements of Schedule B (	Form 990, 990-EZ, or 990-PF).	-
BAA For Paperwork Reduction Act Notice, s or 990-PF.	see the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)
UI 330"FF.		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### PUBLIC DISCLOSURE COPY

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Employer identification number Name of the organization 20-1082179 ALZHEIMER'S DRUG DISCOVERY FOUNDATION Organization type (check one): Section: Filers of:  $\overline{X}$  501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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1 of Part 1

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$910,300.	Person X   Payroll   Noncash   Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,041,000.	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,250,000</u> .	Person X  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$990,020.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>250,000</u> .	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

1 of Part II

Name of organization

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$	Ball As 700 Services
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Maria Company	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	bescription of noneasir property given	(see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
P. CALLE			
		s	
		17	

Page
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1 to

of Part III

Name of organization

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

Part III	Exclusively religious, charitable, etc	c. individual contribution	s to sectio	n 501(c)(7), (8) or (10)		
L	organizations that total more than \$	<b>51,000 for the year.</b> Complet	e columns (a)	through <b>(e)</b> and the following line entry.		
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year.	otal of exclusively religious, cha	aritable, etc.			
	Use duplicate copies of Part III if additional s	pace is needed.	e instructions	N/A		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
No. from Part I	Purpose of gift	Use or grit		pescription of now gire is note		
,	N/A					
	147 23	350 mg/s				
***************************************						
			,			
		(e) Transfer of gift				
	Transferee's name, address		Rela	tionship of transferor to transferee		
	,					
	200.200			A SECOND		
(a) No. from	(b) Purpose of gift	(c)		(d) Description of how gift is held		
No. from Part I	Purpose of gift	Use of gift		Description of now girt is need		
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		The state of the s				
14.000000-1						
	Transferee's name, addres	Rela	tionship of transferor to transferee			
	Transferor 5 Harris, data 5					
			a			
(a) No. from	(b)	(c) Use of gift		(d) Description of how gift is held		
No. from Part I	Purpose of gift	ose or girt		pescription of now gire is not		
**************************************						
		and the same of th				
		(e) Transfer of gift				
	Transferee's name, addres	Rela	tionship of transferor to transferee			
	W. (1) - (1)					
000000000000000000000000000000000000000						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	Furpose of gift	030 01 gift				
***************************************				44.8 259.5		
		(e) Transfer of gift				
	Transferee's name, addres		Rela	ationship of transferor to transferee		
				distribution of the state of th		
		MANAGER THE STATE OF THE STATE				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

20-1082179 ALZHEIMER'S DRUG DISCOVERY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate contributions to (during year)..... Aggregate grants from (during year)..... Aggregate value at end of year..... 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?.... No Yes 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?..... No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Tax Year 2 a a Total number of conservation easements..... 2b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ⊳\$ 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. Ta 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) Revenues included in Form 990, Part VIII, line 1...... (ii) Assets included in Form 990, Part X..... 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 Revenues included in Form 990, Part VIII, line 1...... b Assets included in Form 990, Part X..... ► S

chedule <b>D</b> (Form 990) 2012 ALZHE	IMER'S DRI	UG DISCOVERY FO	OUNDATION cal Treasures, or	20-108. Other Similar Ass			Page 2 ed)
3 Using the organization's acquisition,	The State of the S				•		SAME STATE OF THE SAME STATE O
items (check all that apply):  a Public exhibition		d Loan or	exchange programs				
a Public exhibition b Scholarly research		e Other	exchange programs				
c Preservation for future gener	ations			AD SQUESCESCA COLUMNOS A ANALOS COLUMNOS COLUMNOS E PRIMA PROPERA PROPERA POR PROPERA POR DE SANCIA A SALENDA COLUMNOS C		resemble of the section of the secti	principal princi
4 Provide a description of the organiz		s and explain how they for	urther the organization's	s exempt purpose in			
Part XIII.  5 During the year, did the organiza	tion solicit or re	eceive donations of art.	historical treasures, o	or other similar assets	<del></del> 1	<u></u>	-1
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maint	ained as part of the org	anization's collection	?	Yes	~~	No
Part IV Escrow and Custodial Arm reported an amount or	<b>angements.</b> Co n Form 990,	mpiete if the organizat Part X, line 21.	ion answered tes io	) FOITH 990, Part IV, IIII	e 9, oi		
1 a Is the organization an agent, trus	stee, custodian,	or other intermediary f	or contributions or oth	ner assets not included			7
on Form 990, Part X?b If 'Yes,' explain the arrangement					Yes		No
Bil Tes, explain the arrangement	III F art XIII art	Touthlete the lonowing	, table.	1	Amoun	<del> </del>	malaque de Antire de Carres
c Beginning balance				1c			A CONTRACTOR CONTRACTO
d Additions during the year						process despectation demanded.	-
e Distributions during the year						www.www.express	Decrease Overstanding to
f Ending balance				1f			
2a Did the organization include an a	amount on Form	n 990, Part X, line 21?.		. , , ,	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Ch	neck here if the explant	ion has been provided	d in Part XIII		·····	]
	emanuscus and production with 1800 of			000 5 11/ 5	- 10	MATERIAL PROPERTY OF THE POST	Mariana mariang ang panggal balang
Part V Endowment Funds. C			wered Yes to Fo			our year	
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(6)	oui year	S
1 a Beginning of year balance						***************************************	***************************************
<b>b</b> Contributions						emperature de la constante de	andro mendere del Periodo Partico Part
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							******************
f Administrative expenses							endament de de l'étération de l'étér
<ul><li>g End of year balance</li><li>2 Provide the estimated percentage</li></ul>		t year and balance (line	a column (a)) bold	26.			
		year end balance (inte	ry, column (a)) nelo	as.			
<ul> <li>a Board designated or quasi-endown</li> <li>b Permanent endowment ►</li> </ul>	8	C CONTRACTOR AND CONTRACTOR CONTR					
c Temporarily restricted endowme	A CONTRACTOR OF THE PARTY OF TH	8					
The percentages in lines 2a, 2b,		egual 100%.					
				al fourther			
3a Are there endowment funds not in organization by:	the possession of	of the organization that al	e neid and administere	a for the		Yes	No
(i) unrelated organizations					. 3a(i)		-
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(ii), are the related	organizations li	sted as required on Sci	nedule R?		. 3b		
4 Describe in Part XIII the intende	d uses of the o	rganization's endowme	nt funds.				
Part VI Land, Buildings, and	Equipment.	See Form 990, Pa	rt X, line 10.			ann order no to an	or Construction of the Association will
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land					***************************************		
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			The second secon				
e Other			entre compression de la contraction de la compression de la compression de la compression de la compression de				·
Total. Add lines 1a through 1e. (Colur	nn (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c).			mananamananan	0.
BAA				Schei	dule D (F	orm 990	J) 2012

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
(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	<u>namanan pangan saki fi majaki ki pamana sakamah na sakan da ki da kabanda naman na na nama</u>		an-onomic
(2) Closely-held equity interests			and the same of th
(3) Other	<u> </u>		emiliona do
(A)	тана корица Боран кака од настанителника и при била од 1800 година и при при при при при при при при при п		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(B)			***************************************
(C)	ethologist (non-tothem commerce manners and commerce appearance of the man grant manners and deep		
(D)			
(E)			
(F)	and the second s		w
(G)	OR THE RESIDENCE OF THE PROPERTY OF THE PROPER		
(H) ·			
(1)	with the first contract of the		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	Favor 000 Davit V		2000
Part VIII Investments - Program Related. See	(b) Book value	line 13. N/A (c) Method of valuation: Cost or	-conceptod-
(a) Description of investment type	(b) Book value	end-of-year market value	ananounas.
			Lverage of
(2)			
(3)			
(4)			
(5)			productive.
(6)			ation to the same of the same
(7)			пинариярнор
(8)	The second secon		marketonji
(9)			a
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶			20044
Part IX Other Assets. See Form 990, Part X,	line 15. N/A	The state of the s	Tarania a
	scription	(b) Book value	
(1)	And the first of the second se		www.aratiti
(2)	мария по поменення на применення на применення на применення на применення на применення на применення на прим На применення на применен		-otemponitos
(3)			X-CHARD-1010
(4)	ne en e		2140,000,000
(5)			***************************************
(6)			NOTICE AND ADDRESS OF THE PARTY
(7)			*0.000200***
(8)	он создания на		
(9)	<u>and organization on proportions of the American Control of the American Contr</u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	B), line 15.)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) INSTITUTE FOR THE STUDY OF AGING	9,76	<u>63.</u>	
(3)			
(4)			**
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote	to the organization's financial wided in Part XIII	al statements that reports the organization's liability for uncertain tax positi	ions

Schedule D (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATIO		0-1082179 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements		
1 Total revenue, gains, and other support per audited financial statements		. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments.	2a	
b Donated services and use of facilities	2 b	La Carlo
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		. 2e
3 Subtract line 2e from line 1	.,,,	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		10.5 E. C.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		. 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5
Part XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses pe	r Return N/A
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, line		V, lines 1b and 2b; Part V, ny additional information.
·		
COLD COLD COLD COLD COLD COLD COLD COLD	ander breaks \$100% \$200% \$300% \$500% \$500% \$1000 \$1000 \$1000 \$1000 \$1000	augus palata panna genga sanna sanna sanna salian sanna tasan tasan foton farena elifer berer éver-
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		Cabadula B (Farm 200) 2010
BAA		Schedule D (Form 990) 2012

#### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

20-1082179

Part | 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?... XYes 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. PART V

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

J //ottvices per region. (1110					
(a) Region	<b>(b)</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
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(1)				RELATED TO	0.
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(2) EUROPE	orania ana ana ana ana ana ana ana ana ana		RECIPIENTS	DISEASE	175,000.
				RESEARCH	
(3)	AND THE PROPERTY OF THE PROPER			RELATED TO	0.
			GRANTS TO	ALZHEIMERS	
(4) EUROPE			RECIPIENTS	DISEASE	120,000.
				RESEARCH	
(5)				RELATED TO	0.
			GRANTS TO	ALZHEIMERS	
(6) EUROPE			RECIPIENTS	DISEASE	380,224.
				RESEARCH	
(7)				RELATED TO	0.
			GRANTS TO	ALZHEIMERS	
(8) NORTH AMERICA			RECEIPIENTS	DISEASE	148,000.
				RESEARCH	
(9)				RELATED TO	0.
			GRANTS TO	ALZHEIMERS	
(10) NORTH AMERICA			RECEIPENTS	DISEASE	1,000,000.
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(11)				RELATED TO	0.
Сыруулганд түрөгүү байдан бай	A SOCIETY OF THE PROPERTY OF T		GRANTS TO	ALZHEIMERS	
(12) MIDDLE EAST			RECEIPIENTS	DISEASE	100,000.
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(15)					
(16)					
(17)					
3 a Sub-total	***************************************				1,923,224.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	ALVO QUINTER TO VEHICLE CONTROL DE LA CONTRO				1,923,224.

Schedule F (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Partil 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.

EUROPE AD 120,000. GLECTRONI EUROPE AD 120,000. GLECTRONI ELECTRONI AD ELECTRONI ELECTRONI ELECTRONI AD ELECTRONI ELECTRONI ELECTRONI AD ELECTRONI ELECTRONI ELECTRONI ELECTRONI AD ELECTRONI ELECTRONI ELECTRONI ELECTRONI AD ELECTRONI AD ELECTRONI ELECTRONI ELECTRONI ELECTRONI ELECTRONI ELECTRONI ELECTRONI AD ELECTRONI ELECT	(מ) ואמווכי כן כו טמוויבמווסון	(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 AD 175,000.  RESEARCH 175,000.  RESEARCH 380,224.  MIDDLE RESEARCH 100,000.  NORTH RESEARCH 1,000,000.  NORTH RESEARCH 1,000,000.  NORTH AMERICA AD 148,000.			FIIROPE	RESEARCH AD		ELECTRONI			
EUROPE AD 380,224.  MIDDLE RESEARCH 100,000.  EAST AD 100,000.  NORTH RESEARCH 1,000,000.  NORTH AD 148,000.				RESEARCH		ELECTRONI			
MIDDLE RESEARCH				RESEARCH		ELECTRONI			
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MERICA AD 148,000.			NORTH AMERICA	RESEARCH AD	1,000,000.	CHECK			
			NORTH	RESEARCH AD	148,000.	ELECTRONI C			
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				and SS Palabolish no spin					
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Page 3

20-1082179

Schedule F (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						·	
(5)							
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(16)							
(17)							
(18)							
BAA			TEE A DE DO 1 10/17/10			Schedule F	Schedule F (Form 990) 2012

Sche	dule F (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20	J-T087T/A	rage 4
Par	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	X No
_	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa 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)	r—1	X 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 Certa Foreign Corporations. (see Instructions for Form 5471)		XNo
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).	processor	X 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	X
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505L 12/17/12	Schedule F (Fo	orm 990) 2012

Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3,
column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US
GRANT RECIPIENTS ARE SELECTED THROUGH A RIGOROUS PEER-REVIEW PROCESS AS WELL AS AN
INTERNAL REVIEW AND BOARD APPROVAL PROCESS. GRANTS TO BOTH U.S. AND INTERNATIONAL
INSTITUTIONS ARE CLOSELY MONITORED. GRANTEES MUST SUBMIT MIDYEAR AND END-OF-GRANT
PROGRESS AND FINANCIAL REPORTS. SUBSEQUENT PAYMENTS TO GRANT RECIPIENTS ARE
CONTINGENT UPON THE RECEIPT AND SATISFACTORY REVIEW OF THESE REPORTS. PROGRESS OF
GRANT RECIPIENTS IS COMMUNICATED TO THE BOARD OF GOVENORS PERIODICALLY.
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#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

Open to Public Inspection.

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20-1082179 **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) from activity (or retained by) have custody or contro of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20-1082179 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) DINNER GALA CHICAGO DINNER 2 through column (c)) (event type) (event type) (total number) REVERUE Gross receipts..... 1,708,244 1,460,467 734,227. 3,902,938. 2 Less: Charitable contributions . . . . . . . . . 3,745,238. 1,650,769 1,414,092 680,377. Gross income (line 1 minus line 2)..... 57,475. 46,375. 53,850. 157,700. Cash prizes ...... Noncash prizes..... DIRECT Rent/facility costs..... 75,071 82,290. 87,744 245,105. EXPENSES Entertainment..... 85,682 Other direct expenses..... 80,147. 132,347 298,176. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 543,281. Net income summary. Combine line 3, column (d), and line 10 ..... -385,581. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add column (a) (b) Pull tabs/Instant (a) Bingo (c) Other gaming REVERUE bingo/progressive bingo through column (c)) Gross revenue..... 2 Cash prizes ..... EXPENSES DIRECT Rent/facility costs.....

	5 Other direct expenses							
	6 Volunteer labor							
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Combine lines 1, column (d) and line 7							
	Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If 'No,' explain:							
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
BAA	A TEEA3702L 01/07/13 Schedule <b>G</b> (Form 990 or 990-EZ) 2012							

Schedule G (Form 990 or 990-EZ) 2012 ALZHEIMEF	'S DRUG DISCOVERY FOUNDATION	20-1082179	Page 3
11 Does the organization operate gaming activities v	vith nonmembers?	Yes	No
		L	Aspergrama
12 Is the organization a grantor, beneficiary or trustee of administer charitable gaming?		Yes	No
•		ليسميها	Leaner 1
13 Indicate the percentage of gaming activity operat	ed in:	1	
a The organization's facility			%
b An outside facility		13b	Se
14 Enter the name and address of the person who prepare	ares the organization's gaming/special events books	and records:	
Name ►			
ACTION COME COME COME COME COME COME COME COME	que quan active todas cirje ci	annus centur election blocks because electic Quiples colons and an electric because these beliefs t	
Address ►			
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15a Does the organization have a contact with a third	party from whom the organization receives gam	ning revenue? Yes	No
b If 'Yes,' enter the amount of gaming revenue rec			<u> </u>
of gaming revenue retained by the third party ▶	S	· COVCY EASIER	
c If 'Yes,' enter name and address of the third party	COURSE DELETE ACTION CASES ENGINE COURSE CHICAGO GASSING COURSE C		
Cit 165, either hame and address of the time par			
Nomes &			
Name >	THE CASE WHEN COME COME THOSE COME CASE CASE CASE CASE CASE CASE CASE CAS	annu annu bank annu annu annu annu annu bank being deise annu annu	
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16 Gaming manager information:			
Name 🗠	MAN MAN GATO STATE	THERE SEARCE SALES STATES SALES SERVICE STATES SALES SALES SALES SALES SALES SALES SALES	04W 000 MIN MIN MIN MIN
A			
Gaming manager compensation ► \$	M 600M SEEDS CREEK CAMP CAMP CAMP TO SEE		
Description of services provided ▶	CONTRACTORY (1994) (Spine Marie Series COSTS COSTS CARDS (MARIE SPINE SPINE SERIES CORDS CORDS (MARIE SPINE SPINE) (MARIE SPINE SERIES CORDS CORDS (MARIE SPINE) (MARIE SPINE SERIES CORDS (MARIE SPINE) (MARIE SPIN	COLUMN CONTRA DESTRUCTO CONTRA CONTRA STATUS COLUMN ANTICA	
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>b</b> Enter the amount of distributions required under sta		s or spent in the	
organization's own exempt activities during the	ax year ► \$		
Part IV Supplemental Information. Comp	lete this part to provide the explanation	s required by Part I, line	2b,
this part to provide any additional	lines 9, 9b, 10b, 15b, 15c, 16, and 17b,	, as applicable. Also con	ihiere
this part to provide any additional	information (see instructions).		O-CONTROL OF THE OWNER,
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		<u> Andread Principal Community (Andread Community (A</u>	
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BAA	TEEA3703L 01/07/13	Schedule <b>G</b> (Form 990 or 990	-EZ) 2012

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

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Employer identification number 20-1082179 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? ALZHETMER'S DRUG DISCOVERY FOUNDATION

Parti General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

XX Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SEE PART IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	or distriction in			-			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOSTON U. SCHOOL OF MEDICINE 72 E CONCORD ST BOSTON MA 02118	04-2103547 501 (C)	501 (C) (3)	196, 421.	.0			ALZHEIMERS RESEARCH
(2) COHBAR INC 2265 EAST FOOTHILL BLVD 2265 EAST FOOTH	25-1299952		205,260.	0.0			ALZHEIMERS RESEARCH
(3) COLUMBIA UNIVERSITY  2700 BROADWAY  NEW YORK, NY 10025	13-5598093 501	501 (C) (3)	149, 642.	.0			ALZHEIMERS RESEARCH
(4) DUKE UNIVERSITY  NORTH BLDG PO BOX 90141  DURHAM, NC 27708	56-0532129 501	501 (C) (3)	100,000.	.0	-		ALZHEIMERS RESEARCH
(5) EMORY UNIVERSITY	56-0566256 501	501 (C) (3)	447,900.				ALZHETMERS RESEARCH
(6) GLIALOGIX INC	26-2171757		207,000.	0			ALZHEIMERS RESEARCH
(7) HARVARD NEURODISCOVERY CENTER  220 LONGWOOD AVE  BOSTON , MA 02115	31-1745145 501	501 (C) (3)	123, 433.	Ö			ALZHEIMERS RESEARCH
(8) HARVARD/MGM 73 HIGH STREET CHARLESTON, MA 02129	04-2697983 501 (C)	501 (C) (3)	175,000.	0.	<sub>access</sub> and a second a second and a second		ALZHEIMERS RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	3) and government o	rganizations listed i	n the line 1 table			<b>A</b>	24
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line					<b>A</b>	9

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

Page 2

HWV, appraisal, other)								provide the information required in Part I, line 2, Part III, column (b), and any other		S. A.N.	SELY		T AND	ATED				THAT		Schedule I (Form 990) (2012)
					Inches Property and Park			Part I, line 2		AS WELL AS	NS ARE CLO	FINANCIAL	HE RECEIP	COMMUNIC	       	1 1 1 1	rh A	THE EVENT	AGE OF THE	
(q) Amount of non-cash assistance								tion required in	NDS IN U.S.	IEW PROCESS A	OTINITISNI-	PROGRESS AND	INGENT UPON 1	RECIPIENTS IS			ARE GRANTS WITH	RECEIVE, IN 1	D, A PERCENTA	
(c) Amount of cash grant								rovide the informa	OF GRANTS FU	ROUS PEER-REV	GRANTS FOR AL	END-OF-YEAR	FINTS ARE CONT	PROGRESS OF GRANT RECIPIENTS IS COMMUNICATED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SCHEDULE	FOUNDATION TO RECEIVE, IN THE EVENT THAT	COMMERCIALIZE	
(b) Number of recipients		wage-radius conductors					oo		IONITORING USE	THROUGH A RIGO	OVAL PROCESS.	T MID-YEAR ANI	O GRANT RECIP	1	DICALLY.		ART II OF THIS	l l	OR OTHERWISE	
(a) Type of grant or assistance	ę.	2	ന	4	E.	9		Part.IV Supplemental Information. Complete this part to	PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	GRANT RECIPIENTS ARE SELECTED THROUGH A RIGOROUS PEER-REVIEW PROCESS AS WELL AS AN	INTERNAL REVIEW AND BOARD APPROVAL PROCESS. GRANTS FOR ALL INSTITUTIONS ARE CLOSELY	MONITORED. GRANTEES MUST SUBMIT MID-YEAR AND END-OF-YEAR PROGRESS AND FINANCIAL	REPORTS. SUBSEQUENT PAYMENTS TO GRANT RECIPIENTS ARE CONTINGENT UPON THE RECEIPT AND	SATISFACTORY REVIEW OF THESE REPORTS.	TO THE BOARD OF GOVENORS PERIODICALLY.		OF THE GRA	"PARTICIPATING INTEREST" WHICH ENTITLE THE	THE FUNDED PROJECT IS LICENSED OR OTHERWISE COMMERCIALIZED, A PERCENTAGE	BAA

2012

## SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

20-1082179

PARTIJINE 2	- PROCEDURES	FOR MONITORIN	G USE OF	GRANTS	FUNDS IN U.S.	(CONTINUED)
A Park B N B B B B Barn G D S Garn Glass		a contract of the contract of				<b>\</b> /

LICENSING OR OTHER REVENUE THAT THE GRANTEE ORGANIZATION RECEIVES OR EQUITY IN THE RESULTING BUSINESS ENTITY.

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page 1

2012

Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZEIMERS ALZEIMERS RESEARCH Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 20-1082179 Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 298, 500. 100,000. 254, 450. (d) Amount of cash grant 96, 694 16,719. 219,667 125,856 174,993 181,757 149,970 TEEA4001L 12/10/12 (c) IRC section if applicable (3)(3) (3) (3) 14-1410842|501 (C) (3) 3 (3) Ο 13-1773640|501 (C) <u>ຍ</u> 52-0595110 501 (C) 9 41-6011702 503 (C) 41-6011702 501 36-3377698 501 52-0595110|501 26-2791289 30-0074620 45-3268487 ALZHEIMER'S DRUG DISCOVERY FOUNDATION (b) EIN (a) Name and address of organization or government NY STATE INST. BASIC RESEARCH JOHN HOPKINS SCH. OF MEDICINE JOHN HOPKINS SCH OF MEDICINE STATEN ISLAND, NY 10314 INTRA-CELLULAR THERAPIES DOWNERS GROVE, IL 60515 NY ACADEMY OF SCIENCE 1820 LANCASTER BLVD 1050 FOREST HILL ROAD 1615 NE EASTGATE BLVD MIDWESTERN UNIVERSITY 1820 LANCASTER STREET M3 BIOTECHNOLOGY INC. 18484 CALLE LA SERRA BALTIMORE, MD 21231 BALTIMORE, MD 21231 ROCHESTER, MN 55905 NEW YORK , NY 10007 ROCHESTER, MN 55905 250 GREENWICH ST 3960 BROADWAY NEW YORK , NY 10032 SAN DIEGO, CA 92091 PULLMAN , WA 99163 MADERA BIOSCIENCE 555 31ST STREET 200 IST ST WEST 200 1ST ST WEST Name of the organization MAYO CLINIC MAYO CLINIC

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part III and Part III.

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Continuation Page 2

Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance ALZHEIMERS RESEARCH Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 20-1082179 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 250,000. 117,000. 750,000. 130, 734, 199,803 140,000 91,000 132,960 180,000 150,000 TEEA4001L 12/10/12 (c) IRC section if applicable (3) (3) (3) 36-2174823|501 (C) (3) (3) (3) 75-6064033|501 (C) (3) (3) 9 9 ව 75-4600020|501 (C) 61-6033693 501 (C) 20-1082179|501 (C) 37-6000511 501 (C) 68-0000845 501 501 31-6025986 501 13-1624158 27-5136188 ALZHEIMER'S DRUG DISCOVERY FOUNDATION (b) EIN (a) Name and address of organization or government U. NORTH IX HEALTH FORT WORTH UNIV KENTUCKY RESEARCH CENTER UNIVERSITY OF TEXAS AT AUSTIM 101\_E.\_Z7TH\_ST..\_STOP\_A\_9000\_ RUSH UNIVERSITY MEDICAL CENT UNIX OF CALIFORNIA SAN DIEGO UNIV. OF ILLINOIS AT CHICAGO 138 LEADER AVE. ROOM 130 \_\_\_ 1653 W CONGRESS PARKWAY RESTRICTED VENTURE FUND REXCEPTOR THERAPEUTICS ROCKEFELLER UNIVERSITY 3500 CAMP BOWIE BLVD FORT WORTH , TX 76107 OHIO STATE UNIVERSITY 9500 GILMAN DRIVE LEXINGTON , KY 40506 CLEVELAND , OH 44106 SAN DIEGO, CA 92093 NEW YORK , NY 10019 281 W. LANE AVE. 11000 CEDAR AVE. COLUMBUS , OH 43210 57 MEST 57TH ST --833 S, WOOD STREET NEW YORK, NY 10065 CHICAGO, IL 60612 CHICAGO, IL 60612 AUSTIN, TX 78712 1230 YORK AVENUE Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2012 (h) Purpose of grant or assistance ALZHEIMERS ALZHEIMERS RESEARCH RESEARCH Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 20-1082179 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 10,000, 156,990 (c) IRC section if applicable (3) (3) 45-0672514 501 (C) 9 14-3065536 501 ALZHEIMER'S DRUG DISCOVERY FOUNDATION (P) EIN (a) Name and address of organization or government US AGAINST ALZHEIMER'S 1101 K ST. NORTHWEST 660\_SOUTH EUCLID AVE. l WASHINGTON UNIVERSITY WASHINGTON, DC 20005 ST. LOUIS, MO 63110 Name of the organization

TEEA4001L 12/10/12

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2012

Name of the organization

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

<sup>3</sup> ari	Questions Regarding Compensation				-
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a. Complete Part III to provide any releva	he following to or for a person listed in Form 990, Part and information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	- 1		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a	low a written policy regarding payment or above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items	allowing expenses incurred by all officers, directors, schecked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check at establish compensation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to uplain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization:	Section A, line 1a with respect to the filing organization			
	Receive a severance payment or change-of-control payment?	Law .	4a		X
	Participate in, or receive payment from, a supplemental nonc		4b		X
C	Participate in, or receive payment from, an equity-based com-		4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	did the organization pay or accrue any compensation			
a	The organization?		5 a		X
b	Any related organization?		5 b	****	X
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	did the organization pay or accrue any compensation			
8	The organization?		6a		X
k	Any related organization?		6b		X
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If 'Yes,' describe in	did the organization provide any non-fixed	7		X
8	Were any amounts reported in Form 990, Part VII, paid or act to the initial contract exception described in Regulations sect If 'Yes,' describe in Part III	tion 53.4958-4(a)(3)?	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presenting 53 4958-6(c)?	esumption procedure described in Regulations	9		

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

20-1082179

Page 2

Schedule J (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

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

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

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		(b) breakdown or	Breakdown of W-2 and of 1035-Miso compensation	c compensation	and other	benefits	columns(B)(i)-(D)	reported as
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	deferred compensation			deferred in prior Form 990
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Schedule J (Form 990) 2012

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

ALZHEIMER'S DRUG DISCOVERY FOUNDATION 120-1082179	touteous-wise
FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS	
DURING THE TAX YEAR 2011, THE FOUNDATION HAS A TWO CLASS BOARD STRUCTURE (CLASS A	· equal tion
AND CLASS B) PURSUANT TO WHICH EACH CLASS A BOARD MEMBER IS ENTITLED TO ONE VOTE AND	. am. Go
EACH CLASS B MEMBER IS ENTITLED TO ONE-HALF VOTE.	o timbr took
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.	or union total
THE FOLLOWING FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST AMONG GOVERNORS AND	w 6000 toll
OFFICERS OF THE FOUNDATION: (I) LEONARD A.LAUDER AND RONALD S.LAUDER: FAMILY AND	20 12MO 10MO
BUSINESS RELATIONSHIP; (II) LEONARD A LAUDER, JOAN KRUPSKAS AND LISA SOMAR: BUSINESS	
RELATIONSHIP; (III) DR. HOWARD FILLIT AND NANCY LYNN: BUSINESS RELATIONSHIP; (IV)	50 660 640
LEONARD A.LAUDER, RONALD S.LAUDER AND DR. HOWARD FILLIT: BUSINESS RELATIONSHIP; (V)	nie delles gress
LEONARD A.LAUDER, RONALD S.LAUDER, AND NANCY LYNN: BUSINESS RELATIONSHIP; (VI) ALICE	
SHURE AND BONNIE PFEIFER EVANS: FAMILY RELATIONSHIP; (VII) MELVIN R. GOODES AND NANCY	_ ***
GOODES; FAMILY RELATIONSHIP; (VIII) LEONARD LAUDER A.AND LADY LYNN DE ROTHCHILD:	
BUSINESS RELATIONSHIP.	
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	
DURING THE 2012 TAX YEAR, THE FOUNDATION'S BY-LAWS WERE AMENDED (A) TO UPDATE THE	والمناوعة والمناوعة
TITLES OF TWO OFFICER POSITIONS, (B) TO CLARIFY THE DUTIES OF THE EXECUTIVE	Iliyaa (II)ada (II)
DIRECTOR/CHIEF OPERATING OFFICER OF THE FOUNDATION, AND (C) TO CLARIFY THAT THE	950a toone (C)
INDIVIDUALS IN TWO OFFICER POSITIONS (NAMELY, THE EXECUTIVE DIRECTOR/CHIEF SCIENCE	mane teda sij
OFFICER AND THE EXECUTIVE DIRECTOR/CHIEF OPERATING OFFICER POSITIONS) ALSO SERVE EX	poor toller de
OFFICIO ON THE FOUNDATION'S BOARD OF GOVERNORS.	Gadage Califolis Co
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER	<b>June 2003 - C</b>
THE FOUNDATION'S MEMBERS ARE THE SAME INDIVIDUALS WHO SERVE FROM TIME TO TIME AS THE	E
FOUNDATION'S GOVERNORS.	E
	eps+ ma+ 6

Name of the organization ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	RNING BODY
THE FOUNDATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT AND REMO	OVE (WITH CAUSE) THE
FOUNDATION'S GOVERNORS AND, UNDER APPLICABLE STATE LAWS, APPROV	VE FUNDAMENTAL
CORPORATE CHANGES, SUCH AS A MERGER OR DISSOLUTION OF THE FOUND	DATION.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	in the case that the last war was the case that the the last that the last the case the
A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION	N'S EXECUTIVE DIRECTOR
AND BY OUTSIDE CONSULTANTS, INCLUDING LEGAL COUNSEL. THE APPROV	/ED FINAL FORM 990 IS
SIGNED BY EITHER THE FOUNDATION'S EXECUTIVE DIRECTOR OR TREASUL	RER AND THEN A COPY IS
PROVIDED TO THE BOARD OF GOVERNORS AND THE FOUNDATION'S OFFICE	RS PRIOR TO THE FILING
WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
AT LEAST ANNUALLY, THE CONFLICT OF INTEREST DISCLOURE STATEMEN	
THE BOARD OF GOVERNORS AND OFFICERS FOR REVIEW AND COMPLETION.	
STATEMENTS ARE THEN REVIEWED UNDER THE SUPERVISION OF A FOUNDA	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
ONLY UPON REQUEST	
FORM 990, PART VII - COMPENSATION EXPLANATION	
HOWARD FILLIT MD	
HOWARD FILLIT, M.D. HAS SERVED AS EXECUTIVE DIRECTOR OF THE IN	STITUTE FOR THE STUDY
OF AGING, INC., A RELATED TAX-EXEMPT 501(C)(3) PRIVATE FOUNDATI	
DR. FILLIT HAD AN EMPLOYMENT AGREEMENT DATED JANUARY 1,2008, W	
2011. DR. FILLIT WAS THE FOUNDING EXECUTIVE DIRECTOR OF THE AL	
DISCOVERY FOUNDATION. (THE FOUNDATION) IN ADDITION TO SERVING	
OF THE INSTITUTE, THE INSTITUTE HAS MADE AND CONTINUES TO MAKE	
AVAILABLE WITHOUT CHARGE TO THE FOUNDATION AS ITS EXECUTIVE DI	
SCIENCE OFFICER. DR. FILLIT IS A GERIATRICIAN, NEUROSCIENTIST	
ALZHEIMER'S DISEASE. DR. FILLIT HAS HAD A DISTINGUISHED ACADEM	
THE THE STATE IN THE STATE OF T	filter Copy, China prope Lisess Insess square, space, applies space, space, space, better follow mixes occur, specific space, several broad better follows:

Schedule <b>0</b> (Form 990 or 990-EZ) 2012	Page 2
Name of the organization ALZHEIMER'S DRUG DISCOVERY FOUNDATION	Employer identification number 20–1082179
FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)	
THE ROCKEFELLER UNIVERSITY AND THE MOUNT SINAI SCHOOL OF MEDIC	INE. DR. FILLIT HAS
SERVED AS A CONSULTANT TO PHARMACEUTICAL AND BIOTECHNOLOGY COM	PANIES, HEALTH CARE
ORGANIZATIONS AND PHILANTHROPIES. HE IS THE AUTHOR OR CO-AUTHO	R OF MORE THAN 300
SCIENTIFIC AND CLINICAL PUBLICATIONS. IN ADDITION, HE HAS RECE	IVED SEVERAL AWARDS AND
HONORS INCLUDING THE RITA HEYWORTH AWARD FOR LIFETIME ACHIEVEM	ENT.
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SCHEDULE O (FORM 990)

### ALZHEIMER DRUG DISCOVERY FOUNDATION

### FORM 990, PART V, LINE 2A

ALL REQUIRED FEDERAL TAX RETURNS WERE FILED BY THE FOUNDATION'S RELATED TAX - EXEMPT ORGANIZATION, INSTITUTE FOR THE STUDY OF AGING INC. EIN # 20-1082179

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-1082179

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2012 2 (f) Direct controlling Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Kes entity (f) Direct controlling entity N/A N/AN/AN/A (e) End-of-year assets CANADIAN NON (e)
Public charity status
(if section 501(c)(3)) FOUNDATION FOUNDATION FOUNDATION PRIVATE PRIVATE PRIVATE PROFIT (d) Total income (3) 3 (d) Exempt Code section TEEA5001L 12/28/12 501 (C) (3) N/A 9 Û (c) Legal domicile (state or foreign country) 501 501 (c)
Legal domicile (state or foreign country) CANADA M M M (b) Primary activity SUPPORT RESEARCH PREVENT, CURE, FOR COGNITIVE DECLINE & OTHER EXPENSE ALZHEIMER IN CONTRIBUTION BENEFITS AND FOR SALARIES, ALZHEIMER'S (b) Primary activity GRANTS TO DRUGS TO BAA For Paperwork Reduction Act Nolice, see the Instructions for Form 990. KIND (a) (ame, address, and EIN (if applicable) of disregarded entity |Z| | | | (1) INSTITUTE FOR THE STUDY OF AGING, 57 WEST 57TH STREET NEW YORK, NY 10019 20-1082179 OF AGING OF AGING (4) ALZHEIMER'S DRUG DISCOVERY FOUNDATION OF CANADA 100 KING ST., TORONTO, ONTARIO (a) Name, address, and EIN of related organization (3) INSTITUTE FOR THE STUDY OF STORY OF STATE STUDY OF STREET STREET STREET STORY NY 10019 STORY NY 10019 STORY STATE STUDY OF STORY NY 10019 STORY ST (2) INSTITUTE FOR THE STUDY 57 WEST 57TH STREET NEW YORK, NY 10019 20-1082179 ন্ত্ৰ ල

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20-1082179

Schedule R (Form 990) 2012 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

-UBI General or Percentage n box managing ownership partner?				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Percentage Sec 512(b) ownership controlled e	O. X X				Schedule R (Form 990) 2012
Disproportionate amount in box allocations? 20 of Schedule K-1 (Form 1065)			-	answered 'Yes year.)	Share of end-of- year assets	0				
Share of Share of end-of-year alloc assets alloc			and the second s	during the tax	y Share of potal income					,
Share of total S income end				(Complete if the station or trust	Type of entity (C corp, S corp, or trust)					
Predominant income (related, unrelated, excluded from tax under sections 512-514)				ation or Trust	ile Direct ign controlling					TEEA5002 12/28/12
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(c) (d) Legal Direct domicile controlling (state or foreign				ations Taxable re related orga	(b) Primary activity					
Primary activity do				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	of related organization					
(a) Name, address, and EIN of related organization	(0)	(2)	(8)	Part IV Identification of Inne 34 because	(a) Name, address, and EIN of related organization	(1)		(2)	(3)	2 d c7

Page 3

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

			X	Yes
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?	in Parts II-IV?			C. Car.
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2			2	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			3 7	
c Giff, grant, or capital contribution from related organization(s)			ر اد :	4
A Loans or loan quarantees to or for related organization(S)			-5 	×
## ICOS   Waster   Wa			13	×
e Loans or loan guarantees by related organization(s)				7.7
f Dividends from related organization(s)			i lenn giva	×
Original money to related organization(s)			B	×
			2	>
h Purchase of assets from related organization(s)				<b>∢ </b> :
i Exchange of assets with related organization(s)			030 630 630 630 630 630 630 630 630 630	×
i Lease of facilities, enrinnent or other assets to related organization(s).			forms e const	×
			2	>
k Lease of facilities, equipment, or other assets from related organization(s)			<u>ء</u> :	4
Performance of services or membership or fundraising solicitations for related organization(s)			écna écna econ	×
Deformance of services or membership or fundraising solicitations by related organization(S)			tem.	×
INTERIORISED OF SELECTION OF THE PROPERTY OF T			= 2	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			6	4 ×
p Sharing of paid employees with related organization(s)			<b>S</b>	4
				>
p Reimbursement paid to related organization(s) for expenses			2	4
Reimbursement haid hy related organization(s) for expenses.			, ,	×
				•
			her F	<b>&gt;</b>
r. Other transfer of cash or property to related organization(s)				\$ 2
s Other transfer of cash or property from related organization(s)			<u> </u>	4
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.	saction thresholds.		
1	(b) Transaction	(C)	(d) Method of determining	ermining
Name of other organization	type (a-s)	אוויסמוג ווויסווגים	amount in	volved
		1		
(1) INSTITUTE FOR THE STUDY OF AGING, INC.	N	10, 567.	ACTUAL	EXPENSE
(2) INSTITUTE FOR THE STUDY OF AGING, INC.	N	860,278.	ACTUAL	EXPENSE
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(3) INSTITUTE FOR THE STUDY OF AGING, INC.	0	1,712,452.	ACTUAL	EXPENSE
(4) INSTITUTE FOR THE STUDY OF AGING, INC.	വ	20,859.	CASH	TRANSFER
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(5) ALZHEIMER'S DRUG DISCOVERY COUNCING OF CONDAG	М	1,000,000.	A/R TRANSFE	SF'ER
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BAA TEEA5003L 12/28/12		Schedule	o:	(Form 990) 2012

20-1082179

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

(a)		(3)	(5)	(9)		ì	(B)	0	3	(K)
Name, address, and EIN of entity	Primary activity	Legal dómicile (state or foreign country)	Predominant income (related, unre-	Are all partners section 501(c)(3)	Share of total income	Snare of end-of-year assets	Uspropor- tionate allocations?	amount in box	managing partner?	ownership
	© ęściolita samo		lated, excluded from tax under	organizations?	an allowed to		}	Form (1065)		**************************************
	noncomplete de des		section 512-514)	Yes No			Yes No		Yes No	
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Part VII Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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Schedule R (Form 990) 2012

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## (Rev January 2013)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service		► File a sepa							
If you are	filing for an A	Automatic 3-Month Extension, com	plete only	Part I and check this box		► X			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.									
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.									
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation	required to f	ile Form 990-T and requesting an a	utomatic 6-	month extension - check this box and o	complete Part I only	/ ▶ □			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions									
***************************************	Name of evernt	organization or other filer, see instructions.		Enter mer s identio		Employer identification number (EIN) or			
Type or	I vame of exempt								
print	dint distribution of the contract of the contr					20-1082179			
	ALZHE IME Number, street, a	R'S DRUG DISCOVERY FOU and room or suite number. If a P.O. box, see in:	structions.	V		Social security number (SSN)			
File by the due date for									
filing your return. See	City, town or pos	57TH ST #904 t office, state, and ZIP code. For a foreign addr	ess, see instruc	ctions.					
instructions.	NEW YORK	, NY 10019							
14470	TATAN TOLL	., 111 10019	, , , , , , , , , , , , , , , , , , ,	gggggggggggggggggggggggggggggggggggggg		***************************************			
Enter the Return code for the return that this application is for (file a separate application for each return).									
Application Is For			Return Code	Application Is For		Return Code			
Form 990 or F	Form 990-EZ		01	Form 990-T (corporation)		07			
Form 990-BL	-		02	Form 1041-A	08				
Form 4720 (ir	ndividual)		03	Form 4720	09				
Form 990-PF			04	Form 5227	10				
Form 990-T (section 401(a) or 408(a) trust)			05	Form 6069	11				
Form 990-T (trust other than above)			06	Form 8870 12					
Telephone No. ► (212) 901-8000 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box ►  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  And attach a list with the names and EINs of all members the extension is for.									
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time									
until $8/15$ , 20 $13$ , to file the exempt organization return for the organization named above.  The extension is for the organization's return for: $X$ calendar year 20 $12$ or									
tax year beginning, 20, and ending, 20									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period									
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions									
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit									
EFTPS	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions								
Caution. If yo	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.								

Form 886	8 (Rev 1-2013)				Page 2		
If you	are filing for an Additional (Not Automatic) 3-Mon	th Extension	n, complete only Part II and check	this box	· · · · · · · · · · · · · · · · · · ·		
Note. Only	y complete Part II if you have already been grante	d an automa	atic 3-month extension on a previo	usly filed For	rm 8868.		
lf you	are filing for an Automatic 3-Month Extension, coi	mplete only	Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original	al (no cop	ies needed).		
					umber, see instructions		
***************************************	Name of exempt organization or other filer, see instructions.			***	ntification number (EIN) or		
					4		
Type or print	ALZHEIMER'S DRUG DISCOVERY FOU		20-1082179				
Press	Number, street, and room or suite number. If a P.O. box, see ins			Social security number (SSN)			
File by the extended	DENICTIZENCA DADO C COMPANY CDAC						
due date for filing your	BENCIVENGA WARD & COMPANY CPAS 420 COLUMBUS AVENUE, SUITE 304						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
man actions.	VALHALLA, NY 10595-1382						
ECC4-000111-100001-100							
Enter the	Return code for the return that this application is f	for (file a se	narate application for each return)		01		
Litter the	Trotain bodo for the retain that the application is i	Or (1110 a 50)	parate application for each return).		<u> </u>		
A madi a a di a		Datum	Amaticakian		**************************************		
Application Is For	JFI .	Return Code	Application Is For	Return Code			
Form 990	or Form 990-EZ	01	A Market 1923 Co. Called State College				
Form 990		02	Form 1041-A	**************************************	08		
	(individual)	03	Form 4720				
Form 990		04	Form 5227				
	-T (section 401(a) or 408(a) trust)	05	Form 6069	10			
	-T (trust other than above)	06	Form 8870	12			
1 01111 230	( (traditional traditional tra		11 01111 0070		14		
<ul><li>If the</li><li>If this</li><li>whole gro</li></ul>	ooks are in care of ► <u>LISA SOMAR</u> none No. ► <u>(212) 901-8000</u> organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box ► If it is for part of the gether extension is for.	usiness in th r digit Group	Exemption Number (GEN)		. If this is for the		
5 For 6 If the 7 State	quest an additional 3-month extension of time until calendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 months Change in accounting period the ein detail why you need the extension ADDILE A COMPLETE AND ACCURATE RETURNS	ng nths, check r	, 20 , and ending eason:  Initial return	Final re			
nonr	is application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions			or the second contract of the second contract	\$		
<b>b</b> If thi payr with	is application is for Form 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment a Form 8868	5069, enter a Illowed as a	any refundable credits and estimate credit and any amount paid previo	ed tax usly 8b	\$		
c Bala EFT	nnce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Jax Payment System). See	ur payment	with this form, if required, by using	8с	\$		
			st be completed for Part II o				
	ies of perjury, declare that I have examined this form, including accomplete, and that I am authorized to proper this form.		edules and statements, and to the best of my k		91/01/3		
Signature >	Title ►	CPA			nte > 0000 (D. 1 0012)		
BAA		FIFZ0502L	01/21/13		Form <b>8868</b> (Rev 1-2013)		