Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	Fort	he 2013 calen	dar year, or tax year beginning , 2013, and ending	l			,						
В	Check	if applicable:	C		D Employ	yer Identi	ification Number						
	N A	ddress change	ALZHEIMER'S DRUG DISCOVERY FOUNDATION		20-	1082	179						
		ame change	57 WEST 57TH ST #904	ŀ	E Teleph								
	-	nitial return	NEW YORK, NY 10019										
		erminated		ŀ	(212) 901-8000								
		mended return	F		G Gross								
	ША	pplication pending				group return for subordinates? Yes X No							
			SAME AS C ABOVE	I(b) Are all s If 'No,' a	subordinates attach a list.	s included (see inst	i? Yes No						
1_	1.5.5.5	-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				E 0.22(0.25)						
J	We	bsite: ► WW		(c) Group e	exemption n	umber 🏲	3						
K	Forr	n of organization:	X Corporation Trust Association Other ► L Year of formation	2004	M:	State of le	egal domicile: DE						
Pa	art I	Summar	y										
	1	Briefly descri	be the organization's mission or most significant activities: ACCELERAT	E THE	DISCO	VERY	AND						
(I)		DEVELOPM	ENT OF DRUGS TO PREVENT, TREAT AND CURE ALZHEIM	MER'S	DISEAS	SF. F	RELATED						
Governance	DEVELOPMENT OF DRUGS TO PREVENT, TREAT AND CURE ALZHEIMER'S DISEASE, RELATED DEMENTIAS AND COGNITIVE AGING												
E													
ove	2	Check this bo		e than 25	% of its	net ass	sets.						
9	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	15						
S	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		******	4	14						
itie	5	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)			5	0						
Activities &	6	Total number	of volunteers (estimate if necessary).			6	0						
A		Not unrelated	d business revenue from Part VIII, column (C), line 12			7 a	0.						
_	D	Net unrelated	business taxable income from Form 990-T, line 34			7 b	0.						
		0 - 1 1 1	1 1 75 11/00 11 111	71,000,00	ior Year		Current Year						
<u>e</u>	8	Contributions	and grants (Part VIII, line 1h).	9	,676,1		9,342,340.						
ent	9	Program serv	ice revenue (Part VIII, line 2g)		354,4		274,603.						
Revenue	10	Other revenue	come (Part VIII, column (A), lines 3, 4, and 7d)			352.	4,007.						
-	11 12	Total revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-385,5		-330,043.						
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,651,3		9,290,907.						
	13		milar amounts paid (Part IX, column (A), lines 1-3)	7,	,462,4	73.	7,137,090.						
	14		to or for members (Part IX, column (A), line 4)										
S	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		97,8	355.	220,057.						
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)										
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ►			House							
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		286,4	18	350,502.						
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	7	,846,7		7,707,649.						
	19		expenses. Subtract line 18 from line 12.		,804,6	_							
0 0			The state of the s			-	1,583,258.						
sets	20	Total assets (Part X, line 16)		of Current, 592, 2		End of Year						
Ass B	21		s (Part X, line 26)			_	14,685,410.						
Net Assets Fund Baland	22				,669,1		8,179,016.						
			fund balances. Subtract line 21 from line 20.	4,	,923,1	36.	6,506,394.						
	ırt II	Signature											
Unde	er penal plete. D	ties of perjury, I de eclaration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the er (other than officer) is based on all information of which preparer has any knowledge.	e best of my	knowledge	and belie	ef, it is true, correct, and						
-		Is.	A			, ,							
c:		Signatur	e of officer	Date	10/27	19							
Sig	JII	47557777777											
He	16		ARD FILLIT MD print name and title.	EXECU:	TIVE I	DIREC	TOR						
						1 1	TIM.						
		100000000000000000000000000000000000000			Check	if if	PTIN						
Pai			J. BENCIVENGA, CPA 10/24/14	S	self-employe	ed I	200116788						
Pre	epare	in a	BENCIVENGA WARD & COMPANY CPAS, PC										
US	e On	Firm's addres	420 COLUMBUS AVENUE, SUITE 304	F	Firm's EIN	13-3	3274930						
			VALHALLA, NY 10595-1382		Phone no.	(914)	769-5005						
May	the I	RS discuss thi	s return with the preparer shown above? (see instructions)				X Yes No						
DA	A Fac	Demanusula D.	direction But Notice and the state of the st	7.257	-								

	990 (2013) ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	+++++++++++++++++++++++++++++++++++++++	222
1	Briefly describe the organization's mission:		
	ACCELERATE THE DISCOVERY AND DEVELOPMENT OF DRUGS TO PREVENT, TO ALZHEIMER'S DISEASE, RELATED DEMENTIAS AND COGNITIVE AGING	REAT AND CURE	
2	Did the organization undertake any significant program services during the year which were not listed on the p	prior	
	Form 990 or 990-EZ?		No
	If 'Yes,' describe these new services on Schedule O.	100 11	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	rvices, as measured by expe of grants and allocations to	enses.
4 a	(Code:) (Expenses \$ 7,707,649. including grants of \$ 7,137,090.)	(Revenue \$)
	EXEMPT PURPOSE ACHIEVEMENT IS TO ACCELERATE THE DISCOVERY AND DIPREVENT, TREAT AND CURE ALZHEIMER'S DISEASE, RELATED DEMENTIAS AT THROUGH THE GRANTING OF FUNDS TO ORGANIZATIONS AND THE SPONSORS	EVELOPMENT OF DRUG AND COGNITIVE AGIN HIP OF CONFERENCES	<u> </u>
	THAT BRING TOGETHER ACADEMIC AND BIO TECHNOLOGY SCIENTISTS CONDURESEARCH IN THE FIELD OF ALZHEIMER'S DISEASE, RELATED DEMENTIAS		
	######################################		
4 b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
5.77	7,12,12,13,14	(November 4	/
4 c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	3
		A CONTRACTOR OF THE PARTY OF TH	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 7,707,649.		
RΔΔ	,	Form 990	(2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		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		X
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		X
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
1	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		X
9	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	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		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	12 b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Part IV Checklist of Required Schedules (continued)

1 04	one of required seneral senera	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 25
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	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 I.	25a		X
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
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.	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 filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		X
(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		Х
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 L	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		X
	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	of 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	37		X
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	Х	
RAA		Form	000 /	20121

Form 990 (2013) ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
020		a i seef		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c		X
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	· 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employmen		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	일본 전에 있는 그리고 있는 경기를 하고 있다. 그리고 얼마나 하나 있는데 그렇다.		COURS	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the yea	20 JUNE 10 CO	3a		X
	사용 성능, 소설 등 사용하는 것이 100 전에 보는 경우, 전에 가장 전에 가장 보고 있는 것이다. 그런 전에 보고 있는 것이다. 그런		3 b		
4	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4a		Х
1	o If 'Yes,' enter the name of the foreign country: ▶	A STANDAY AND A THE SERVICE ROOM STREET OF THE STANDAY OF THE SERVICE OF THE SERV	-08	W.E	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5 a		X
-	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
	the If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
1	of Yes,' did the organization include with every solicitation an express statement that such contribution to tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				Villa V
į	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a	X	
-	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w Form 8282?	as required to file	7 c		Х
-	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		X
1	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	orm 8899	7 g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the	0	n is	W.
9	Sponsoring organizations maintaining donor advised funds.		8	10.10	
٠,	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:		30		I SE D
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	- 33		
	Section 501(c)(12) organizations. Enter:	10.0	-11		
	Gross income from members or shareholders	11 a			
		11a	191		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	1	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	25		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			- de	
ě	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13 c	17.00) III.	
	Did the organization receive any payments for indoor tanning services during the tax year?	L	14a		X
i	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

Form 990 (2013) ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20-1082179 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 15 If there are material differences in voting rights among members SEE SCH. O 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... 1h 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 0 X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 1 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?....SEE. SCHEDULE Q. 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a b Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a X 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts?..... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O 12c X 13 Did the organization have a written whistleblower policy?..... X 13 Did the organization have a written document retention and destruction policy?..... X 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. X 15 a **b** Other officers of key employees of the organization. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 > NY IL GA 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 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: ETHAN HUTCHINSON 420 COLUMBUS AVENUE

VALHALLA NY

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

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

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 employees.'
- 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.

				(0	-)					
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	Reportable compensation from related organizations	(F) Estimated amount of other
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	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEONARD A. LAUDER	1									
CO-CHAIR / GOV	0	X		X				0.	0.	0
(2) RONALD S. LAUDER CO-CHAIR / GOV	1	X		Х				0.	0.	0
(3) HOWARD FILLIT MD EXEC DIR/GOV	$-\frac{0}{40}$	X		Х				0.	429,533.	259,004
(4) NANCY LYNN (UNTIL 8/13) EX. DIR/COO/GOV	$-\frac{0}{40}$	X		Х				0.	285,983.	100,094
(5) NANCY CORZINE PRESIDENT/GOV	1	X		Х				0.	0.	0
(6) ROBERT A. BELFER GOVERNOR	1	. X						0.	0.	0
(7) RANDAL SANDLER GOVERNOR	- <u>1</u>	X						0.	0.	0
(8) SALLY SUSMAN GOVERNOR	$-\frac{1}{0}$	X						0.	0.	0
(9) BONNIE PFEIFER EVANS GOVERNOR	$-\frac{1}{0}$	X						0.	0.	0
(10) LADY LYNN DE ROTHSCHILD GOVERNOR	- <u>1</u>	X						0.	0.	0
(11) ALICE SHURE GOVERNOR	<u>1</u>	X						0.	0.	0
(12) MELVIN R. GOODES GOVERNOR	1	X						0.	0.	0
(13) PETER J. SOLOMON GOVERNOR	-1-0	X						0.	0.	0
(14) PAULA ZAHN GOVERNOR	1	X						0.	0.	0

Part VII Section A. Officers, Directors, Trus	(B)	Tey	-11	-	C)	C5, (ann	i riigilest coii	iperisated Emp	loyees	• (continue	U)				
(A)	Average	Position (do not check more than one						(D)	(E)		(F)					
Name and title	hours per week (list any hours	offic	cer ar		direct	s both Highest c	tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f	stimated unt of other opensation rom the panization					
	for related organiza - tions below dotted line)	or director	nstitutional trustee	Č.	key employee	Highest compensated employee	ner			ar	d related anizations					
·			- (0			ted										
(15) NANCY GOODES GOVERNOR	$-\frac{1}{0}$	X						0.	0.		(0.				
(16) THOMAS F. MCWILLIAMS GOVERNOR	$-\frac{1}{0}$	X						0.	0.		C					
(17) JOAN KRUPSKAS TREAS. TO 2/13	$-\frac{1}{0}$			X				0.	0.		0.					
(18) LISA SOMAR	_1_								1,5,5							
ASST TREAS/SEC (19) KEVIN DIETERICH	0			X				0.	0.		-	0.				
TREASURER (20) NANCY SANFORD	0			X				0.	0.		(0.				
PHILANTHROPY (21)	40				X			0.	174,337.		61,018	3.				
(22)												_				
(23)																
(24)				_												
(25)												_				
												_				
1 b Sub-total c Total from continuation sheets to Part VII, Section	1 A	****					b	0.	889,853. 0.	4	20,116	6. 0.				
d Total (add lines 1b and 1c).							▶	0.	889,853.	4	20,116	_				
2 Total number of individuals (including but not limited to from the organization ► 0							ved	more than \$100,00	0 of reportable comp							
norm the organization											Yes N	ю				
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru <i>individu</i>	stee,	key	em	nploy	/ee, (or h	nighest compensat	ed employee	3		X				
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportab than \$1	le co 50,00	mpe	ensa If '\	tion 'es'	and comp	oth olet	er compensation e Schedule J for	from	4	X					
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen	satio	n fro	om	any	unre	late	ed organization or	individual			X				
Section B. Independent Contractors																
 Complete this table for your five highest compensation from the organization. Report compensation. 	ated indention for	epen the ca	dent alen	t coi dar i	ntrad year	ctors endir	tha	at received more the or with or within the or	nan \$100,000 of ganization's tax year							
(A) Name and business addre	ss							Description of			C) ensation					
												_				
												_				
												_				
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization ▶		ted to	tho	se I	ısted	abov	ve) ı	who received more	than							
RAA	-	TEEAO	1001	117	11/12					Form	aan /201	121				

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Form 990 (2013) ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to an	y line in this Part VII			
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
/ICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS // AND GTHER SIMILAR AMOUNTS	1 a Federated campaigns	9,342,340. 249,603. 25,000.	249,603. 25,000.		
PROGRAM SERVICE REVENUE	d e f All other program service revenue	274,603.			
	3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6 a Gross rents. b Less: rental expenses c Rental income or (loss).	4,007.	4,007.		
	d Net rental income or (loss). 7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses				
	8 a Gross income from fundraising events (not including. \$ 3,199,428. of contributions reported on line 1c). See Part IV, line 18	-330,043.			-330,043.
	c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold				
	c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	9,290,907.	278,610.	0.	-330,043.

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	esponse or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6,237,090.	6,237,090.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	900,000.	900,000.		
5	Benefits paid to or for members	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	163,005.	163,005.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	103,003.	103,003.		
9	Other employee benefits				
10	Payroll taxes	57,052.	57,052.		
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17			SELECTION OF SELEC	
	Investment management fees		E . S II . (82.1)[. (611)		
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
13	Office expenses	1,003.	1,003.		
14	Information technology.	11,134.	11,134.		
15	Royalties	11,104.	11,134.		
16	Occupancy.	22 265	22 265		
17	Travel	33,365.	33,365.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	276,215.	276,215.		
20	Interest	2,0/2201	2,0,230,		
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.)				
a	HONORARIUM	20,000.	20,000.		
	PRINTING AND PUBLICATIONS	8,785.	8,785.		
C		0,703.	0, 105.		
c					
	All other expenses	927 12892000 7000000	7-22 1 <u>200</u> 000000 - 120000000		
25	Total functional expenses. Add lines 1 through 24e	7,707,649.	7,707,649.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			*****
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,335,165.	2	2,640,464.
	3	Pledges and grants receivable, net	2,125,129.	3	3,275,097.
	4	Accounts receivable, net		4	0,20,0,00
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use.		8	
T	9	Prepaid expenses and deferred charges.	16,224.	9	10,846.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,224.		10,040.
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	8,115,777.	11	8,705,188.
	12	Investments – other securities. See Part IV, line 11	0,110,111.	12	0,703,100.
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	53,815.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	12,592,295.	16	14,685,410.
	17	Accounts payable and accrued expenses.	41,916.	17	36,250.
	18	Grants payable	7,485,431.	18	8,085,501.
	19	Deferred revenue	132,049.	19	30,765.
1	20	Tax-exempt bond liabilities	102,015.	20	30,703.
LIAB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
田田の	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ĺ	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	9,763.	25	26,500.
	26	Total liabilities. Add lines 17 through 25.	7,669,159.	26	8,179,016.
NET.		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	7,003,203.		371757010.
S	27	Unrestricted net assets.	4,920,240.	27	6,478,494.
ANNUIL OR	28	Temporarily restricted net assets	2,896.	28	27,900.
S	29	Permanently restricted net assets.	27000.	29	27,300.
R		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
F		and complete lines 30 through 34.			
N	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
AN	33	Total net assets or fund balances.	4,923,136.	33	6,506,394.
FUZD BALAZONS	34	Total liabilities and net assets/fund balances	12,592,295.	34	14,685,410.
BA			14,004,400.		Form 990 (2013)

Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			1.6.6.6.6				
1	Total revenue (must equal Part VIII, column (A), line 12).	1	9,2	90,9	07.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	7,7	07,6	49.			
3	Revenue less expenses. Subtract line 2 from line 1	3		83,2	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,1				
5	Net unrealized gains (losses) on investments.	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII.				П			
	Check it Schedule O contains a response of note to any line in this Fart XII.			Yes	_			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	140			
1								
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a						
	Separate basis Consolidated basis Both consolidated and separate basis							
1	Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ite						
	Separate basis X Consolidated basis Both consolidated and separate basis							
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х			
	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		3 b					
BAA				990	(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.

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number 20-1082179

Parl	1	Reason for Pub	lic Charity Status	(All organizations	must	comple	ete this	part.)	See i	nstructi	ions.					
The c	rga	nization is not a priva	ite foundation becaus	e it is: (For lines 1 thro	ough 11,	check o	nly one	box.)								
1		A church, convention	of churches or asso	ciation of churches des	scribed in	sectio	n 170(b)	(1)(A)(i)								
2		A school described in	n section 170(b)(1)(A	(ii). (Attach Schedule	E.)											
3		A hospital or a coope	erative hospital service	e organization describ	ibed in section 170(b)(1)(A)(iii).											
4		A medical research of	organization operated	in conjunction with a l	hospital	describe	ed in sec	tion 17	0(b)(1)(A	A)(iii). Er	iter the hos	pital's				
		name, city, and state	9:													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).															
6																
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ in section 170(b)(1)(A)(vi). (Complete Part II.)											ic described	1				
8	Ш	A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	ete Part	11.)										
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipt 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 of the section 509(a)(2). (Complete Part III.)										S	fter					
10		An organization orga	nized and operated e	exclusively to test for p	ublic saf	ety. See	section	509(a)	(4).							
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 section 509(a)(3). Check the box the describes the type of supporting organization and complete lines 11e through 11h.											nat					
		a Type I b	Type II c	Type III - Functio	nally inte	egrated		d \square	Гуре III	– Non-fu	unctionally	integra	ited			
е		By checking this box other than foundation section 509(a)(2).	, I certify that the org managers and other th	anization is not control an one or more publicly:	lled directions	ctly or indoor or organized	directly ations de	by one escribed	or more in section	disquali on 509(a)	fied persor (1) or	ns				
f		If the organization rece	eived a written determi	nation from the IRS that	is a Type	I, Type	II or Typ	e III sup	porting o	rganizati	on,	****				
g				on accepted any gift			om any	of the fo	ollowing	persons	?					
		C	Parameter Parameter	20 1							e	Yes	No			
		below, the gove	erning body of the su	ontrols, either alone or pported organization?.						11 g (i)						
				bed in (i) above?							11 g (ii)					
				described in (i) or (ii) a							11 g (iii)					
h		Provide the following	information about th	e supported organizati	on(s).											
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	(v) Did yo the organ column (supp	zation in of your	organiz colur organize	s the ation in mn (i) ed in the S.?	(vii) Amount	of mone port	tary			
					Yes	No	Yes	No	Yes	No						
(A)																
(D)																
(B)	_															
(C)																
, ,																
(D)	_												_			
(E)																
Total					10											

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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,398,116.	4,928,614.	7,946,390.	9,676,164.	9,342,340.	34,291,624.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,398,116.	4,928,614.	7,946,390.	9,676,164.	9,342,340.	34,291,624.
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)						8,382,315.
6	Public support. Subtract line 5 from line 4						25,909,309.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,398,116.	4,928,614.	7,946,390.	9,676,164.	9,342,340.	34,291,624.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,991.	2,978.	6,320.	6,352.	4,007.	23,648.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.					2,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	96,406.	50,184.	240,733.	354,442.	274,603.	1,016,368.
11	Total support. Add lines 7 through 10						35,331,640.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						73.33%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	68.87 %
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
b	33-1/3% support test $-$ 2012. If the and stop here. The organization	the organization d qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 or 16 or 16	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test check this	box and ston her	re Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization	IV how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
						CONTRACTOR OF THE PARTY OF THE	

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.)

	tion A. Public Support						
Calend 1	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			-			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sect	tion B. Total Support						
	lar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)) ► []
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(0)	147	0.
	Investment income percentage for Investment income percentage from the percentage from						00
	33-1/3% support tests - 2013. If	the organization	did not check the	box on line 14, a	and line 15 is mor	e than 33-1/3%, an	d line 17
134	is not more than 33,1/20/ chook	This hav and esa					
	is not more than 33-1/3%, check 33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%						

	(Form 990 or 99		ALZHE	IMER'S	DRUG	DISCO	VERY	FOUNDATI	ION	20-1082	2179	Page 4
Part IV	Supplemen or 17b; and (See instruc	tal Informa Part III, Iin ctions).	tion. Pro e 12. Als	ovide the	e explar ete this	nations part fo	requir r any	red by Part additional	t II, line informa	10; Part II tion.	, line 17a	

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

20-1082179

PART II, LII	NE 10 - 01	HER INC	OME
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NATURE AND SOURCE	-	2013	_	2012	_	2011	-	2010	 2009
CONFERENCE GRANT RETURNS	\$	249,603. 25,000.	\$	220,582. 133,860.	\$	240,733.	\$	50,184.	\$ 96,406.
	\$		\$		\$	240,733.	\$	50,184.	\$ 96,406.

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

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Schedule of Contributors

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number ALZHEIMER'S DRUG DISCOVERY FOUNDATION 20-1082179 Organization type (check one): Filers of: Section: Form 990 or 990-EZ $|\overline{X}|$ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation. 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules X 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 fifing 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2013)

1 of

of Part 1

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

Part I	Contributors (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		\$ 725,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,147,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$244,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$491,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

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

1 of Part III

Name of organization

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)

Employer identification number 20-1082179

(a) lo. from Part I	Purpose of gift N/A	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) lo. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) lo. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

ΑI	ZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179
DI ZONO GRANISMO	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	
* 60	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	(b) Furius and other accounts
2		
3		
A	Aggregate value at end of year	
	Aggregate value at critical year	
5	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	can be used only urpose conferring Yes No
Pa	rt II Conservation Easements.	
1	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).	
,		
		an historically important land area
	Preservation of open space	a certified historic structure
2	hand ' '	
~	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form clast day of the tax year.	of a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2a
	b Total acreage restricted by conservation easements	2 b
	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	4/4/4/4/4
	structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ▶	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easements it holds?	ling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during t	he vear
•	⇒\$	ine year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that des	statement, and balance sheet, and
~******	conservation easements.	•
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ther Similar Assets.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenu- art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of nerance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	nce of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	·
	(ii) Assets included in Form 990, Part X	\$
2	amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	a Revenues included in Form 990, Part VIII, line 1	
	h Assets included in Form 990. Part X	» ¢

Schedule D (Form 990) 2013 ALZH	FIMER'S DRIIC	DISCOUFRY	FOUND A T TOM	20-108	22170		Page 2
Part III Organizations Mainta	ining Collection	s of Art. Histo	rical Treasures, o			ntinu	
Using the organization's acquisition items (check all that apply):		**************************************		**************************************		TITTIG	<u> </u>
a Public exhibition		d 🗀 Loan	or exchange programs				
b Scholarly research		e Other	or exchange programs				
c Preservation for future gene	rations	e outer	ALABAÇÜN ALABAŞ MÜÇÜÇÜN ÇÜN MÜN MÜÇÜÇÜĞÜ ÜN KÖTÜN KÜNÜĞÜ İŞISS EYANDAĞ TERSIN ARA KORUN ÇÜN ÇÜN ÇÜN ÇÜN ÇÜN ÇÜ		*******************************	>	
4 Provide a description of the organization		nd evalain how they	further the organization	's avamnt nurnasa in			
Part XIII.	zadon's conections ar	iu explain now the	riuriner ine organization	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receiv han to be maintaine	ve donations of ared as part of the c	t, historical treasures, organization's collection	or other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements amount on Forn	. Complete if t n 990, Part X,	he organization ar line 21.	nswered 'Yes' to Fo	rm 990,	Part	ΙV,
1 a Is the organization an agent, tru	stee, custodian, or o	other intermediary	for contributions or ot	her assets not included			
on Form 990, Part X?					Yes		No
b If 'Yes,' explain the arrangemen	t in Part XIII and cor	nplete the followi	ng table:	**************************************			
				477-1000-201-201-201-201-201-201-201-201-20	Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year				1e			
f Ending balance				L			
2 a Did the organization include an a							No
b If 'Yes,' explain the arrangement	t in Part XIII. Check	here if the explai	ntion has been provided	d in Part XIII			
							SATURATION AND AND AND AND AND AND AND AND AND AN
Part V Endowment Funds. C	Complete if the o	rganization ar	swered 'Yes' to Fo	orm 990, Part IV, Iir	<u>ne 10.</u>		
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance	Mention and the contract of th					era bendi i desilutanide kuna	naidhe ne Fhir ranhannan na sa
b Contributions	d Parket of the Charles plant accomposite and accomposite accomposite and accomposite acco						on the second
c Net investment earnings, gains,							
and losses	***************************************						halt the last bear bear to make the second
d Grants or scholarships	***************************************						
e Other expenditures for facilities							
and programs f Administrative expenses							
g End of year balance			1				
2 Provide the estimated percentag	-		ie ig, column (a)) neid	as:			
a Board designated or quasi-endownb Permanent endowment ►	ient ×						
Service subsection 5.00 may be a service subsection of the service subsection 5.00 may be a service	.0	90					
c Temporarily restricted endowme	W						
The percentages in lines 2a, 2b,	and 2c should equa	11 100%.					
3 a Are there endowment funds not in	the possession of the	organization that a	are held and administered	d for the	<u></u>		B.1
organization by:					re	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related	_	•			. 3b		
4 Describe in Part XIII the intende	on wareless to the entire and the en	zation s endowme	ent lunus.			(Olivinoriablenca, orania	
Part VI Land, Buildings, and			. 000 D . I IV / IV	11 0 - ^^	0 5		10
Complete if the organ	ization answered	a Yes to Forn	n 990, Part IV, line	Ha. See Form 99	u, Part)	K, lin	e 10.
Description of property	(a) Co	st or other basis	(b) Cost or other	(c) Accumulated	(d) Bo	ook va	lue
1 - Lond		nvestment)	basis (other)	depreciation			************
1 a Land.			,010,00	The second of the second of the second			
b Buildings							
C PSSELIDIO IUDINOVEIDEDIS	i						

1 a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

Output

Description

De

BAA

Schedule D (Form 990) 2013

Part VII Investments — Other Securities.	1)/	N/A
		D, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	10.00.00 (0.00.00) (10.00) (10.00) (10.00)	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		
Part VIII Investments - Program Related.	N/11- E 000	N/A
(a) Description of investment type	Yes to Form 990), Part IV, line 11c. See Form 990, Part X, line 13
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	**************************************	
(5)		
(6)	· · · · · · · · · · · · · · · · · · ·	
(7)		
(9)	40+10+10+10+10+10+10+10+10+10+10+10+10+10	
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .	2-4-1	
Part IX Other Assets.	N/A	
Complete if the organization answered	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	cription	(b) Book value
(1)		
(2)		
(3)		
(4) (5)		
(6)	7/4/4/2/2/2/// With a construction of the cons	
(7)	THE CONTROL OF THE CO	
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B	3), line 15.)	<b>▶</b>
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to Fo  (a) Description of liability		le or 11f. See Form 990, Part X, line 25
(1) Federal income taxes	(b) Book value	
(2) ALZHEIMERS DRUG FD OF CANADA	26 50	
(3)	26,50	
(4)		
(5)	***************************************	
(6)	***************************************	
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 26,50	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fir	nancial statements that reports the organization's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With	
Complete if the organization answered 'Yes' to Form 990, Part IV, I	ne 12a.
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	
b Donated services and use of facilities	A-CONTINUE OF THE PROPERTY OF
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2 d	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With	
Complete if the organization answered 'Yes' to Form 990, Part IV, li	ne 12a.
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.) 2d	TOTAL STATE OF THE
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	
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.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	nes 1b and 2b; Part V, part to provide any additional information.
PART X - FIN 48 FOOTNOTE	and the same was the two time term was made to the total time the total time time to the time time to the time time to the time time time time time time time tim
GAAP_REQUIRES_THE_FOUNDATION'S_MANAGEMENT_TO_EVALUATE_TAX	Y POSTIONS TAKEN BY THE
FOUNDATION_AND_RECOGNIZE A TAX_LIABILITY_(OR ASSET)_IF_TH	IE FOUNDATION HAS TAKEN AN
UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE	SUSTAINED UPON EXAMINATION
BY THE INTERNAL REVENUE SERVICE. DUE TO THE FOUNDATION'S	GENERAL NOT-FOR-PROFIT
STATUS, MANAGEMENT BELIEVES THERE ARE NO TAX POSITIONS TH	MAT WOULD HAVE A MATERIAL
IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOU	INDATION IS SUBJECT TO
ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THER ARE	CURRENTLY NO AUDITS FOR Schedule <b>D</b> (Form 990) 2013

Schedule D (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION  Part XIII   Supplemental Information (continued)	20-1082179	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		The second secon
ANY TAX PERIODS IN PROGRESS.	MIND MAN AND MORE COSTS from them been steps and man man only steps	1904 take take take take
200 CMF THE	Third Notes 1980s. Living from these passes these them notes these black above.	
PART X1 LINE 2B AND X111 LINE 2A	DANK FORM STORE WINDS WINDS WINDS STORE STORE STORE STORE STORE STORE	MARIN MARIN SPINIS PROPER SOCIETY
		manus manus annus project inclus being
DURING THE FOUNDATION'S 2013 TAX YEAR, THE INSTITUTE FOR THE S	TUDY OF AGING, A	unham source Mythole spricked million million
RELATED TAX-EXEMPT PRIVATE FOUNDATION, PROVIDED THE FOUNDATION	WITHOUT CHARGE AS	<u> </u>
IN-KIND CONTRIBUTION SERVICES HAVING A VALUE OF \$3,045,271. TH	ESE SERVICES INCLU	JDED
SHARED PERSONNEL AND OFFICE SPACE AND ARE FURTHER DETAILED IN	PART V OF SCHEDULI	E R
_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	NOTE: 10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10   10-10	
	BAT 607- 000 bas see one one can see see see see see see see see	COURS ECOLOGO MARROW ECOLOGO ECOLOGO Acour
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	were seen took took took took and and and and and and and and	
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	COME WAYN WAYN PARTY PLANT PRINT MAKE MAKEN MAKEN MAKEN PARTY DAYS PT	··· ··· ··· ··· ···

#### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is

at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Employer identification number

20-1082179

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... X Yes 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for (b) Number of (c) Number of (d) Activities conducted in (a) Region (e) If activity listed in offices in the émplovees. region (by type) (e.g., (d) is a program agents, and independent and investments region fundraising, program service, describe services, investments, specific type of in region contractors grants to recipients service(s) in region in region located in the region) RESEARCH (1) RELATED TO 0. GRANTS TO ALZHEIMERS (2) EUROPE RECIPIENTS DISEASE 325,000. RESEARCH RELATED TO (3) 0. GRANTS TO ALZHEIMERS (4) EUROPE RECIPIENTS DISEASE 310,000. RESEARCH (5)RELATED TO 0. GRANTS TO ALZHEIMERS DISEASE 125,000. (6) EUROPE RECIPIENTS RESEARCH RELATED TO (7) 0. EAST ASIA & GRANTS TO ALZHEIMERS (8) PACIFIC RECEIPIENTS DISEASE 140,000. (9) (10)(11)(12)(13)(14)(15)(16)(17) **3** a Sub-total....... 900,000. **b** Total from continuation sheets to Part I.....

c Totals (add lines 3a and 3b).

0

900,000.

0

Schedule F (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

padas	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
Ξ			E ASIA PACIFIC	RESEARCH AD	140,000.	ELECTRONIC			
(2)			EUROPE	RESEARCH AD	125,000.				
ල			EUROPE	RESEARCH AD	310,000.	ELECTRONIC			
(4)			EUROPE	RESEARCH AD	325,000.	325,000. ELECTRONIC			
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2 Ent	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	ons listed above that an section 501(c)(3) equ	re recognized as cha uivalency letter	rities by the foreign	n country, recognize	ed as tax-exempt by	the IRS, or for whic	4	2
	Enter total number of other organizations or entities	ins or entities						<u>.</u>	2
BAA								Schedule F	Schedule F (Form 990) 2013

9

Page 3

ALZHEIMER'S DRUG DISCOVERY FOUNDATION Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 20-1082179 Parl

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance C 0 (18) BAA 3 8 (2) 9 C ∞ 6 (10) (1) (12) (13) (14) (12) 9 3

TEEA3503L 06/26/13

	dule F (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179	Page 4
Pai	t IV Foreign Forms	34000000000000000000000000000000000000	
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
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (substructions for Forms 3520 and 3520-A).	of Certain ee	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 Foreign Corporations. (see Instructions for Form 5471)	o Certain ······Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a delecting 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).		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 For Partnerships. (see Instructions for Form 8865).	reign Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax yea If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		X No

Schedule F (Form 990) 2013

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BAA

Schedule F (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION  Part V Supplemental Information	20-1082179	Page 5
Provide the information required by Part I, line 2 (monitoring of funds); F (accounting method; amounts of investments vs expenditures per region method); Part III (accounting method); and Part III, column (c) (estimate applicable. Also complete this part to provide any additional information	n); Part II, line 1 (accounting an umber of recipients)	ng as
PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF	FUNDS OUTSIDE US	POST STATES SEASON STATES STATES STATES
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 INTERNATION	NAL
INSTITUTIONS ARE CLOSELY MONITORED. GRANTEES MUST SUBMIT MI	DYEAR AND END-OF-GRA	ANT
PROGRESS AND FINANCIAL REPORTS. SUBSEQUENT PAYMENTS TO GRAN	T RECIPIENTS ARE	MANUT SHOWN SHARES SHOWN SAMES MANUAL
CONTINGENT UPON THE RECEIPT AND SATISFACTORY REVIEW OF THESE	REPORTS. PROGRESS	OF
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization			Wilder Control of the		Employer identific	cation number
ALZHEIMER'S DRUG DISCOVE					20-108217	79
Part I Fundraising Activities. Compart I Form 990-EZ filers are not re	olete if the orga	anization a	answered '	Yes' to Form 990, Part	IV, line 17.	
1 Indicate whether the organization				lowing activities. Check	c all that apply.	00000000000000000000000000000000000000
a Mail solicitations			e		-government grants	
b Internet and email solicitation	5		f	<del></del>	•	
c Phone solicitations			g ,	H	· ·	
d In-person solicitations			9	opecial fundraising	y events	
L		4211		·		
2 a Did the organization have a written of employees listed in Form 990, Par	r oral agreemen t VII) or entitv	t with any in connec	individual ( tion with n	including officers, directo professional fundraising	ors, trustees or key Liservices?	Yes X No
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities	s (fundrais	ers) pursua	int to agreements under	which the fundraiser is to	be
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custo of cont	ndy or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No			
1						
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Total			.,			0.
<ol> <li>List all states in which the organization or licensing.</li> </ol>	on is registered of	or licensed	to solicit c	ontributions or has been	notified it is exempt from	registration
NY IL GA						
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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.

RE			(a) Event #1 DINNER GALA (event type)	(b) Event #2 FALL SCIENCE (event type)	(c) Other events  4 (total number)	(d) Total events (add column (a) through column (c))
пс≥м≤п⊅	1	Gross receipts	1,663,160.	864,419.	885,608.	3,413,187.
Ē	2	Less: Charitable contributions	1,591,660.	824,419.	783,349.	3,199,428.
**************************************	3	Gross income (line 1 minus line 2)	71,500.	40,000.	102,259.	213,759.
	4	Cash prizes				
Ď	5	Noncash prizes				
ロー常田CT	6	Rent/facility costs		54,731.	14,189.	68,920.
	7	Food and beverages	106,182.		81,995.	188,177.
EXPESSES	8	Entertainment				
N S E S	9	Other direct expenses	96,012.	69,176.	121,517.	286,705.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fm	. ,			543,802. -330,043.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ntion answered 'Yes			
REVEN			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
Č S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			anticologistische der der Fernande von der Gereiche der der der der der der der der der de
ETTORNO TOTORS	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
	ls th	er the state(s) in which the organization or ne organization licensed to operate gamino lo,' explain:	g activities in each of th			
		e any of the organization's gaming license 'es,' explain:		or terminated during the		

Schedule G (Form 990 or 990-EZ) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-10821	.79	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	ned to		
administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		%
<b>b</b> An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:		
Name ▶	THE ROOM WIND STATE SOURS SHOW SAME STATE .	name name bushs lively the	ONE ENGINE MININE ENGINE PLOYER BY
Address ▶	NAME NAME OF STREET STREET STREET	SHARM SATION INVOICE SPACES	
15 a Does the organization have a contact with a third party from whom the organization receives gaming rebuilding but If 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c If 'Yes,' enter name and address of the third party:	evenue? and the amount	Yes	No
Name ►	and which know many mines were priced tools to		- 100m 6100 5000 8100 00
Address ▶			
16 Gaming manager information:			
Name P		NAME AND ADDRESS OF THE PARTY PARTY.	e voice some some voice he
Gaming manager compensation ▶ \$			
Description of services provided ▶			Notes the book which the
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 retai state gaming license?	***************************************	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sporganization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2 and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	b, columns (iii de any additioi	) and (v nal	/),
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# SCHEDULE | (Form 990)

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

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

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

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OMB No. 1545-0047

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SEE PART IV

Open to Public Inspection

Employer identification number 20-1082179 General Information on Grants and Assistance ALZHEIMER'S DRUG DISCOVERY FOUNDATION Part | General Information on Grants and Assi Department of the Treasury Internal Revenue Service Name of the organization

XYes 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?

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

N

Part II Grants and Other Assistance to Governments and C Form 990, Part IV, line 21 for any recipient that rece	ice to Governme for any recipient		<b>zations in the Unit</b> lore than \$5,000. F	Organizations in the United States. Complete if the organization answered 'Yes' to ived more than \$5,000. Part II can be duplicated if additional space is needed.	te if the organiza ated if additional	tion answered 'Y space is needec	es' to
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) BANNER SUN HEALTH RESEARCH IN 10515 W. SANTA FE DRIVE	078550		000 6%6	c			ALZHEIMERS
(2) BOSTON U. SCHOOL OF MEDICINE  72 E CONCORD ST  BOSTON, MA 02118	04-2103547[501 (C)	501 (C) (3)	266.509				KESEARCH ALZHEIMERS DESEADCH
(3) BRIGHAM & WOMENS HOSP.	04-2312909 501		235,000.	0			ALZHEIMERS RESEARCH
(4) CLEVELAND CLINIC FOR BRAIN HE	34-0714585 501	501 (C) (3)	1,000,000.	0			ALZHEIMERS RESEARCH
(5) COLUMBIA UNIVERSITY MEDICAL C  2700 BROADWAY  NEW YORK, NY 10025	13-5598093 501	501 (C) (3)	150,000.	.0			ALZHEIMERS RESEARCH
(6) DUKE CENTER DRUG DISCOVERY	56-0532129 501 (C)	501 (C) (3)	149, 603.	.0			ALZHEIMERS RESEARCH
(7) EMORY_UNIVERSITY	56-0566256 501	501 (C) (3)	401,000.	.0			ALZHEIMERS RESEARCH
(8) GEORGETOWN UNIVERSITY	53-0196603 ₅₀₁ (C)	501 (C) (3)	140,000.	.0			ALZHEIMERS RESEARCH
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	) and government or ons listed in the line	S .	listed in the line 1 table.			A A	21
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 9	see the instructions	s for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedule	Schedule I (Form 990) (2013)

Page 2

can be duplicated if additional space is needed

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) REPORTS. SUBSEQUENT PAYMENTS TO GRANT RECIPIENTS ARE CONTINGENT UPON THE RECEIPT AND "PARTICIPATING INTEREST." WHICH ENTITLE THE FOUNDATION TO RECEIVE, IN THE EVENT THAT INTERNAL REVIEW AND BOARD APPROVAL PROCESS. GRANTS FOR ALL INSTITUTIONS ARE CLOSELY PROGRESS OF GRANT RECIPIENTS IS COMMUNICATED GRANT RECIPIENTS ARE SELECTED THROUGH A RIGOROUS PEER-REVIEW PROCESS AS WELL AS AN MONITORED. GRANTEES MUST SUBMIT MID-YEAR AND END-OF-YEAR PROGRESS AND FINANCIAL THE FUNDED PROJECT IS LICENSED OR OTHERWISE COMMERCIALIZED, A PERCENTAGE OF THE SOME OF THE GRANTS LISTED IN PART II OF THIS SCHEDULE I ARE GRANTS WITH A (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant (b) Number of recipients SATISFACTORY REVIEW OF THESE REPORTS. TO_THE_BOARD OF GOVENORS PERIODICALLY. (a) Type of grant or assistance m N 7 ന ഗ

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# SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

20-1082179

PART I, LINE 2	- PROCEDURES I	FOR MONITORING U	JSE OF	<b>GRANTS</b>	FUNDS IN U.S.	(CONTINUED)
----------------	----------------	------------------	--------	---------------	---------------	-------------

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

# Continuation Sheet for Schedule I (Form 990)

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

 $\sim$ (h) Purpose of of grant or assistance ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH Continuation Page Employer identification number Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) 20-1082179 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 150,168. (d) Amount of cash grant 110,000 275,000 146,960 230,961 100,000 200,184 378,336 (c) IRC section if applicable (3) 52-0595110 501 (C) (3) (C) (3)(3) (3) (3) 13-5562309 501 (C) (3) 31-6401599 501 (C) (3) 53-0204707 501 (C) (C) (2) 13-1926374 501 (C) 04-2697983 501 57-6000722 501 41-6011702 501 ALZHEIMER'S DRUG DISCOVERY FOUNDATION (P) EIN (a) Name and address of organization or government JOHN HOPKINS SCH. OF MEDICINE MASS GENERAL HOSPITAL/HARVARD HOWARD UNIV COLLEGE PHARMACY BLDG. 149/13TH ST. GTH FLOOR 171_ASHLEY AVENUE SUITE 403 NATIONAL BIOMEDICAL RESEARCH MEDICAL UNIV. SOUTH CAROLINA OHIO STATE CTR FOR MOLECULAR NYU SCHOOL OF MEDICINE CHARLESTOWN, MA 02129 CHARLESTOWN, SC 29425 1820 LANCASTER STREET WASHINGTON, DC 20059 2198 SIERLING AVENUE 411 WAVERLY OAKS RD BALTIMORE, MD 21231 ROCHESTER, MN 55905 200 1ST ST. WEST __ COLUMBUS, OH 43210 NEW YORK, NY 10016 1060 CARMACK ROAD 2300 4TH ST. N.W. WALTHAM, MA 02452 PHARMATROPHIX 550 1ST AVENUE MAYO CLINIC Name of the organization

Schedule I Cont (Form 990) 2013

RESEARCH

ALZHEIMERS

ALZHEIMERS

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14-1973571

PROVECTRA THERAPEUTICS INC.

SAN DIEGO, CA 92123

9025 BALBOA AVE

MENLO PARK, CA 94025

164,750

41-6007513

TEEA4001L 07/12/13

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.

(M)

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Continuation Page

(h) Purpose of grant or assistance ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS ALZHEIMERS RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH Employer identification number Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II. 20-1082179 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 200,000. 182,500. 25,000. 200,000. 35,000. 150,000. 500,000. 169,152 (c) IRC section if applicable (3) (3) (3) (C) (3) (3) 59-6001758[501 (CO (3) (C) <u>ට</u> (C (C (၂ 36-2181973 501 04-3400617 501 501 45-0672514 501 13-1623978 501 62-0476822 501 41-6007513 46-2300388 ALZHEIMER'S DRUG DISCOVERY FOUNDATION (B) EIN (a) Name and address of organization or government WEILL CORNELL MEDICAL COLLEGE VANDERBILT NEUROSCIENCE DRUG R. FRANKLIN UNIV. MEDICINE 1211 MEDICAL CENTER DRIVE 3333 GREEN BAY ROAD ____ UNIVERSITY OF MINNESOIA NORTH CHICAGO, IL 60064 US AGAINST ALZHEIMER'S __1200_EAST_MARSHALL_ST_ VIRGINIA COMMONWEALTH 525 EAST 168TH STREET 1101 K_ST. NORTHWEST MINNEPOLIS, MN 55455 WASHINGTON, DC 20005 2001 6IH STREET SE NASHVILLE, TN 37232 CAMBRIDGE, MA 02141 RODIN THERAPEUTICS RICHMOND, VA 23284 NEW YORK, NY 10021 419 BOSTON AVENUE YUMA THERAPEUTICS MEDFORD, MA 02156 TUFIS UNIVERSITY Name of the organization 25 FIRST ST

Schedule I Cont (Form 990) 2013

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174,967.

90-0506989

BROOKLINE, MA 02445

_77 POND AVENUE_

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### SCHEDULE J (Form 990)

## **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

ALZ	HEIMER'S DRUG DISCOVERY FOUNDATION		20-1082179			
Par	t I Questions Regarding Compensation					TO SECURITION OF
					Yes	No
1 a	Check the appropriate box(es) if the organization provided any cVII, Section A, line 1a. Complete Part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to provide any release to the complete part III to the complet	of the evant	following to or for a person listed in Form 990, Part information regarding these items.			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Ē	Payments for business use of personal residence			
	Tax indemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Ē	Personal services (e.g., maid, chauffeur, chef)			
k	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described			1 b		
2	Did the organization require substantiation prior to reimbursing of trustees, and officers, including the CEO/Executive Director	, rega	arding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization use CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but	ed to e any l expla	establish the compensation of the organization's boxes for methods used by a related organization to ain 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 or a related organization:  Receive a severance payment or change-of-control paymen			4a	X	
	Participate in, or receive payment from, a supplemental no					X
	Participate in, or receive payment from, an equity-based co					X
	If 'Yes' to any of lines 4a-c, list the persons and provide the					
	Only section 501(c)(3) and 501(c)(4) organizations must co	mple	te lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:			310 8		
	The organization?			5 a		X
Ŀ	Any related organization?		•••••	5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.					
	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:					
	The organization?			6a		X
b	Any related organization?			6 b	******	X
_				Second)	5/534 25	
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If 'Yes,' describe	did t in Pa	the organization provide any non-fixed rt III	7	vo:	X
8	Were any amounts reported in Form 990, Part VII, paid or a to the initial contract exception described in Regulations set If 'Yes,' describe in Part III.	ction	53.4958-4(a)(3)?	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable psection 53.4958-6(c)?	resur	nption procedure described in Regulations	9		

Page 2

Schedule J (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

Part

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

(F) Compensation reported as deferred in prior Form 990 00 217, 334. 00 Schedule J (Form 990) 2013 386,077 ,355. (E) Total of columns(B)(i)-(D)  $\frac{0}{688,537}$ . 235, 100,094. Ö 337 018. (D) Nontaxable benefits 150, 61, -1.<u>0</u>-1-00 00 (C) Retirement and other deferred compensation 108, ان ا 00 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 07/08/13 00 00 00 (ii) Bonus and incentive compensation TEEA4102L 533. 983 O 337 (i) Base compensation 429, 285, 174 esesese **E** e e e e **e e e e** e e **e e** (3) e e (A) Name and Title 8/13) NANCY LYNN (UNTIL MD EX. DIR/COO/GOV HOWARD FILLIT NANCY SANFORD EXEC DIR/GOV PHILANTHROPY BAA N ന থ Ŋ Ø ~  $\infty$ ഗ 0 2 3 lace Ch ក 9 barra barra

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.
PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION
THE COMPENSATION PAID BY THE FOUNDATION'S RELATED ORGANIZATION, THE INSTITUTE FOR
THE STUDY OF AGING INC. LIO THE FOUNDATION'S OFFICERS IS REVIEWED ANNUALLY BY
INDEPENDENT_MEMBERS_SERVING_ON_THE_INSTITUTE'S_COMPENSATION_COMMITTEE_AND_THEN
- RECOMMENDED FOR THE APPROVAL OF INDEPENDENT MEMBERS SERVING ON THE INSTITUTE'S BOARD
OF-DIRECTORS. THE INSTITUTE'S COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS
COMPENSATION AMOUNTS AFTER OBTAINING AND RELYING UPON COMPENSATION DATA PER THE
INTERNAL REVENUE SERVICE FORMS 990 OF SIMILLIARLY-SITUATED PUBLIC CHARITIES.
SEE SCHEDULE O FOR ADDITIONAL INFORMATION.
PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NO RETIREMENT, EQUITY-BASED COMPENSATION
NANCY LYNN RECEIVED SEVERANCE PAYMENTS TOTALING \$169,050 FROM THE FOUNDATION'S
RELATED_ORGANIZATION,_THE_INSTITUTE_FOR_THE_STUDY_OF_AGING,_INC

### SCHEDULE IVI (Form 990)

Name of the organization

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Information

ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

OMB No. 1545-0047

2013

Open To Public Inspection

Employer identification number

20-1082179

Pai	rt I Types of Property							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of det contribu	termir tion a	ning mounts
1	Art – Works of art			***************************************				
2	Art – Historical treasures							
3	Art — Fractional interests					WWW.to-to-t-real-real-real-real-real-real-real-real		-
4	Books and publications	***************************************				***************************************		***************************************
5	Clothing and household goods					-9-14-02-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
6	Cars and other vehicles					***************************************		***************************************
7	Boats and planes					***************************************		
8	Intellectual property	***************************************				Photographic		PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
9	Securities - Publicly traded		9	80,567.	MARKET	7 772\ T T	IE'	settings developed when the
10	Securities - Closely held stock		<i></i>	00,307.	LITALULA	. VALO	ندر	**************************************
11	Securities - Partnership, LLC, or trust interests.							Historialistation
12	Securities - Miscellaneous.							h-American commercial and
13	Qualified conservation contribution — Historic structures						***************************************	(4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
14	Qualified conservation contribution — Other							
15	Real estate — Residential						*****************	
16	Real estate — Commercial		~~~~		<u> </u>			
17	Real estate — Other							
18	Collectibles							
19	Food inventory			***************************************			*************	***************************************
20	Drugs and medical supplies		THE STATE OF THE S	\$ 100 mm				Market
21	Taxidermy		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
22	Historical artifacts							****
23	Scientific specimens.							******************
24	Archeological artifacts	Prodesitement						***********
			***************************************			Vitte Control Control		
25 26	Other ()				ļ			
26	Other ()					***************************************		
27 28	Other ()	·				***		-
	Other ► ( )				<del> </del>			Hillian marketinin marketinin marketinin marketinin marketinin marketini marketini marketini marketini marketi
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Done				29	*		
					ı	<u> </u>	res	No
30a	During the year, did the organization receive by contri	bution any pi	roperty reported in Part I.	lines 1-28, that it must				
	hold for at least three years from the date of the initia	I contribution	, and which is not require	ed to be used for exempt				
	purposes for the entire holding period?					30 a		X
	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance police	cy that requi	ires the review of any n	non-standard contribution	ons?	31		Х
32a	Does the organization hire or use third parties or noncash contributions?					32 a		Х
b	If 'Yes,' describe in Part II.							
33	If the organization did not report an amount in column describe in Part II.	(c) for a typ	e of property for which co	olumn (a) is checked,				

Schedule <b>M</b> (Form 990) 2013	ALZHEIMER'S	DRUG DISCOVERY	FOUNDATION	20-1082179	Page 2
Part II Supplemental In the organization received, or a co	<b>formation.</b> Provi is reporting in P mbination of bot	de the information art I, column (b), i h. Also complete	n required by Part I, lines the number of contributio this part for any additions	30b, 32b, and 33, and wh ns, the number of items al information.	iether
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-1082179 ALZHEIMER'S DRUG DISCOVERY FOUNDATION FORM 990. PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS THE FOUNDATION HAS A TWO CLASS BOARD STRUCTURE (CLASS A AND CLASS B) PURSUANT TO WHICH EACH CLASS A BOARD MEMBER IS ENTITLED TO ONE VOTE AND EACH CLASS B MEMBER IS ENTITLED TO ONE-HALF VOTE. FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC. THE FOLLOWING FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST AMONG GOVERNORS AND OFFICERS OF THE FOUNDATION: (I) LEONARD A.LAUDER AND RONALD S.LAUDER: FAMILY AND BUSINESS RELATIONSHIP; (II) LEONARD A.LAUDER, KEVIN DIETERICH, JOAN KRUPSKAS AND LISA SOMAR: BUSINESS RELATIONSHIP; (III) DR.HOWARD FILLIT, NANCY SANFORD AND NANCY LYNN: BUSINESS RELATIONSHIP; (IV) LEONARD A.LAUDER, RONALD S.LAUDER AND DR. HOWARD FILLIT: BUSINESS RELATIONSHIP; (V) LEONARD A.LAUDER, RONALD S.LAUDER, NANCY SANFORD, 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 A. LAUDER AND LADY LYNN DE ROTHCHILD: BUSINESS RELATIONSHIP. FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THE FOUNDATION'S MEMBERS ARE THE SAME INDIVIDUALS WHO SERVE FROM TIME TO TIME AS THE FOUNDATION'S GOVERNORS. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE FOUNDATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT AND REMOVE (WITH CAUSE) THE FOUNDATION'S GOVERNORS AND, UNDER APPLICABLE STATE LAWS, APPROVE FUNDAMENTAL CORPORATE CHANGES, SUCH AS A MERGER OR DISSOLUTION OF THE FOUNDATION. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S EXECUTIVE DIRECTOR AND BY OUTSIDE CONSULTANTS, INCLUDING LEGAL COUNSEL. THE APPROVED FINAL FORM 990 IS SIGNED BY EITHER THE FOUNDATION'S EXECUTIVE DIRECTOR OR TREASURER AND THEN A COPY IS

ALZHEIMER'S DRUG DISCOVERY FOUNDATION	20-1082179
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)	** 100* 100* 100* 100* 100* 100* 100* 1
PROVIDED TO THE BOARD OF GOVERNORS AND THE FOUNDATION'S OFFICE	RS PRIOR TO ITS 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 STATEMENT	S ARE CIRCULATED TO
THE BOARD OF GOVERNORS AND OFFICERS FOR REVIEW AND COMPLETION.	THE COMPLETED
STATEMENTS ARE THEN REVIEWED UNDER THE SUPERVISION OF A FOUNDATE	TION_OFFICER.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
ONLY UPON REQUEST	
FORM 990, PART VII - COMPENSATION EXPLANATION	
HOWARD FILLIT MD	
HOWARD FILLIT, M.D. HAS SERVED AS EXECUTIVE DIRECTOR OF THE INS	STITUTE FOR THE STUDY
OF AGING, INC., A RELATED TAX-EXEMPT 501(C)(3) PRIVATE FOUNDATION	DN, SINCE AUGUST 1998.
DR. FILLIT HAD AN EMPLOYMENT AGREEMENT DATED JANUARY 1,2008, WE	HICH WAS AMENDED IN
2011. DR. FILLIT WAS THE FOUNDING EXECUTIVE DIRECTOR OF THE ALZ	ZHEIMER'S DRUG
DISCOVERY FOUNDATION (THE FOUNDATION). IN ADDITION TO SERVING A	AS EXECUTIVE DIRECTOR
OF THE INSTITUTE, THE INSTITUTE HAS MADE, AND CONTINUES TO MAKE	E, DR.FILLIT'S SERVICES
AVAILABLE WITHOUT CHARGE TO THE FOUNDATION AS ITS EXECUTIVE DIF	RECTOR AND CHIEF
SCIENCE OFFICER. DR. FILLIT IS A GERIATRICIAN, NEUROSCIENTIST A	AND A LEADING EXPERT IN
ALZHEIMER'S DISEASE. DR. FILLIT HAS HAD A DISTINGUISHED ACADEMI	C MEDICINE CAREER AT
THE ROCKEFELLER UNIVERSITY AND THE MOUNT SINAL SCHOOL OF MEDIC	NE. DR. FILLIT HAS
SERVED AS A CONSULTANT TO PHARMACEUTICAL AND BIOTECHNOLOGY COME	PANIES, HEALTH CARE
ORGANIZATIONS AND PHILANTHROPIES. HE IS THE AUTHOR OR CO-AUTHOR	R OF MORE THAN 300
SCIENTIFIC AND CLINICAL PUBLICATIONS. IN ADDITION, HE HAS RECEI	VED SEVERAL AWARDS AND
HONORS INCLUDING THE RITA HAYWORTH AWARD FOR LIFETIME ACHIEVEME	ENT.

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

(M)

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(g) Sec 512(b)(13) controlled entity? 2 (f) Direct controlling × × × Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had ¥es (f) Direct controlling entity 20-1082179 N/AN/AN/AN/A (e) End-of-year assets Public charity status (if section 501(c)(3)) CANADIAN NON FOUNDATION FOUNDATION FOUNDATION Part IV, line 33. PRIVATE PRIVATE PRIVATE PROFIT 0 (d) Total income Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, (3) (3) (**d)** Exempt Code section (3) 501 (C) N/A<u>(</u>)  $\mathbb{C}$ (c) Legal domicile (state or foreign country) 501 501 Legal domicile (state or foreign country) CANADA M M MY (b) Primary activity one or more related tax-exempt organizations during the tax year. SUPPORT RESEARCH FOR COGNITIVE PREVENT, CURE, OTHER EXPENSE CONTRIBUTION ALZHEIMER IN FOR SALARIES, BENEFITS AND ALZHEIMER'S (b)
Primary activity GRANTS TO DECLINE BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KIND DRUGS **(a)** Name, address, and EIN (if applicable) of disregarded entity ALZHEIMER'S DRUG DISCOVERY FOUNDATION (4) ALZHEIMER'S DRUG DISCOVERY
FOUNDATION OF CANADA
100 KING ST., TORONTO, ONTARIO MSX OF AGING, AGING (3) INSTITUTE FOR THE STUDY OF AGING

57 WEST 57TH STREET

NEW YORK, NY 10019

20-1082179 (a) Name, address, and EIN of related organization OF. _ Z Z C Q 3

Schedule R (Form 990) 2013

TEEA5001L 06/26/13

Schedule R (Form 990) 2013 ALZHEIMER'S DRUG DISCOVERY FOUNDATION

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

(k) Percentage ownership				Part IV,	(i) Sec 512(b)(13) controlled entity? Yes No				Schedule R (Form 990) 2013
General or managing partner?				on Form 990, Part IV,	(h) Percentage ownership			A STATE OF THE STA	nedule R (Fo
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				ered 'Yes' on Fo	Share of end-of-year assets				Sc.
(h) Disproportionate allocations? Yes No				ization answe the tax year.	Share of stotal income			W. 1	
(g) Share of end-of-year assets	NA STORY			e if the organ trust during	Type of entity (C corp., S corp, tot				
(f) Share of total income				rust Complet	(d) Direct Controlling CC contentity Or				06/27/13
(e) Predominant income (related, unrelated, unrelated, under sections 512-514)				Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Legal domicile Di (state or foreign cont country)				1 TEEA5002L 0
(d) Direct controlling entity				Taxable as a ted organization	(b) Primary activity Leg				
(c) Legal domicile (state or foreign				izations lore relat	on Prim:				_
(b) Primary activity				Identification of Related Organizations Taxable a line 34 because it had one or more related organi	of related organization				
Name, address, and EIN of related organization	(1)	(2)	(3)	Part IV Identification o	(a) Name, address, and EIN of related organization	(c)	(2)	(3)	BAA

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			<u>\</u>	Yes No	0
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?	ted in Parts II-IV?				
a Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			, c	_	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			2		$ \times $
c Gift, grant, or capital contribution from related organization(s)			<u>ا</u> ن	^	$ \times $
d Loans or loan guarantees to or for related organization(s)			U		×
e Loans or loan guarantees by related organization(s)			, <u> </u>		$ \times $
				******	
f Dividends from related organization(s)			<del></del>		×
			 1g	ζ	M
h Purchase of assets from related organization(s)			<u> </u>	_	×
i Exchange of assets with related organization(s)					×
j Lease of facilities, equipment, or other assets to related organization(s)			- Personal	^	×
Is losed of familities on woman or other secots from veletad armanisation(s)			ţ°		
			¥	7	×
Performance of services or membership or fundraising solicitations for related organization(s)			tutina grane		×
m Performance of services or membership or fundraising solicitations by related organization(s)			=======================================	$\times$	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X	
o Sharing of paid employees with related organization(s)			0	X	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- 4
p Reimbursement paid to related organization(s) for expenses			Ω	×	į
q Reimbursement paid by related organization(s) for expenses			 D		$\bowtie$
r Other transfer of cash of property to related organization(s).			; }	^	×I
s l			1s		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and trar	saction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	erminir /olved	E L
(1) INSTITUTE FOR THE STUDY OF AGING, INC.	M	42,512.	ACTUAL EX	EXPENSE	[12]
(2) INSTITUTE FOR THE STUDY OF AGING, INC.	N	760,943.	ACTUAL EX	EXPENSE	[1]
(3) INSTITUTE FOR THE STUDY OF AGING. INC.	C	2,241,816	ACTIIAI, EX	EXDENCE FXNSF	[2]
		.010/#17			3
(4) INSTITUTE FOR THE STUDY OF AGING, INC.	С	63,718.0	CASH TRAN	TRANSFER	
(5)					ŀ
(9)					
<b>BAA</b> TEEA5003L 06/27/13	والمسترد وال	Schedule	e R (Form 990) 2013	90) 20	1

Schedule R (Form 990) 2013 ALZHEIMER'S

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

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

(k) Percentage ownership																										0) 2013
ral or Faging Caper?	0	***************************************																								Schedule R (Form 990) 2013
	Yes										%-(2-/20)2000 Account		omenovisé é évolve											~~~		lle R (F
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h) ropor- nate ations?	Yes No								nd derddan white																	
(g) Share of end-of-year assets													200			marroccárioloc		***********								
(f) Share of total income								The state of the s																		3
(e) Are all partners Section 501(c)(3) organizations?	No								***************************************																	TEEA5004L 06/27/13
Are all se 501 organ	t) Yes					×112.00000														•,4						reea5004
(d) Predominant income (related, excluded from tax under	section 512-514					new Complex VI All II				······································		4408409849934				******************								Çindən parameter		
(c) Legal domicile (state or foreign country)																									ng and musicipy property.	o de versamente de la marca de la marc
(b) Primary activity				makey y Y CO O Y CO						<b>шин</b> регизан									and the second		na n	,		www.maydoork		
(a) Name, address, and EIN of entity																										
Name		E		     	(2)		     	ල		! !	(4)		1	(2)	1	     	<u> </u>	     	1	E	1	 	8		1	BAA

Schedule R	(Form 990) 2013	ALZHEIMER'S	DRUG DISCOVERY	FOUNDATION	20-1082179	Page 5
Part VII	Supplemental	Information		en sette en sette en		
	Provide additi	onal information	for responses to g	uestions on Schedule R	(see instructions).	
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# Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, co					× 🖺
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	<b>aplete Part II unless</b> you have already been grante					
corporation request an e	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which many of this form, visit www.irs.gov/efile and click	t automatic Tor Part II v oust be sen	) 3-month extension of time. You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instruct	ectron Retui	ically file Fo rn for Transf	orm 8868 to ers
Part I	Automatic 3-Month Extension of Time	. Only su	bmit original (no copies needed).			
	on required to file Form 990-T and requesting an				lete Part I o	nlv ▶ [7]
	rporations (including 1120-C filers), partnerships,					استا
IIICOITIC LAX	returns.		Enter filer's identi	fying	number, se	e instructions
	Name of exempt organization or other filer, see instructions.			Emplo	oyer identification	on number (EIN) or
Type or						
print	ALZHEIMER'S DRUG DISCOVERY FO	UNDATIO	V		1082179	
File by the	Number, street, and room or suite number. If a P.O. box, see II			Social	security number	er (SSN)
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return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.			
instructions.	NEW YORK, NY 10019					
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Enter the Re	eturn code for the return that this application is fo	or (file a seț	parate application for each return)			01
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Form 990 or	Form 990-EZ	01	Form 990-T (corporation)	Concernment Annual Service	(100 mm m	07
Form 990-B		02	Form 1041-A		Annual Company of the	08
Form 4720 (i	ndividual)	03	Form 4720 (other than individual)	MO-DIA MILA MILAMA	AND DESCRIPTION OF THE PARTY OF	09
Form 990-P	The state of the s	04	Form 5227			10
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	(trust other than above)	06	Form 8870	***************************************	***************************************	12
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<b>b</b> If this a	application is for Forms 990-PF, 990-T, 4720, or 6 vments made. Include any prior year overpaymen	5069, enter It allowed <u>a</u>	any refundable credits and estimated s a credit	3 b	\$	0.

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

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.

Black O I	5 (Julian (Not Automatic) 3	-Month Extension	1. Complete only Part II and chook the	o in the second	***************************************
	are filing for an Additional (Not Automatic) 3  complete Part II if you have already been gere filing for an Automatic 3 Month Extension			AIS DOX	
If you a	and the fall Matorinatic 2-Month Extension	n, complete only	Part I (on page 1)		
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Enter the	Return code for the return that this application	on is for (file a se	parate application for each return).		
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Form 990	-T (trust other than above)	05	Form 6069		
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