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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2011Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning		and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AMERICAN FEDERATION FOR AGING RESEARCH, INC.		D Employer identification number 13-3045282
	Doing Business As		E Telephone number 212-703-9977
	Number and street (or P O box if mail is not delivered to street address) Room/suite 55 WEST 39TH STREET 16TH FLOOR		
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10018		G Gross receipts \$ 3,698,169.
	F Name and address of principal officer. STEPHANIE LEDERMAN same as C above		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.AFAR.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1981	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ENHANCE THE QUALITY OF LIFE AND ALLEVIATE SUFFERING BY SUPPORTING BIOMEDICAL RESEARCH ON AGING	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	34
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	12
	6 Total number of volunteers (estimate if necessary)	400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,069,097. Current Year 3,273,425.
	9 Program service revenue (Part VIII, line 2g)	0. 27,173.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,513. 151,844.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,186,610. 3,452,442.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,627,875. 7,388,042.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-7)	1,116,303. 1,302,318.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	982,721. 1,223,996.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	9,726,899. 9,914,356.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-3,540,289. -6,461,914.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 42,151,644. End of Year 33,182,037.
	21 Total liabilities (Part X, line 26)	9,862,032. 7,618,842.
	22 Net assets or fund balances. Subtract line 21 from line 20	32,289,612. 25,563,195.

Part II Signature Block

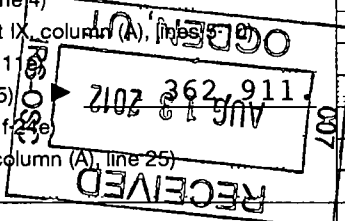
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Ann M. Connolly</i>		Date 8/7/2012	
	Type or print name and title ANN M. CONNOLLY, TREASURER			
Paid Preparer Use Only	Print/Type preparer's name Kevin Sunkel	Preparer's signature <i>Kevin Sunkel</i>	Date AUG 06 2012	Check ☐ PTIN P00706145
	Firm's name ▶ Owen J Flanagan & Co	Firm's EIN ▶ 13-2060851		
	Firm's address ▶ 60 East 42nd Street New York, NY 10165	Phone no 212-682-2783		

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

☒ Yes ☐ No

SCANNED AUG 23 2012



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RESEARCH, INC.

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE AMERICAN FEDERATION FOR AGING RESEARCH IS COMMITTED TO SUPPORTING THE SCIENCE OF HEALTHIER AGING. AFAR SUPPORTS NEW AND EARLY-CAREER SCIENTISTS WHOSE RESEARCH EXPLORES THE BIOLOGY OF HOW PEOPLE AGE AND THE BIOLOGICAL CHANGES THAT CAUSE AGE-RELATED DISEASE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 8,623,191. including grants of \$ 7,373,153.) (Revenue \$ 27,173.)
AWARDS FOR BIOMEDICAL RESEARCH INTO AGING.

4b (Code) (Expenses \$ 487,674. including grants of \$ 14,889.) (Revenue \$)
CREATING OPPORTUNITIES FOR SCIENTISTS AND CLINICIANS TO SHARE KNOWLEDGE AND EXCHANGE IDEAS TO ENCOURAGE INNOVATIVE THINKING AND COLLABORATIONS.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,110,865.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	12	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).		7b	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10 Section 501(c)(7) organizations.	Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12.	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	12b	
11 Section 501(c)(12) organizations.	Enter:	13a	
a	Gross income from members or shareholders.	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	14b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	34	
b Enter the number of voting members included in line 1a, above, who are independent	34	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
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 take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **STEPHANIE LEDERMAN - 212-703-9977**
55 W 39TH STREET 16TH FLOOR, NEW YORK, NY 10018

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN N. AUSTAD, Ph.D VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(2) WILLIAM LIPTON CHAIR	2.00	X		X				0.	0.	0.
(3) ROGER J McCARTER, PHD PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
(4) DIANE NIXON VICE-CHAIR	2.00	X		X				0.	0.	0.
(5) ANN CONNOLLY TREASURER	2.00	X		X				0.	0.	0.
(6) GEORGE MARTIN SCIENTIFIC DIRECTOR	2.00	X		X				0.	0.	0.
(7) JOAN QUINN SECRETARY	2.00	X		X				0.	0.	0.
(8) MIKHAIL Y. GURFINKEL DIRECTOR	1.00	X						0.	0.	0.
(9) KEVIN J. LEE DIRECTOR	1.00	X						0.	0.	0.
(10) TERRIE FOX WETLE DIRECTOR	2.00	X		X				0.	0.	0.
(11) RICHARD SPROTT DIRECTOR	1.00	X						0.	0.	0.
(12) JOYCE YAEGER DIRECTOR	1.00	X						0.	0.	0.
(13) CHARLES BEEVER DIRECTOR	1.00	X						0.	0.	0.
(14) HARVEY COHEN DIRECTOR	1.00	X						0.	0.	0.
(15) MARK COLLINS DIRECTOR	1.00	X						0.	0.	0.
(16) GAETANO CREPALDI DIRECTOR	1.00	X						0.	0.	0.
(17) JOAN MURTAGH FRANKEL DIRECTOR	1.00	X						0.	0.	0.

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HELEN EDELBERG DIRECTOR	1.00	X						0.	0.	0.
(19) JAY EDELBERG DIRECTOR	1.00	X						0.	0.	0.
(20) JOHN B. RHODES DIRECTOR	1.00	X						0.	0.	0.
(21) HOWARD FEDEROFF DIRECTOR	1.00	X						0.	0.	0.
(22) ALEXANDRA GATJE DIRECTOR	1.00	X						0.	0.	0.
(23) MARK LACHS DIRECTOR	1.00	X						0.	0.	0.
(24) STEFANIA MAGGI DIRECTOR	1.00	X						0.	0.	0.
(25) CLARENCE PEARSON DIRECTOR	1.00	X						0.	0.	0.
(26) CORINNE RIEDER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								564,906.	0.	113,355.
d Total (add lines 1b and 1c)								564,906.	0.	113,355.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

See Part VII, Section A Continuation sheets

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**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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13-3045282

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GARY ZWERLING DIRECTOR	1.00	X						0.	0.	0.
(28) RICHARD BESDINE MEDICAL OFFICER	2.00	X		X				0.	0.	0.
(29) JOHN T. WATERS DIRECTOR	1.00	X						0.	0.	0.
(30) RICK A. MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(31) MARIE A. BERNARD EX-OFFICIO	1.00	X						0.	0.	0.
(32) PAUL F. AGRIS DIRECTOR	1.00	X						0.	0.	0.
(33) NIR BARZILAI DIRECTOR	1.00	X						0.	0.	0.
(34) WILLIAM J. HALL DIRECTOR	1.00	X						0.	0.	0.
(35) STEPHANIE LEDERMAN EXECUTIVE DIRECTOR	37.50			X				314,620.	0.	63,982.
(36) ODETTE VAN DER WILLIK PROGRAM DIRECTOR	37.50					X		146,732.	0.	26,091.
(37) JACALYN SCHWARTZ FINANCE DIRECTOR	34.50					X		103,554.	0.	23,282.
Total to Part VII, Section A, line 1c								564,906.		113,355.

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RESEARCH, INC.**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	104,580.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,168,845.				
	g Noncash contributions included in lines 1a-1f \$		326,900.				
	h Total. Add lines 1a-1f		3,273,425.				
Program Service Revenue	2 a CONFERENCE REGISTRATIO	Business Code	900099	27,173.	27,173.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		27,173.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			111,331.			111,331.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	229,000.			
	b Less: cost or other basis and sales expenses			188,487.			
	c Gain or (loss)			40,513.			
	d Net gain or (loss)			40,513.			40,513.
	8 a Gross income from fundraising events (not including \$ 104,580. of contributions reported on line 1c) See Part IV, line 18	a		57,240.			
	b Less: direct expenses	b		57,240.			
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3,452,442.	27,173.	0.	151,844.

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RESEARCH, INC.**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,699,917.	6,699,917.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	223,052.	223,052.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	465,073.	465,073.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	624,236.	369,990.	169,533.	84,713.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	442,845.	250,352.	70,826.	121,667.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	28,494.	15,641.	3,954.	8,899.
9 Other employee benefits	138,373.	110,787.	10,376.	17,210.
10 Payroll taxes	68,370.	41,364.	14,084.	12,922.
11 Fees for services (non-employees)				
a Management				
b Legal	1,804.		1,804.	
c Accounting	27,000.		27,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,232.		22,232.	
g Other	75,231.	71,092.	-661.	4,800.
12 Advertising and promotion	119,864.	119,804.	60.	
13 Office expenses	80,317.	41,001.	26,801.	12,515.
14 Information technology	77,293.	77,278.	15.	
15 Royalties				
16 Occupancy	183,227.	109,508.	38,448.	35,271.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,586.	406,152.	22,917.	8,517.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,361.	12,217.	4,276.	3,868.
23 Insurance	8,015.		8,015.	
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 PUBLICATIONS	60,806.	45,315.	13,000.	2,491.
b TRAINING SITES	50,906.	50,906.		
c AFAR FLORIDA INC.	49,810.		1,000.	48,810.
d DUES & FILING FEES	9,544.	1,416.	6,900.	1,228.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,914,356.	9,110,865.	440,580.	362,911.
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)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,263,398.	2	8,428,257.
	3 Pledges and grants receivable, net	25,528,412.	3	17,898,139.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	74,942.	9	90,242.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	179,613.		
	b Less: accumulated depreciation	94,828.	10c	84,785.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,205,505.	12	5,838,209.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,018,000.	15	842,405.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,151,644.	16	33,182,037.	
Liabilities	17 Accounts payable and accrued expenses	380,134.	17	409,325.
	18 Grants payable	9,481,898.	18	7,209,517.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26 Total liabilities. Add lines 17 through 25	9,862,032.	26	7,618,842.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,884,336.	27	2,787,962.
28 Temporarily restricted net assets		25,625,030.	28	18,894,987.
29 Permanently restricted net assets		3,780,246.	29	3,880,246.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		32,289,612.	33	25,563,195.
34 Total liabilities and net assets/fund balances		42,151,644.	34	33,182,037.

Form 990 (2011)

AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,452,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,914,356.
3	Revenue less expenses Subtract line 2 from line 1	3	-6,461,914.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,289,612.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-264,503.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,563,195.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number
13-3045282

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

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

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

Schedule A (Form 990 or 990-EZ) 2011

AMERICAN FEDERATION FOR AGING

Schedule A (Form 990 or 990-EZ) 2011 RESEARCH, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10295311.	5875166.	18084691.	6069098.	3273425.	43597691.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10295311.	5875166.	18084691.	6069098.	3273425.	43597691.
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)						30841247.
6 Public support. Subtract line 5 from line 4						12756444.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10295311.	5875166.	18084691.	6069098.	3273425.	43597691.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	380,608.	278,869.	177,181.	126,031.	111,331.	1074020.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						44671711.
12 Gross receipts from related activities, etc. (see instructions)					12	27,173.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	28.56 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	46.09 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule D (Form 990) 2011

13-3045282 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,427,220.	5,066,113.	4,115,595.	6,087,343.	
b Contributions	100,000.			267,939.	
c Net investment earnings, gains, and losses	-131,019.	563,752.	1,168,251.	-2,198,779.	
d Grants or scholarships					
e Other expenditures for facilities and programs	214,469.	202,645.	217,733.	40,908.	
f Administrative expenses					
g End of year balance	5,181,732.	5,427,220.	5,066,113.	4,115,595.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 24.90 %
- b Permanent endowment ▶ 74.90 %
- c Temporarily restricted endowment ▶ .20 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		179,613.	94,828.	84,785.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				84,785.

Schedule D (Form 990) 2011

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule D (Form 990) 2011

13-3045282 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY MUTUAL FUNDS	4,368,694.	End-of-Year Market Value
(B) FIXED INCOME MUTUAL FUNDS	1,469,515.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,838,209.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1.	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053
01-23-12

Schedule D (Form 990) 2011

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Schedule D (Form 990) 2011

13-3045282 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,452,442.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,914,356.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,461,914.
4	Net unrealized gains (losses) on investments	4	-264,503.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-264,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,726,417.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,165,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-264,503.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-264,503.
3	Subtract line 2e from line 1	3	3,430,211.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,231.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	22,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,452,442.

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

1	Total expenses and losses per audited financial statements	1	9,892,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,892,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,231.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	22,231.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,914,356.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number

13-3045282**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance,
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the
United States**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	BIOMEDICAL AGING RESEARCH	526,094.
MIDDLE EAST	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	BIOMEDICAL AGING RESEARCH	196,407.
3 a Sub-total	0	0			722,501.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			722,501.

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

Schedule F (Form 990) 2011

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

13-3045282

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

8

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed

[illegible]

Part IV Foreign Forms

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

AFAR PREPARES THE AWARD MATERIALS, CONSISTING OF AN AWARD LETTER,
AGREEMENT TO ACCEPT CONDITIONS FORM, DISCLAIMER FORM, MEDIA GUIDELINES.

ONCE ALL THE COMPLETED AWARD MATERIALS ARE RETURNED TO AFAR AND AFAR
HAS RECEIVED INSTITUTIONAL REVIEW BOARD OR INSTITUTIONAL ANIMAL CARE
AND USE COMMITTEE APPROVAL DOCUMENTATION (IF ANIMAL AND/OR HUMAN
SUBJECTS ARE USED IN THE PROJECT), THE FIRST INSTALLMENT OF THE AWARD
IS MADE. FURTHER INSTALLMENTS ARE MADE UPON RECEIPT OF SATISFACTORY
PROGRESS REPORTS.

GRANTEES MAY REQUEST NO-COST EXTENSIONS AND BUDGET REVISIONS WHICH ARE
SUBMITTED AND REVIEWED BY AFAR STAFF. IN CERTAIN SITUATIONS
CONSULTATION FROM SCIENTIFIC DIRECTOR OR CHAIR OF THE RESEARCH
COMMITTEE IS REQUESTED BEFORE A REQUEST IS APPROVED. UNEXPENDED FUNDS
AT THE END OF THE GRANT PERIOD MUST BE RETURNED TO AFAR.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open To Public Inspection

Employer identification number
13-3045282

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- f ☐ Solicitation of government grants**

- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AMERICAN FEDERATION FOR AGING

Schedule G (Form 990 or 990-EZ) 2011 **RESEARCH, INC.**

13-3045282 Page 2

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

		(a) Event #1 AFAR DINNER & CONFERENCE (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	161,820.		161,820.
	2	Less: Charitable contributions	104,580.		104,580.
	3	Gross income (line 1 minus line 2)	57,240.		57,240.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	29,828.		29,828.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	27,412.		27,412.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(57,240.)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2011 **RESEARCH, INC.**

11 Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
------------	----------

b An outside facility

13b	%
-----	---

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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

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

Name

Address

16 Gaming manager information

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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

Part IV

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

Part I General Information on Grants and Assistance

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

☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College of Medicine - 1300 Morris Park Avenue - Bronx, NY 10461	13-1624225	501(c)(3)	122,777.	0.			Biomedical aging research
American Federation For Aging Research Florida, Inc. - 201 South Biscayne Blvd - Miami, FL 33131	26-1664990	501(c)(3)	122,000.	0.			Biomedical aging research
Baylor College of Medicine PO BOX 201361 HOUSTON, TX 77216	74-1613878	501(c)(3)	67,317.	0.			Biomedical aging research
Beth Israel Deaconess Medical Center - 330 Brookline Ave, E/BR259 - Boston, MA 02215	04-2103881	501(c)(3)	201,913.	0.			Biomedical aging research
Board of Regents of the University of Wisconsin System - 1860 Van Hise Hall, 1220 Linden Dr. - Madison, WI 53706	39-0743975	501(c)(3)	33,333.	0.			Biomedical aging research
Boston Medical Center 660 HARRISON AVE, GAMBRO 2 BOSTON, MA 02118	04-3314093	501(c)(3)	136,515.	0.			Biomedical aging research

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

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

▶ **58.**
▶ **0.**

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

Schedule I (Form 990) (2011)

AMERICAN FEDERATION FOR AGING

13-3045282 Page 1

Schedule I (Form 990) **RESEARCH, INC.**

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston University 25 Buick Street Boston, MA 02215	04-2103547	501(c)(3)	51,854.	0.			Biomedical aging research
Boston VA Research Institute, Inc. 150 South Huntington Avenue Boston, MA 02130	04-3081524	501(c)(3)	85,304.	0.			Biomedical aging research
Brigham and Women's Hospital PO Box 3149 Boston, MA 02241-3149	04-2312909	501(c)(3)	100,210.	0.			Biomedical aging research
Brown University Cashier's Office, Box 1911 Providence, RI 02912-1911	05-0258809	501(c)(3)	114,064.	0.			Biomedical aging research
Buck Institute For Research on Aging - 8001 Redwood Blvd - Novato, CA 94945	94-3030609	501(c)(3)	320,129.	0.			Biomedical aging research
Cedars-Sinai Medical Center 8700 Beverly Blvd Los Angeles, CA 90048	95-1644600	501(c)(3)	136,000.	0.			Biomedical aging research
Columbia University Medical Center 630 West 168th Street New York, NY 10032	13-5598093	501(c)(3)	120,000.	0.			Biomedical aging research
Cornell University 575 LEXINGTON AVE - 9TH FL NEW YORK, NY 10022	13-1623978	501(c)(3)	63,550.	0.			Biomedical aging research
Dana-Farber Cancer Institute 450 Brookline Ave. Boston, MA 02215	04-2263040	501(c)(3)	25,105.	0.			Biomedical aging research

Schedule I (Form 990)

AMERICAN FEDERATION FOR AGING

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Schedule I (Form 990)

RESEARCH, INC.

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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	
Duke University 2200 West Main Street Durham, NC 27705	56-0532129	501(c)(3)	249,067.	0.			Biomedical aging research	
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501(c)(3)	145,177.	0.			Biomedical aging research	
Harvard Medical School Bk of America Lockbox Services Dorchester, MA 02125		501(c)(3)	49,650.	0.			Biomedical aging research	
Harvard School of Medicine 25 Shattuck Street Boston, MA 02115		501(c)(3)	29,700.	0.			Biomedical aging research	
Indiana University 620 UNION DRIVE, ROOM 518 INDIANAPOLIS, IN 46202-5167	35-6001673	501(c)(3)	73,243.	0.			Biomedical aging research	
J David Gladstone Institutes 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(c)(3)	40,000.	0.			Biomedical aging research	
Johns Hopkins University 5300 Alpha Commons Drive Baltimore, MD 21224-2764	52-2090682	501(c)(3)	332,267.	0.			Biomedical aging research	
Joslin Diabetes Center, Inc. One Joslin Place Boston, MA 02215	04-2203836	501(c)(3)	60,000.	0.			Biomedical aging research	
Loyola University of Chicago 820 N Michigan Ave. Chicago, IL 60611	36-1408475	501(c)(3)	98,488.	0.			Biomedical aging research	

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

13-3045282

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Schedule I (Form 990) **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

Part II	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant, or assistance
	Massachusetts Institute of Technology - 77 Massachusetts Avenue - Cambridge, MI 02139	04-2103594	501(c)(3)	50,210.	0.			Biomedical aging research
	Mayo Clinic 200 FIRST STREET SW ROCHESTER, MN 55903-4008	41-6011702	501(c)(3)	98,500.	0.			Biomedical aging research
	Medical University of South Carolina - 19 HAGOOD AVENUE - CHARLESTON, SC 29425-8060	57-6000722	501(c)(3)	98,500.	0.			Biomedical aging research
	Mount Sinai School of Medicine ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	135,800.	0.			Biomedical aging research
	National Institute On Aging 31 Center Drive Bethesda, MD 20892-2292		501(c)(3)	808,602.	0.			Biomedical aging research
	New York University School of Medicine - 545 First Avenue - New York, NY 10016	13-5562308	501(c)(3)	98,500.	0.			Biomedical aging research
	Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	501(c)(3)	167,500.	0.			Biomedical aging research
	Regents of the University of California - 11000 Kinross Avenue, Suite 102 - Los Angeles, CA 90095-1406	95-6006144	501(c)(3)	767,337.	0.			Biomedical aging research
	Rush University Medical Center 1700 W. Van Buren, 273 TOB CHICAGO, IL 60612	36-2174823	501(c)(3)	75,000.	0.			Biomedical aging research

Schedule I (Form 990)

AMERICAN FEDERATION FOR AGING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
Salk Institute For Biological Sciences - PO Box 85800 - San Diego, CA 92186-5800	95-2160097	501(c)(3)	51,854.	0.			Biomedical aging research
Sanford-Burnham Medical Research Institute - 10901 North Torrey Pines Road - La Jolla, CA 92037	15-1097108	501(c)(3)	98,400.	0.			Biomedical aging research
Sloan Kettering 1275 York Avenue New York, NY 10065	13-1624182	501(c)(3)	98,500.	0.			Biomedical aging research
Stanford University P.O. Box 44253 San Francisco, CA 94144-4253	94-1156365	501(c)(3)	21,859.	0.			Biomedical aging research
State University of NJ, Rutgers 3 Rutgers Plaza New Brunswick, NJ 08901		501(c)(3)	48,554.	0.			Biomedical aging research
University of Alabama, Birmingham 1530 3RD AVE SOUTH BIRMINGHAM, AL 35294-0109	63-6005396	501(c)(3)	80,605.	0.			Biomedical aging research
University of Chicago 1427 EAST 60TH ST CHICAGO, IL 60637	36-2177139	501(c)(3)	81,267.	0.			Biomedical aging research
University of Colorado MAIL STOP F428, DEPT 238 DENVER, CT 80291-0238	84-6000555	501(c)(3)	313,200.	0.			Biomedical aging research
University of Georgia 617 Boyd GSRC Athens, GA 30602	58-1353149	501(c)(3)	49,994.	0.			Biomedical aging research

Schedule I (Form 990)

AMERICAN FEDERATION FOR AGING

13-3045282

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Schedule I (Form 990)

RESEARCH, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Hawaii 2530 DOLE ST HONOLULU, HI 96822	99-6000354	501(c)(3)	109,605.	0.			Biomedical aging research
University of Illinois Grants & Contracts, PO Box 4610 Springfield, IL 62708-4610	35-3720305	501(c)(3)	98,500.	0.			Biomedical aging research
University of Massachusetts Medical School - 55 Lake Avenue North - Worcester, MA 01655	04-6014838	501(c)(3)	98,500.	0.			Biomedical aging research
University of Michigan 3003 SOUTH STATE ST, RM 1054 ANN ARBOR, MI 48109	38-6006309	501(c)(3)	39,600.	0.			Biomedical aging research
University of North Carolina At Chapel Hill - 104 Airport Road, Suite 200 - Chapel Hill, NC 27599-1350	56-6001393	501(c)(3)	59,953.	0.			Biomedical aging research
University of Oklahoma Health Sciences Center - 1100 N. Lindsay - Oklahoma City, OK 73104	73-6017987	501(c)(3)	98,500.	0.			Biomedical aging research
University of Rochester Dept of Medicine, Box 58, Highland Rochester, NY 14620	16-0743209	501(c)(3)	107,479.	0.			Biomedical aging research
University of Texas Health Science Center at San Antonio - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229-3900	74-2586219	501(c)(3)	464,003.	0.			Biomedical aging research
University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	501(c)(3)	339,401.	0.			Biomedical aging research

Schedule I (Form 990)

AMERICAN FEDERATION FOR AGING

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
University of Wisconsin 1860 Van Hise Hall, 1220 Linden Dr. Madison, WI 53706	91-6001537	501(c)(3)	24,917.	0.			Biomedical aging research	
Wake Forest University School of Medicine - MEDICAL CENTER BLVD - WINSTON, NC 27157	22-3849199	501(c)(3)	32,300.	0.			Biomedical aging research	
Washington University School of Medicine - Campus Box 1034 - St. Louis, MO 63112	43-1519670	501(c)(3)	50,000.	0.			Biomedical aging research	
Whitehead Institute For Biomedical Research - 9 Cambridge Center - Cambridge, MA 02142	06-1043412	501(c)(3)	137,500.	0.			Biomedical aging research	
Yale University School of Medicine 47 College Street, Suite 216 New Haven, CT 06508-1873	06-0646973	501(c)(3)	395,794.	0.			Biomedical aging research	
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)(3)	110,979.	0.			Biomedical aging research	
University of Pittsburgh Kaufmann Medical Building Pittsburgh, PA 15213	25-0965591	501(c)(3)	648,763.	0.			Biomedical aging research	

Schedule I (Form 990)

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

13-3045282

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Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL STUDENT GRANTS	0	231,234.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

AFAR PREPARES THE AWARD MATERIALS, CONSISTING OF AN AWARD LETTER,

AGREEMENT TO ACCEPT CONDITIONS FORM, DISCLAIMER FORM, MEDIA GUIDELINES.

ONCE ALL THE COMPLETED AWARD MATERIALS ARE RETURNED TO AFAR AND AFAR

HAS RECEIVED INSTITUTIONAL REVIEW BOARD OR INSTITUTIONAL ANIMAL CARE

AND USE COMMITTEE APPROVAL DOCUMENTATION (IF ANIMAL AND/OR HUMAN

SUBJECTS ARE USED IN THE PROJECT), THE FIRST INSTALLMENT OF THE AWARD

IS MADE. FURTHER INSTALLMENTS ARE MADE UPON RECEIPT OF SATISFACTORY

PROGRESS REPORTS.

Part IV Supplemental Information

GRANTEES MAY REQUEST NO-COST EXTENSIONS AND BUDGET REVISIONS WHICH ARE
SUBMITTED AND REVIEWED BY AFAR STAFF. IN CERTAIN SITUATIONS
CONSULTATION FROM SCIENTIFIC DIRECTOR OR CHAIR OF THE RESEARCH
COMMITTEE IS REQUESTED BEFORE A REQUEST IS APPROVED. UNEXPENDED FUNDS
AT THE END OF THE GRANT PERIOD MUST BE RETURNED TO AFAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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Inspection

Name of the organization

AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Employer identification number
13-3045282

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| ☒ 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, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHANIE LEDERMAN	(i)	314,620.	0.	0.	24,500.	39,482.	378,602.
	(ii)	0.	0.	0.	0.	0.	0.
2 ODETTE VAN DER WILLIK	(i)	146,732.	0.	0.	14,877.	11,214.	172,823.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.** Employer identification number **13-3045282**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	46,900.	PROCEEDS RECEIVED
10 Securities - Closely held stock	X	1	280,000.	APPRAISAL
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Employer identification number
13-3045282

Form 990, Part III, Line 1, Description of Organization Mission:

AFAR IDENTIFIES AND FUNDS A BROAD RANGE OF CUTTING-EDGE RESEARCH THAT
IS MOST LIKELY TO INCREASE THE BODY OF KNOWLEDGE ON THE BIOLOGY OF
AGING AND LEAD TO SIGNIFICANT MEDICAL BREAKTHROUGHS IN PREVENTING AND
TREATING DISEASE AND INCREASING A HEALTHY LIFESPAN.

IN ADDITION, AFAR ADDRESSES THE CRITICAL SHORTAGE OF PHYSICIANS WHO ARE
ADEQUATELY TRAINED TO TAKE CARE OF AN AGING SOCIETY BY COLLABORATING
WITH FOUNDATIONS, CORPORATIONS AND INDIVIDUALS TO OFFER UNIQUE GRANT
OPPORTUNITIES.

Form 990, Part VI, Section A, line 2: THERE ARE TWO MARRIED COUPLES ON
THE AFAR BOARD OF DIRECTORS - RICHARD BESDINE AND TERRIE WETLE AND HELEN
AND JAY EDELBERG.

Form 990, Part VI, Section B, line 11: AFAR'S FINANCE COMMITTEE PERFORMS
THE INITIAL REVIEW OF THE DRAFT 990 DOCUMENT. THE FINANCE COMMITTEE
REQUESTS CHANGES AS NEEDED AND APPROVES THE DOCUMENT. AFTER COMMITTEE
APPROVAL HAS BEEN OBTAINED, THE MEMBERS OF THE AFAR BOARD OF DIRECTORS ARE
PROVIDED WITH A COPY OF THE FINAL VERSION OF THE FORM 990. THE TREASURER
THEN SIGNS THE DOCUMENT FOR FILING WITH THE APPROPRIATE AGENCY.

Form 990, Part VI, Section B, Line 12c: AT THE BEGINNING OF EACH FISCAL
YEAR, AFAR DIRECTORS ARE SENT A COPY OF THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY FOR THEIR REVIEW AND SIGNATURE. DIRECTORS RETURN THE

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

EXECUTED COPIES TO THE ORGANIZATION. DIRECTORS ARE ALSO ASKED TO INFORM THE BOARD CHAIR AND EXECUTIVE DIRECTOR OF ANY POSSIBLE CONFLICTS OF INTEREST THAT ARISE DURING THE COURSE OF THE YEAR. EACH CASE REPORTED IS EVALUATED SEPARATELY AND AN APPROPRIATE DETERMINATION/RESOLUTION IS REACHED.

Form 990, Part VI, Section B, Line 15a: THE BY LAWS OF THE ORGANIZATION GIVE THE CHAIR OF THE BOARD OF DIRECTORS THE POWER TO FIX THE COMPENSATION OF SUCH EMPLOYEES IN ARTICLE IV PARAGRAPH 2. THE BOARD CHAIR REVIEWS THE COMPENSATION OF TOP MANAGERS PERIODICALLY, AND FOR SALARY INCREASES PERIODICALLY, BUT NOT NECESSARILY ANNUALLY. THE REVIEW IS CONDUCTED EITHER SOLELY BY THE CHAIR, OR WITH THE HELP OF A COMPENSATION TASK FORCE COMPRISED OF REPRESENTATIVES OF THE LEADERSHIP OF AFAR'S BOARD. THE PROCESS INCLUDES A REVIEW OF THE COMPENSATION OF TOP MANAGERS AT SIMILAR ORGANIZATIONS AS REVEALED ON THEIR 990 FORMS; REVIEW OF RECENT NOT-FOR-PROFIT COMPENSATION SURVEYS; CLOSED SESSION DISCUSSIONS ON THE RECENT OVERALL PERFORMANCE OF TOP MANAGEMENT AND APPROVAL BY THE CHAIR AND/OR COMPENSATION TASK FORCE OF RECOMMENDED SALARY INCREASES.

Form 990, Part VI, Section C, Line 18: 990'S ARE PROVIDED TO THE FOLLOWING ORGANIZATIONS WHO MAY THEN POST ONLINE - GUIDESTAR, DUN AND BRADSTREET, CHARITY NAVIGATOR AND THE FOUNDATION CENTER.

Form 990, Part VI, Section C, Line 19: THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE FOR INSPECTION BY THE PUBLIC UPON REQUEST, COPIES OF THESE DOCUMENTS ARE KEPT ONSITE. THE ORGANIZATION'S CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES ARE AVAILABLE FOR INSPECTION BY THE PUBLIC UPON REQUEST IN EITHER ELECTRONIC

Name of the organization AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Employer identification number
13-3045282

FORMAT OR HARD COPY. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST AND ARE INCLUDED IN SUMMARY FORM IN THE ANNUAL REPORT.
FINANCIAL STATEMENTS AND 990'S ARE PROVIDED TO THE FOLLOWING ORGANIZATIONS
WHO MAY THEN POST ONLINE - GUIDESTAR, DUN AND BRADSTREET, CHARITY NAVIGATOR
AND THE FOUNDATION CENTER.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -264,503.

990 PART IV QUESTION 34

RELATIONSHIP WITH AMERICAN FEDERATION FOR AGING RESEARCH FLORIDA, INC.

THIS IS A SUBSTANTIVE RELATIONSHIP WITH AN INDEPENDENT 501 (C) (3)
ORGANIZATION CLOSELY ALIGNED WITH THE MISSION OF AFAR TO ENHANCE THE
QUALITY OF LIFE AND ALLEVIATE SUFFERING BY SUPPORTING BIOMEDICAL
RESEARCH ON AGING.

THE RELATIONSHIP DOES NOT MEET THE IRS DEFINITION OF "AFFILIATE" DUE TO
AN ABSENCE OF CONTROL. AFAR FLORIDA, INC. HAS ITS OWN ARTICLES OF
INCORPORATION, BYLAWS AND BOARD OF DIRECTORS.

990 PART VII

HONORARY AND EMERITI DIRECTORS

JEREMIAH BARONDESS - DIRECTOR EMERITUS

JOHN BLASS - DIRECTOR EMERITUS

GEORGE E. DOTY - HONORARY CHAIR

CARL EISDORFER - DIRECTOR EMERITUS

REV. MSGR. CHARLES J. FAHEY - DIRECTOR EMERITUS

Name of the organization **AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Employer identification number
13-3045282

HADLEY FORD - CHAIR, EMERITUS

SENATOR JOHN GLENN - HONORARY DIRECTOR

DIANA JACOBS KALMAN - CHAIR EMERITUS

JOHN W. ROWE - DIRECTOR EMERITUS

LAWRENCE E. SHULMAN - DIRECTOR EMERITUS

T. FRANKLIN WILLIAMS - DIRECTOR EMERITUS

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2011Attachment
Sequence No **179**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.

Business or activity to which this form relates

Identifying number

Form 990 Page 10

13-3045282

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	15,985.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property			5 Yrs.	HY	SL	4,376.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	20,361.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**AMERICAN FEDERATION FOR AGING
RESEARCH, INC.**

Form 4562 (2011)

13-3045282 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2011 tax year

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN FEDERATION FOR AGING RESEARCH, INC.	Employer identification number (EIN) or ☒ 13-3045282
	Number, street, and room or suite no. If a P.O. box, see instructions. 55 WEST 39TH STREET 16TH FLOOR	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

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

STEPHANIE LEDERMAN

- The books are in the care of ► **55 W 39TH STREET 16TH FLOOR - NEW YORK, NY 10018**
Telephone No. ► **212-703-9977** FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year **2011** or
► ☐ tax year beginning _____, and ending _____

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)