

Form **990**

Return of Organization Exempt From Income Tax

2023

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC. Doing business as ALZHEIMER'S ASSOCIATION		D Employer identification number 13-3039601
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 225 N. MICHIGAN AVE. 17TH FLOOR	E Telephone number 312-335-8700	
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601-7633		G Gross receipts \$ 535,939,653.
	F Name and address of principal officer: MARK LEON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.ALZ.ORG		L Year of formation: 1980	M State of legal domicile: DE
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ALZHEIMER'S ASSOCIATION LEADS THE WAY TO END ALZHEIMER'S AND ALL (CONTINUED IN SCHEDULE O)	
	2 Check this box <input type="checkbox"/> 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) 3 28
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 2261
	6	Total number of volunteers (estimate if necessary) 6 56856
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 408,066,778. 435,222,156.
	9	Program service revenue (Part VIII, line 2g) 4,460,702. 6,793,229.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,882,413. 9,213,876.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,984,591. -7,303,475.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 412,425,302. 443,925,786.
	Expenses	13
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 5-10) 219,796,799. 206,530,947.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 2,957,992. 2,803,081.
b		Total fundraising expenses (Part IX, column (D), line 25) 75,917,354.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 151,348,120. 158,665,782.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 460,183,069. 456,554,279.	
19	Revenue less expenses. Subtract line 18 from line 12 -47,757,767. -12,628,493.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Beginning of Current Year 512,971,086. End of Year 525,774,994.
	21	Total liabilities (Part X, line 26) 220,003,110. 220,222,251.
	22	Net assets or fund balances. Subtract line 21 from line 20 292,967,976. 305,552,743.

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	Date	12/19/2024	
	MARK LEON, CFO & ASST. TREASURER			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	BRIDGET ROCHE		12/16/2024	PTIN P00666837
Preparer Use Only	Firm's name	Firm's EIN		99-1856619
	171 N. CLARK ST., STE. 200 CHICAGO, IL 60601		Phone no. (312) 856-0200	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Taxpayer identification number (TIN) 13-3039601
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 N. MICHIGAN AVE. 17TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601-7633	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MARK LEON, CFO & ASST. TREASURER
 225 N. MICHIGAN AVE. 17TH FLOOR - CHICAGO, IL 60601-7633
 Telephone No. 312-335-5195 Fax No. 866-699-1246

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

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 Forms 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 Forms 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE ALZHEIMER'S ASSOCIATION LEADS THE WAY TO END ALZHEIMER'S AND ALL
OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK
REDUCTION AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND
SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 111,496,407. including grants of \$ 0.) (Revenue \$ 3,000.)
CONCERN & AWARENESS - SEE SCHEDULE O FOR DETAILS

4b (Code: _____) (Expenses \$ 105,584,817. including grants of \$ 76,647,751.) (Revenue \$ 6,129,993.)
RESEARCH - SEE SCHEDULE O FOR DETAILS

4c (Code: _____) (Expenses \$ 99,375,635. including grants of \$ 1,784,326.) (Revenue \$ 652,986.)
CARE, SUPPORT AND RISK REDUCTION - SEE SCHEDULE O FOR DETAILS

4d Other program services (Describe on Schedule O.)
(Expenses \$ 42,166,432. including grants of \$ 10,122,392.) (Revenue \$ 7,250.)

4e Total program service expenses 358,623,291.

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions		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 Rev. Proc. 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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> See instructions	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2261		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
7b	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:		
8a	The governing body?	X	
8b	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 on 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	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 MARK LEON, CFO & ASST. TREASURER - 312-335-5195
 225 N. MICHIGAN AVE. 17TH FLOOR, CHICAGO, IL 60601-7633

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KATHERINE "JOANNE" PIKE PRESIDENT/CEO	60.00 0.75			X				943,223.	16,755.	73,624.
(2) MARIA CARRILLO CHIEF SCIENCE OFFICER	60.00 0.00					X		891,671.	0.	86,335.
(3) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	60.00 1.41					X		812,210.	28,267.	117,089.
(4) HARRY JOHNS FORMER CHIEF EXECUTIVE OFFICER	0.00 0.00						X	898,987.	0.	36,300.
(5) DONNA MCCULLOUGH - CHIEF MISS. & FIELD OPS OFR (THRU 1/24); COO	60.00 0.07				X			823,158.	1,463.	94,668.
(6) RICHARD HOVLAND CFO (TO 7/17/23); COO (THRU 1/24)	60.00 0.02			X				721,117.	440.	104,464.
(7) KENANN CASSIDY EAST AREA LEADER	60.00 0.00					X		580,979.	0.	84,126.
(8) CARL HILL CHIEF DE&I OFFICER	60.00 0.00					X		461,901.	0.	73,685.
(9) ERIC VANVLYMEN AREA LEADER WEST	60.00 0.00					X		447,632.	0.	75,091.
(10) MICHELLE HELTON VP, FINANCIAL OPERATIONS	60.00 0.00						X	380,142.	0.	76,381.
(11) ANTHONY D'AMATO - ASST. SECY. & VP, LEGAL & GENERAL COUNSEL	60.00 0.23			X				392,289.	2,554.	50,233.
(12) MARK LEON CFO & ASST. TREASURER (AS OF 7/23)	60.00 0.00			X				170,595.	0.	24,307.
(13) BARBARA PRYOR CHIEF ADMIN OFFICER (AS OF 10/23)	60.00 0.00			X				62,699.	0.	10,013.
(14) SARAH LORANCE CHAIR	12.00 0.00	X		X				0.	0.	0.
(15) KARYNE JONES DIRECTOR (THRU 10/2023); VICE CHAIR	12.00 0.00	X		X				0.	0.	0.
(16) MINOO JAVANMARDIAN VICE CHAIR (THRU 10/23); CHAIR ELECT	12.00 0.00	X		X				0.	0.	0.
(17) DEBRA PIERSON SECRETARY	10.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DEAN BRENNER TREASURER (AS OF 10/2023); DIRECTOR	10.00 0.00	X		X				0.	0.	0.
(19) BRUCE BAUDE TREASURER (THRU 10/2023); DIRECTOR	10.00 0.00	X		X				0.	0.	0.
(20) ALEX TSAO DIRECTOR	5.00 0.00	X						0.	0.	0.
(21) ANDREW DAHLKEMPER DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(22) BRET HILL DIRECTOR (AS OF 10/2023)	5.00 0.00	X						0.	0.	0.
(23) BRUCE LAMB DIRECTOR	5.00 0.00	X						0.	0.	0.
(24) CHUCK GARRETT DIRECTOR (AS OF 10/2023)	5.00 0.00	X						0.	0.	0.
(25) CYNTHIA MOORE-HARDY DIRECTOR (AS OF 10/2023)	5.00 0.00	X						0.	0.	0.
(26) DAVID GONZALES DIRECTOR	5.00 0.00	X						0.	0.	0.
1b Subtotal								7,586,603.	49,479.	906,316.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,586,603.	49,479.	906,316.

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 432

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAVISTAR DIRECT MARKETING LLC 4612 NAVISTAR DRIVE, FREDERICK, MD 21703	DIRECT MARKETING	17,665,823.
NEVER WITHOUT LLC 580 TANACREST, ATLANTA, GA 30328	ADVERTISING	6,447,792.
HAWORTH MARKETING & MEDIA LLC, 45 S. 7TH STREET, SUITE 2400, MINNEAPOLIS, MN 55402	ADVERTISING	4,146,903.
MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, STE. 300, LANHAM, MD 20706	PROFESSIONAL FUNDRAISING	3,177,057.
STAGE RIGHT, INC. 13610 BOULTON BLVD, METTAWA, IL 60045	AUDIO VISUAL	2,855,645.
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	146	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) DAVID HUNTER DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(28) DEREK VAN AMERONGEN DIRECTOR	5.00 0.00	X						0.	0.	0.
(29) DON PLAUS DIRECTOR	5.00 0.00	X						0.	0.	0.
(30) DOZENE GUSHARD DIRECTOR	5.00 0.00	X						0.	0.	0.
(31) EILEEN KAMERICK DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(32) ELIZABETH SHIH DIRECTOR	5.00 0.00	X						0.	0.	0.
(33) W. GABRIEL DE LA ROSA DIRECTOR	5.00 0.00	X						0.	0.	0.
(34) GEOFF HEREDIA DIRECTOR	5.00 0.00	X						0.	0.	0.
(35) GEORGE WALZ DIRECTOR	5.00 0.00	X						0.	0.	0.
(36) IRENE SUDAC DIRECTOR	5.00 0.00	X						0.	0.	0.
(37) JOE ARCINIEGA DIRECTOR	5.00 0.00	X						0.	0.	0.
(38) JOSEPH (JOE) MONTMINY DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(39) JULIA WALLACE DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(40) MIKAELA LOUIE DIRECTOR	5.00 0.00	X						0.	0.	0.
(41) NANCY WESTCOTT DIRECTOR	5.00 0.00	X						0.	0.	0.
(42) NICOLE WALKER DIRECTOR	5.00 0.00	X						0.	0.	0.
(43) REBECCA CHOPP DIRECTOR (AS OF 10/2023)	5.00 0.00	X						0.	0.	0.
(44) RUSHERN BAKER DIRECTOR (AS OF 10/2023)	5.00 0.00	X						0.	0.	0.
(45) RYAN MUNDY DIRECTOR (THRU 10/2023)	5.00 0.00	X						0.	0.	0.
(46) TONY GONZALES DIRECTOR	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) WENDY DRUMMOND DIRECTOR	5.00 0.00	X						0.	0.	0.
(48) WILLIAM THOMAS DIRECTOR	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	543,247.				
	c Fundraising events	1c	33,591,714.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,531,352.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	370,555,843.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 11,115,174.				
	h Total. Add lines 1a-1f			435,222,156.			
Program Service Revenue	2 a PROGRAM CONFERENCES	Business Code	611710	5,479,384.	5,479,384.		
	b JOURNAL		513120	774,428.	774,428.		
	c SAFE RETURN REG. FEES		611710	468,142.	468,142.		
	d CAREGIVER TRAINING		611710	71,275.	71,275.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			6,793,229.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,963,468.		10,963,468.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			82,264.		82,264.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	75,523,845.	877,921.		
			(ii) Other				
b Less: cost or other basis and sales expenses	7b		77,398,946.	752,412.			
c Gain or (loss)	7c		-1,875,101.	125,509.			
d Net gain or (loss)			-1,749,592.		-1,749,592.		
8 a Gross income from fundraising events (not including \$ 33,591,714. of contributions reported on line 1c). See Part IV, line 18	8a		4,621,034.				
b Less: direct expenses	8b		13,578,420.				
c Net income or (loss) from fundraising events			-8,957,386.		-8,957,386.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		105,559.				
b Less: direct expenses	9b		39,467.				
c Net income or (loss) from gaming activities			66,092.		66,092.		
10 a Gross sales of inventory, less returns and allowances	10a		143,406.				
b Less: cost of goods sold	10b		244,622.				
c Net income or (loss) from sales of inventory			-101,216.		-101,216.		
Miscellaneous Revenue	11 a STATE SPONSORED REV	Business Code	900099	1,276,913.		1,276,913.	
	b MISCELLANEOUS REVENUE		900099	305,858.		305,858.	
	c AFFILIATE REVENUE		900099	24,000.		24,000.	
	d All other revenue						
	e Total. Add lines 11a-11d			1,606,771.			
12 Total revenue. See instructions			443,925,786.	6,793,229.	0.	1,910,401.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	67,005,861.	67,005,861.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,831,766.	1,831,766.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	19,716,842.	19,716,842.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,630,123.	1,427,339.	2,062,066.	140,718.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	601,392.	69,135.	518,430.	13,827.
7 Other salaries and wages	157,174,591.	116,345,498.	5,233,700.	35,595,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,802,958.	11,061,721.	582,920.	3,158,317.
9 Other employee benefits	18,269,477.	13,652,121.	652,441.	3,964,915.
10 Payroll taxes	12,052,406.	8,781,468.	634,559.	2,636,379.
11 Fees for services (nonemployees):				
a Management				
b Legal	351,094.	226,898.	63,490.	60,706.
c Accounting	195,060.		195,060.	
d Lobbying	747,350.	747,350.		
e Professional fundraising services. See Part IV, line 17	2,803,081.			2,803,081.
f Investment management fees	454,850.		454,850.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,788,482.	25,783,563.	1,467,528.	7,537,391.
12 Advertising and promotion	23,298,951.	20,280,773.	34,795.	2,983,383.
13 Office expenses	42,031,349.	29,233,926.	4,782,194.	8,015,229.
14 Information technology	5,316,822.	3,764,514.	700,835.	851,473.
15 Royalties				
16 Occupancy	16,728,452.	11,313,968.	2,717,924.	2,696,560.
17 Travel	11,357,848.	8,610,034.	424,099.	2,323,715.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	17,206,076.	14,658,094.	469,792.	2,078,190.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,795,381.	3,107,388.	862,921.	825,072.
23 Insurance	835,816.	552,986.	144,586.	138,244.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER EXPENSES	345,430.	278,866.	4,118.	62,446.
b _____				
c _____				
d _____				
e All other expenses _____	212,821.	173,180.	7,326.	32,315.
25 Total functional expenses. Add lines 1 through 24e	456,554,279.	358,623,291.	22,013,634.	75,917,354.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	21,903,137.	12,990,476.	3,264,383.	5,648,278.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	33,005,194.	2	45,154,166.
	3 Pledges and grants receivable, net	69,914,175.	3	58,247,379.
	4 Accounts receivable, net	9,281,932.	4	10,127,236.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,139,552.	8	1,137,448.
	9 Prepaid expenses and deferred charges	6,878,562.	9	9,048,172.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,541,761.		
	b Less: accumulated depreciation	10b 32,875,489.	22,544,058.	10c 19,666,272.
	11 Investments - publicly traded securities	279,895,138.	11	290,490,305.
	12 Investments - other securities. See Part IV, line 11	48,862,387.	12	51,513,927.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,450,088.	15	40,390,089.
16 Total assets. Add lines 1 through 15 (must equal line 33)	512,971,086.	16	525,774,994.	
Liabilities	17 Accounts payable and accrued expenses	40,815,538.	17	45,237,567.
	18 Grants payable	119,714,478.	18	117,424,520.
	19 Deferred revenue	5,328,836.	19	5,412,408.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	54,144,258.	25	52,147,756.
	26 Total liabilities. Add lines 17 through 25	220,003,110.	26	220,222,251.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	145,095,594.	27	146,611,636.
	28 Net assets with donor restrictions	147,872,382.	28	158,941,107.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	292,967,976.	32	305,552,743.
33 Total liabilities and net assets/fund balances	512,971,086.	33	525,774,994.	

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	443,925,786.
2	Total expenses (must equal Part IX, column (A), line 25)	2	456,554,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,628,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	292,967,976.
5	Net unrealized gains (losses) on investments	5	23,472,270.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,740,990.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	305,552,743.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	377,982,664.	375,847,517.	459,516,582.	405,048,978.	435,222,156.	2053617897.
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	377,982,664.	375,847,517.	459,516,582.	405,048,978.	435,222,156.	2053617897.
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)						18,320,952.
6 Public support. Subtract line 5 from line 4.						2035296945.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	377,982,664.	375,847,517.	459,516,582.	405,048,978.	435,222,156.	2053617897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,384,406.	9,916,186.	12,768,441.	9,947,658.	11,045,732.	52,062,423.
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 VI.)	5,689,260.	7,972,899.	5,786,019.	5,326,543.	6,476,770.	31,251,491.
11 Total support. Add lines 7 through 10						2136931811.
12 Gross receipts from related activities, etc. (see instructions)					12	24,633,421.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.24 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.06 %
16a 33 1/3% support test - 2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

AFFILIATE REVENUE

2019 AMOUNT: \$ 14,103.

2020 AMOUNT: \$ 16,363.

2021 AMOUNT: \$ 28,524.

2022 AMOUNT: \$ 24,000.

2023 AMOUNT: \$ 24,000.

FUNDRAISING AND GAMING EVENTS

2019 AMOUNT: \$ 4,700,628.

2020 AMOUNT: \$ 6,637,711.

2021 AMOUNT: \$ 3,959,917.

2022 AMOUNT: \$ 3,868,717.

2023 AMOUNT: \$ 4,726,593.

INCOME FROM SALES OF INVENTORY

2019 AMOUNT: \$ 132,390.

2020 AMOUNT: \$ 115,729.

2021 AMOUNT: \$ 99,420.

2022 AMOUNT: \$ 168,196.

2023 AMOUNT: \$ 143,406.

OTHER INCOME

2019 AMOUNT: \$ 842,139.

2020 AMOUNT: \$ 1,203,096.

2021 AMOUNT: \$ 334,434.

2022 AMOUNT: \$ 207,908.

Part VI

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

2023 AMOUNT: \$ 305,858.

SPONSORED PROCEEDS

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 1,363,724.

2022 AMOUNT: \$ 1,057,722.

2023 AMOUNT: \$ 1,276,913.

Schedule A **Identification of Excess Contributions** **2023**
Included on Part II, Line 5

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
AUDREY BURNAND	61,059,588.	18,320,952.
Total Excess Contributions to Schedule A, Part II, Line 5		18,320,952.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization	ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number	13-3039601
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		194,347.
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?	X		10,090,952.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,675,371.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,361,574.
i Other activities?		X	
j Total. Add lines 1c through 1i			15,322,244.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

LINE 1A:

VOLUNTEERS

MOST OF THE ALZHEIMER'S ASSOCIATION ADVOCACY IS THROUGH VOLUNTEERS AND

DELIVERS TRAINING TO DEVELOP AND ORGANIZE GRASSROOTS ACTIVITIES. AS

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS THREATEN TO BANKRUPT FAMILIES,

BUSINESSES, AND THE HEALTHCARE SYSTEM, SCIENTISTS ARE FINDING TREATMENTS

Part IV Supplemental Information (continued)

THAT CAN ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION

ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER

TREATMENTS, DETECTION, METHODS OF PREVENTION, AND ULTIMATELY A CURE, AS

WELL AS FOR HIGH-QUALITY HEALTHCARE AND LONG-TERM SERVICES AND SUPPORT FOR

PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. ADVOCACY ACTIVITIES ALSO

INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND

RAISE AWARENESS OF KEY ISSUES.

LINE 1B:

PAID STAFF OR MANAGEMENT

THE ALZHEIMER'S ASSOCIATION HAS PAID STAFF WHO ENGAGE ON BEHALF OF

ALZHEIMER'S ASSOCIATION IN PUBLIC POLICY WORK, INCLUDING EDUCATING

POLICYMAKERS AND SUPPORTING THE ADVOCACY WORK OF VOLUNTEERS.

LINE 1C:

MEDIA ADVERTISEMENTS

MEDIA ADVERTISEMENTS RAN IN WASHINGTON D.C. FOR KEY ADVOCACY AWARENESS

OPPORTUNITIES DURING THE YEAR.

LINE 1D:

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC

IN KEEPING WITH RECENT YEARS, NO MAILINGS WERE SENT OUT TO LEGISLATORS IN

FY24.

LINE 1E:

PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

THE ALZHEIMER'S ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES VIA

EMAIL APPROXIMATELY 400 TIMES DURING THE YEAR.

Part IV Supplemental Information (continued)

LINE 1F:

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

THE ALZHEIMER'S ASSOCIATION MAKES A GRANT TO ALZHEIMER'S IMPACT MOVEMENT

(AIM)

WHICH IS USED FOR THE LOBBYING PURPOSES DISCUSSED ABOVE AND WHICH IS ALSO

SHOWN ON THE FORM 990 OF AIM AS A LOBBYING EXPENSE. AS SUCH, THE AMOUNT OF

THE GRANT IS REPORTED TWICE FOR TRANSPARENCY PURPOSES.

LINE 1G:

DIRECT CONTACT

THE ALZHEIMER'S ASSOCIATION USES INTERNAL STAFF AND RETAINED LOBBYISTS TO

EDUCATE POLICYMAKERS ABOUT ALZHEIMER'S ASSOCIATION POLICY RECOMMENDATIONS.

LINE 1H:

RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

THE AIM ADVOCACY FORUM WAS HELD IN PERSON IN APRIL 2024.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under FASB ASC 958.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
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, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 100 %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST	37,039,169.	END-OF-YEAR MARKET VALUE
(B) COMMINGLED TRUST FUND	6,538,019.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERHSIP	5,337,919.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	2,579,070.	END-OF-YEAR MARKET VALUE
(E) ASSETS HELD IN TRUST	19,750.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	51,513,927.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE OPERATING ASSETS	39,642,645.
(2) OTHER ASSETS	747,444.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	40,390,089.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATIONS	46,440,284.
(3) GIFT ANNUITY OBLIGATIONS	5,707,472.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	52,147,756.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	487,316,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 23,472,270.		
	b Donated services and use of facilities	2b 11,304,541.		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d 1,495,386.		
	e Add lines 2a through 2d		2e	36,272,197.
3	Subtract line 2e from line 1		3	451,044,157.
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 454,850.		
	b Other (Describe in Part XIII.)	4b -7,573,221.		
	c Add lines 4a and 4b		4c	-7,118,371.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	443,925,786.

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

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

1	Total expenses and losses per audited financial statements		1	474,731,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a 11,304,541.		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d 38,489.		
	e Add lines 2a through 2d		2e	11,343,030.
3	Subtract line 2e from line 1		3	463,388,561.
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 454,850.		
	b Other (Describe in Part XIII.)	4b -7,289,132.		
	c Add lines 4a and 4b		4c	-6,834,282.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	456,554,279.

Part XIII Supplemental Information

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

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

A PORTION OF THE NET ASSETS WITH DONOR RESTRICTIONS ARE RESTRICTED AS

INVESTMENTS IN PERPETUITY. THE ASSOCIATION'S ENDOWMENT ONLY CONSISTS OF

DONOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH THE

ASSOCIATION'S ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE

EXISTENCE OF DONOR-IMPOSED RESTRICTIONS. DONORS RESTRICT THE EARNINGS OF

SOME OF THE ASSOCIATION'S ENDOWMENT FUNDS TO FUND THE ASSOCIATION'S

RESEARCH PROGRAM. IN ACCORDANCE WITH DONOR STIPULATIONS, THE INCOME

GENERATED FROM THESE ASSETS IS RESTRICTED FOR RESEARCH (APPROXIMATELY 57%)

OR NOT PURPOSE RESTRICTED (APPROXIMATELY 43%).

Part XIII Supplemental Information (continued)

THE ASSOCIATION ACCOUNTS FOR ENDOWMENT NET ASSETS BY PRESERVING THE FAIR

VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED

ENDOWMENT FUND ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A

RESULT, THE ASSOCIATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS

(1) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (2)

THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT AND (3)

ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE

DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE

ACCUMULATION IS ADDED TO THE ENDOWMENT FUND. THE ASSOCIATION CONSIDERS THE

FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR

ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS:

- THE DURATION AND PRESERVATION OF THE FUND;

- THE PURPOSES OF THE ASSOCIATION AND THE DONOR-RESTRICTED ENDOWMENT FUND;

- GENERAL ECONOMIC CONDITIONS;

- THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION;

- THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF

INVESTMENTS;

- OTHER RESOURCES OF THE ASSOCIATION; AND

- THE INVESTMENT POLICIES OF THE ASSOCIATION.

THE ASSOCIATION HAS ADOPTED AN INVESTMENT POLICY THAT ATTEMPTS TO PROVIDE

A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT

WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. AS

OF JUNE 30, 2024 AND 2023, ENDOWMENT ASSETS ONLY INCLUDE THOSE ASSETS OF

DONOR-RESTRICTED FUNDS THAT THE ASSOCIATION MUST HOLD IN PERPETUITY, AS

THE ASSOCIATION DOES NOT HAVE ANY BOARD-DESIGNATED ENDOWMENT FUNDS. UNDER

THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS

Part XIII Supplemental Information (continued)

ARE INVESTED IN A MANNER THAT IS INTENDED TO PROVIDE ADEQUATE LIQUIDITY,
MAXIMIZING RETURNS ON ALL FUNDS INVESTED AND ACHIEVING FULL EMPLOYMENT OF
ALL AVAILABLE FUNDS AS EARNING ASSETS. THE ASSOCIATION HAS AN ACTIVE
FINANCE COMMITTEE AND INVESTMENT SUB-COMMITTEE THAT MEETS REGULARLY TO
ENSURE THAT THE OBJECTIVES OF THE INVESTMENT POLICY ARE MET, AND THAT THE
STRATEGIES USED TO MEET THE OBJECTIVES ARE IN ACCORDANCE WITH THE
INVESTMENT POLICY. THE ASSOCIATION'S POLICY IS TO APPROPRIATE SPENDING
AMOUNTS DEEMED PRUDENT FOR DONOR-RESTRICTED FUNDS.

PART X, LINE 2:

FIN 48

THE ALZHEIMER'S ASSOCIATION AND ALZHEIMER'S IMPACT MOVEMENT (AIM) HAVE
RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE
SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE
PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC),
AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4),
RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS
INCOME. ALZHEIMER'S IMPACT MOVEMENT POLITICAL ACTION COMMITTEE (AIMPAC) IS
A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER
SECTION 527 OF THE IRC. THE ALZHEIMER'S ASSOCIATION INTERNATIONAL IS A
NOT-FOR-PROFIT CANADIAN ENTITY. THE COALITION OF NEW YORK STATE
ALZHEIMER'S ASSOCIATION CHAPTERS, INC. IS A NOT-FOR-PROFIT ORGANIZATION
EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AND HAS
NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION; THEREFORE, NO PROVISION FOR
INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT
REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE

Part XIII Supplemental Information (continued)

CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN

NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING

AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN

POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL

STATEMENTS AND, AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED.

ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE

CONSOLIDATED STATEMENT OF ACTIVITIES OR STATEMENT OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUSTS	2,157,373.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-661,987.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,495,386.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF GAMING EXPENSES	-39,467.
RECLASS OF COST OF GOODS SOLD	-244,622.
RECLASS OF FUNDRAISING EXPENSES	-7,289,132.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-7,573,221.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	3,017,800.
RECLASS OF COST OF GOODS SOLD	244,622.
RECLASS OF GAMING EXPENSES	39,467.
RESCINDED RESEARCH GRANTS	-3,263,400.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	38,489.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EXPENSES	-7,289,132.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		13,687,392.
SOUTH AMERICA	0	0	GRANTMAKING		2,402,308.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,054,922.
NORTH AMERICA	0	0	GRANTMAKING		1,023,862.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		774,370.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		474,150.
SOUTH ASIA	0	0	GRANTMAKING		193,249.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		106,589.
3 a Subtotal	0	0			19,716,842.
b Total from continuation sheets to Part I	0	0			6,403,077.
c Totals (add lines 3a and 3b)	0	0			26,119,919.

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

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		6,403,077.
Totals					6,403,077.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM SUPPORT	118,250.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	199,998.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	199,983.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,888.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	55,322.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 89

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	387,221.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	249,150.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	200,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	150,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	48,297.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,500.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	24,004.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	71,809.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,650.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	49,965.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	399,850.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	498,276.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	172,494.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	299,174.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	95,885.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	644,021.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	24,999.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	300,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	1,000,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,950.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	949,790.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	580,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	249,566.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	24,999.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	79,099.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	248,901.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	734,039.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,990.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	250,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	240,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	630,950.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	247,500.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	312,542.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	199,834.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	749,647.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	49,903.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	151,191.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	51,267.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,912.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,976.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	198,803.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	200,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	46,800.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	655,987.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	500,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	155,094.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	197,918.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	69,266.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	24,660.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	24,825.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	159,997.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM SUPPORT	136,139.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	24,750.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	217,596.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	690,562.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	199,919.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	748,910.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	678,596.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,998.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	199,960.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	24,970.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	24,998.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	252,360.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	24,992.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	48,782.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	849,170.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	200,000.	WIRE	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION

NATIONAL AND INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST,

THE ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY GROUP

(MSAG), THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM

(IRGP) COUNCIL, AND ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC

RELATIONS DIVISION, ENSURES PEER REVIEW AND HIGH QUALITY OF FUNDED AWARDS

DURING THE GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR

APPLICATIONS (RFAS) BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER'S AND ALL

DEMENTIA RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS

ENGAGED IN A PORTFOLIO ANALYSIS OF SCIENTIFIC AREAS OF INVESTMENT TO

MONITOR THE DIVERSITY OF THE GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH

FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THE ANALYSIS INFORMS

FUTURE FUNDING DECISIONS, STRATEGIC ACTIVITIES AND AREAS OF FUTURE-RFA

FOCUS. THIRD, THERE IS A DETAILED PROCESS ONCE A GRANT IS AWARDED TO

MONITOR PROGRAM AND SCIENTIFIC AND FINANCIAL INTEGRITY AND, FOR THE

FELLOWSHIP PROGRAM, THERE IS A MENTOR EVALUATION.

THE ALZHEIMER'S ASSOCIATION MONITORS THE USE OF GRANT FUNDS BOTH INSIDE

AND OUTSIDE OF THE UNITED STATES AS FOLLOWS:

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL, AND IN SOME CASES QUARTERLY

OR BI-ANNUAL, REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS

OF THE RESEARCH PROJECT AND THE FINANCIAL EXPENDITURES ASSOCIATED WITH

THE PROJECT. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH

PARTNER ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE

REPORTS ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). USING THE GRANT

Part V Supplemental Information

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

MANAGEMENT SYSTEM, THE ALZHEIMER'S ASSOCIATION GRANTS TEAM SENDS NOTIFICATIONS AS A REMINDER OF THE REQUIRED REPORTS AND DEADLINES, WHICH COULD INCLUDE AN INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT, MENTOR EVALUATION, DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDING, AND ANNUAL VERIFICATION OF REQUIRED ETHICAL (ANIMAL AND HUMAN AND RECOMBINANT DNA APPROVALS) APPROVALS. THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD CANNOT BE THE PRIMARY INVESTIGATOR OF THE PROJECT. THE ALZHEIMER'S ASSOCIATION PROVIDES A TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT, A TEMPLATE FOR THE INTERIM FINANCIAL REPORT, AND THE MENTOR EVALUATION, ALL OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS, AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT, AT THE AWARDED INSTITUTION AT [HTTP://PROPOSALCENTRAL.COM](http://PROPOSALCENTRAL.COM).

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH FISCAL RESPONSIBILITY, AND FOR THE FELLOWSHIP PROGRAMS, THE MENTOR EVALUATION MUST BE SIGNED BY MENTOR AND FELLOW, AND ALL REPORTS MUST BE UPLOADED BY THE AWARD RECIPIENT TO PROPOSAL CENTRAL. AFTER RECEIPT, ALL FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION GRANTS TEAM MEMBER FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION, ALZHEIMER'S ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL (I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL ETHICAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (RDNA)) ANNUALLY, IF APPLICABLE FOR THE RESEARCH PROJECT. ANY SUBSEQUENT PAYMENTS TO GRANT AWARDEES ARE GENERATED AFTER THE RECEIPT OF THESE DOCUMENTS AND APPROVAL BY THE DIRECTOR OR SENIOR ASSOCIATE DIRECTOR OF SCIENTIFIC GRANTS, THE SENIOR VICE PRESIDENT OF MEDICAL AND SCIENTIFIC RELATIONS AND BY THE

Part V Supplemental Information

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

CHIEF SCIENCE OFFICER AND MEDICAL AFFAIRS LEAD.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATIONS ARE DUE 90 DAYS

AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO THE PROPOSAL CENTRAL

ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL

OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD. PUBLICATIONS, AS

ACCEPTED, ARE UPLOADED TO PROPOSAL CENTRAL DURING AND AFTER THE DURATION

OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN

RECORD OF ANY PUBLICATIONS ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION. AN

ANNUAL NOTIFICATION TO ALL AWARDEES, CURRENT AND RECENT AWARDEES, IS SENT

AS A REMINDER TO UPDATE PUBLICATIONS AND/OR ANY OTHER OUTPUTS (I.E.

INTELLECTUAL PROPERTY OR LICENSING) THAT ARE RESULTS OF FUNDED WORK.

DATA GENERATED AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDED WORK IS

SUBJECT TO DATA SHARING, AS A CONDITION OF AWARD. DATA AND OTHER OUTPUTS

OF THE PROJECT ARE SUBJECTED TO THIS POLICY FOR QUICK, REASONABLE

SUBMISSIONS FOR COMPLETED WORK. FURTHER, AWARDEES HAVE THE OPPORTUNITY TO

SUBMIT/SHARE DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S

ASSOCIATION INTERACTIVE NETWORK (GAAIN*), A GLOBAL INFRASTRUCTURE, HOSTED

AT THE UNIVERSITY OF SOUTHERN CALIFORNIA, CONNECTING RESEARCH STUDIES

FROM AROUND THE WORLD THROUGH ONE PORTAL WHERE DATA CAN BE INTERROGATED

IN AGGREGATE FOR ANALYSIS USING A VIRTUAL MACHINE. GAAIN IS WHOLLY FUNDED

BY THE ALZHEIMER'S ASSOCIATION.

IN ADDITION, ALZHEIMER'S ASSOCIATION REQUESTS, MONITORS, AND FOLLOWS-UP

TO ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED GRANTS AND THAT FINANCIAL

REPORTING REQUIREMENTS ARE MET. AWARDEES' FINANCIAL REPORTS ARE REVIEWED

Part V Supplemental Information

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

ANNUALLY TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORTS

MAY RESULT IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT

DELINQUENT REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST

FOR ANNUAL REPORTS IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT

REPORTS, ANY UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S

ASSOCIATION.

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT THE W8 OR W-8-BEN FORM AS

VERIFICATION OF THEIR TAX STATUS.

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S

ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM (IRGP), UNLESS STATED

IN A SPECIFIC FUNDING PROPOSAL. IN FY24, EXAMPLES OF PROGRAMS THAT WERE

INCLUSIVE OF FOR PROFIT ORGANIZATIONS INCLUDE TAU PIPELINE ENABLING

PROGRAM (T-PEP), THE ENDOLYSOSOMAL ACTIVITY IN ALZHEIMER'S PROGRAM (E2A),

AND PART THE CLOUD TRANSLATIONAL CLINICAL TRIALS PROGRAM (PTC).

ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE DETAILED IN

THAT PROGRAM'S RFA.

UNLESS OTHERWISE STATED IN THE PROGRAM, ALL INSTITUTIONS ARE REQUIRED TO

SUBMIT THEIR W8 FORM FOR THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT

PROGRAM AND OTHER PROGRAMS WITH FOR-PROFIT AWARDEES, ANY FOR-PROFIT

APPLICANT IS REQUIRED TO SUBMIT THE ORGANIZATION'S FINANCIAL STATEMENTS.

AS PART OF THE APPLICATION PROCESS, APPLICANTS ARE TO UPLOAD A W-8-BEN-E

FORM THAT HAS BEEN DATED AND SIGNED BY AN AUTHORIZED SIGNING OFFICIAL.

THIS FORM VERIFIES THAT AN INSTITUTION OR ORGANIZATION IS DESIGNATED AS A

Part V Supplemental Information

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

501(C)(3) OR OTHER NON-PROFIT ENTITY. FOR-PROFIT ORGANIZATIONS MUST

SUBMIT DOCUMENTATION OF NET ASSETS AND ANNUAL EARNINGS, IN ADDITION TO

THE W8-BEN-E FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN

THEIR SUBMITTED APPLICATION TO PROPOSAL CENTRAL. AFTER RECEIPT, THESE

FORMS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST.

FOLLOWING REVIEW BY A GRANT SPECIALIST, APPLICATIONS ARE THEN MOVED

FORWARD TO PEER-REVIEW. IF AWARDED, THE ALZHEIMER'S ASSOCIATION GRANT

SPECIALIST INCLUDES THE APPROPRIATE FORMS ON PAYMENT REQUESTS FOR GRANT

FUNDING PAYMENTS.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS

DIVISION VERIFIES THAT EACH INSTITUTION IS COMPLIANT WITH THE U.S.

PATRIOT ACT AND DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS

(SDN) LISTS. PRIOR TO PAYMENT, EACH FUNDED ALZHEIMER'S ASSOCIATION GRANT

AWARDEE (I.E. THE INSTITUTION) IS VERIFIED FOR COMPLIANCE WITH THE U.S.

PATRIOT ACT THROUGH OFAC. THE GRANT SPECIALIST CONFIRMS ELIGIBILITY AND

PROVIDES THIS DOCUMENTATION TO THE GRANT ONLINE FILE AT PROPOSAL CENTRAL

PRIOR TO PAYMENT BEING SENT TO THE AWARDEE. IN THE EVENT THAT A POSITIVE

MATCH TO ONE OF THE SDN LISTS IS FOUND BY ALZHEIMER'S ASSOCIATION, IT

WILL BE IMMEDIATELY REPORTED TO THE ALZHEIMER'S ASSOCIATION'S LEGAL

DEPARTMENT FOR APPROPRIATE HANDLING AND FOLLOW-UP. FOR TRANSACTIONS

UNRELATED TO THE INTERNATIONAL RESEARCH GRANT PROGRAM IN THE MEDICAL AND

SCIENTIFIC DEPARTMENT, THE SAME FINANCIAL DOCUMENTATION IS REVIEWED.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE GRANT

AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND

INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. IN ADDITION, THE

Part V Supplemental Information

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

ALZHEIMER'S ASSOCIATION MONITORS FOLLOW-ON FUNDING RECEIVED BY PROJECTS

INITIALLY FUNDED THROUGH THE ALZHEIMER'S ASSOCIATION. THE ALZHEIMER'S

ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY THE ALZHEIMER'S

ASSOCIATION ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS.

*THESE ARE THE NAMES THAT ARE TRADEMARKS TO ALZHEIMER'S ASSOCIATION.

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES AND GRANTS

THE ALZHEIMER'S ASSOCIATION ACCOUNTS FOR EXPENDITURES, CASH GRANTS, AND

NON-CASH ASSISTANCE USING THE ACCRUAL METHOD.

PART II, LINE 1:

METHOD USED TO ACCOUNT FOR EXPENDITURES AND GRANTS

THE ALZHEIMER'S ASSOCIATION ACCOUNTS FOR EXPENDITURES, CASH GRANTS, AND

NON-CASH ASSISTANCE USING THE ACCRUAL METHOD.

PART IV, LINE 3:

FOREIGN FORMS

FORM 926 AND FORM 5471 ARE FILED WITH THE ALZHEIMER'S ASSOCIATION'S FORM

990T.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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 10 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			
THD - 80 HAYDEN AVENUE, STE. 300, LEXINGTON, MA 02421	MAIL		X	43,435,490.	1,901,331.	41,534,159.
MOORE, A SERIES LLC - 4200 PARLIAMENT PLACE, STE. 300,	EMAIL		X	34,517,117.	901,750.	33,615,367.
Total				77,952,607.	2,803,081.	75,149,526.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI
WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PTC-GALA (event type)	PURPLE GALA- MN (event type)	60 (total number)	
Revenue	1	10,482,872.	1,590,482.	26,139,394.	38,212,748.
	2	9,991,287.	1,525,032.	22,075,395.	33,591,714.
	3	491,585.	65,450.	4,063,999.	4,621,034.
Direct Expenses	4				
	5	31,124.	68,263.	1,217,744.	1,317,131.
	6	505,582.	64,637.	1,167,396.	1,737,615.
	7	153,975.	136,747.	3,524,384.	3,815,106.
	8	278,144.	17,607.	331,087.	626,838.
	9	67,921.	261,008.	5,752,801.	6,081,730.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-8,957,386.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			105,559.
Direct Expenses	2				
	3			39,467.	39,467.
	4				
5					
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				39,467.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				66,092.

9 Enter the state(s) in which the organization conducts gaming activities: CA, IL, IA, MI, MN, NY, OH, OR, WI

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name LYNNE CAREY

Address 225 N MICHIGAN AVE. - CHICAGO, IL 60601

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name LYNNE CAREY

Gaming manager compensation \$ _____

Description of services provided ALZHEIMER'S ASSOCIATION HAS MORE GAMING MANAGERS THAN LYNNE CAREY LISTED ON PART III, LINE 16. THIS INFORMATION IS AVAILABLE UPON REQUEST FROM ALZHEIMER'S HOME OFFICE.

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THD

(I) ADDRESS OF FUNDRAISER: 80 HAYDEN AVENUE, STE. 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: MOORE, A SERIES LLC

(I) ADDRESS OF FUNDRAISER: _____

4200 PARLIAMENT PLACE, STE. 300, LANHAM, MD 20706

Part IV Supplemental Information (continued)

PART I, LINE 2B, BOX (III):

FUNDRAISING CONSULTANT - CONTROL ARRANGEMENT

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

(THD) FOR PROFESSIONAL FUNDRAISING CONSULTANT SERVICES. A DESCRIPTION

OF THE ARRANGEMENT IS LISTED BELOW:

DIRECT MARKETING STRATEGY AND PROGRAM DIRECTION; PRODUCTION MANAGEMENT;

DATABASE MANAGEMENT; BUDGETING MANAGEMENT; AND REPORT MANAGEMENT.

THE ALZHEIMER'S ASSOCIATION ENGAGES MOORE, A SERIES LLC (MOORE) FOR

PROFESSIONAL FUNDRAISING DIGITAL MARKETING CONSULTANT SERVICES. A

DESCRIPTION OF THE ARRANGEMENT IS LISTED BELOW:

DIGITAL MARKETING STRATEGY AND PROGRAM DIRECTION; E-MAIL PROGRAM

MANAGEMENT; PRODUCTION MANAGEMENT; DATABASE MANAGEMENT; AND BUDGETING

MANAGEMENT.

PART I, LINE 2B, BOX (VI):

FUNDRAISING CONSULTANT - FEE ARRANGEMENT

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

ALZHEIMER'S ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. THD IS

PAID A FIXED FEE PER MONTH. THE ALZHEIMER'S ASSOCIATION EXERCISES

CONTROL AND APPROVAL OVER THE CONTENT AND FREQUENCY OF ALL

SOLICITATIONS.

THE AGREEMENT BETWEEN MOORE, A SERIES LLC (MOORE) AND THE ALZHEIMER'S

ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. MOORE IS PAID A FIXED

FEE PER MONTH. THE ALZHEIMER'S ASSOCIATION EXERCISES CONTROL AND

APPROVAL.

**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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE BELFER BUILDING - ROOM 1106 - BRONX, NY 10461	83-0621846	501(C)(3)	646,932.	0.			PROGRAM SUPPORT
ALZHEIMER'S IMPACT MOVEMENT 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501(C)(4)	10,090,952.	0.			PROGRAM SUPPORT
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	31,667.	0.			PROGRAM SUPPORT
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501(C)(3)	3,560,935.	0.			PROGRAM SUPPORT
ARIZONA BOARD OF REGENTS, ARIZONA STATE UNIVERSITY - PO BOX 876011 - TEMPE, AZ 85287	86-0196696	501(C)(3)	249,825.	0.			PROGRAM SUPPORT
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-1418202	501(C)(3)	249,997.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **86.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	41,889.	0.			PROGRAM SUPPORT
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE, OV-540 - BOSTON, MA 02215	04-2103881	501(C)(3)	599,996.	0.			PROGRAM SUPPORT
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA UNIVERSITY - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	1,260,951.	0.			PROGRAM SUPPORT
C2N DIAGNOSTICS 4041 FOREST PARK AVENUE ST. LOUIS, MO 63108	26-1421386		746,100.	0.			PROGRAM SUPPORT
CLEMSON UNIVERSITY 230 KAPPA STREET CLEMSON, SC 29634	57-6000254	501(C)(3)	199,745.	0.			PROGRAM SUPPORT
DREXEL UNIVERSITY 3250 CHESTNUT STREET, SUITE 3010 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501(C)(3)	548,306.	0.			PROGRAM SUPPORT
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	200,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINE ARTS MUSEUMS OF SAN FRANCISCO 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	94-3045948	501(C)(3)	24,995.	0.			PROGRAM SUPPORT
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH - 11400 ROCKVILLE PIKE, SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)(3)	638,000.	0.			PROGRAM SUPPORT
GEORGETOWN UNIVERSITY 4000 RESERVOIR RD., NW ROOM 162, BU WASHINGTON, DC 20007	53-0196603	501(C)(3)	199,997.	0.			PROGRAM SUPPORT
HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY - 601 GENOME WAY NW - HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	199,361.	0.			PROGRAM SUPPORT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE BOX 1075 - NEW YORK, NY 10029	13-6171197	501(C)(3)	818,500.	0.			PROGRAM SUPPORT
INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	1,961,636.	0.			PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 NORTH BROADWAY, SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)(3)	348,410.	0.			PROGRAM SUPPORT
LOWCOUNTRY CENTER FOR VETERANS RESEARCH - 22 WESTEGE STREET, SUITE 410 - CHARLESTON, SC 29403	56-2054871	501(C)(3)	267,679.	0.			PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	1,625,964.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	1,195,983.	0.			PROGRAM SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVE - CHARLESTON, SC 29425	57-6000722	501(C)(3)	199,997.	0.			PROGRAM SUPPORT
MENORAH HOME AND HOSPITAL 1516 ORIENTAL BOULEVARD BROOKLYN, NY 11235	11-1672777	501(C)(3)	249,531.	0.			PROGRAM SUPPORT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501(C)(3)	449,247.	0.			PROGRAM SUPPORT
MIDWESTERN UNIVERSITY 555 31ST STREET DOWNERS GROVE, IL 60515	36-3377698	501(C)(3)	249,946.	0.			PROGRAM SUPPORT
MILLER SCHOOL OF MEDICINE OF THE UNIVERSITY OF MIAMI - 1320 SOUTH DIXIE HIGHWAY - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	198,581.	0.			PROGRAM SUPPORT
NEUROTHERAPIA, INC. PO BOX 351 1500 CHAGRIN RIVER RD. CLEVELAND, OH 44040	47-3977513		999,916.	0.			PROGRAM SUPPORT
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - 665 BROADWAY, SUITE 801 - NEW YORK, NY 10016	13-5562308	501(C)(3)	579,998.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)(3)	148,486.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY 1 OHIO UNIVERSITY GROSVENOR HALL 20 ATHENS, OH 45701	31-6402113	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	247,500.	0.			PROGRAM SUPPORT
REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES - 2221 UNIVERSITY AVE SE, STE 100 - MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	307,818.	0.			PROGRAM SUPPORT
REGENTS OF THE UNIVERSITY OF MINNESOTA-DULUTH CAMPUS - 1049 UNIVERSITY DRIVE - DULUTH, MN 55812	41-6007513	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. - 150 BROADWAY STE 301 - MENANDS, NY 12204	14-1410842	501(C)(3)	199,815.	0.			PROGRAM SUPPORT
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY ROAD - NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	690,932.	0.			PROGRAM SUPPORT
RUTGERS BIOMEDICAL AND HEALTH SCIENCES - 65 BERGEN STREET - NEWARK, NJ 07107	22-6001086	501(C)(3)	159,989.	0.			PROGRAM SUPPORT
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 269 CAMPUS DRIVE WEST - STANFORD, CA 94305	94-1156365	501(C)(3)	449,996.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY UPSTATE MEDICAL UNIVERSITY 750 E. ADAMS STREET WEISKOTTEN HALL, SUITE 1111E - SYRACUSE, NY 13210	14-1368361	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
TEMPLE UNIVERSITY 1801 NORTH BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY ST - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	1,249,723.	0.			PROGRAM SUPPORT
THE CARLE FOUNDATION HOSPITAL 611 WEST PARK URBANA, IL 61801	37-1119538	501(C)(3)	199,570.	0.			PROGRAM SUPPORT
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE, TURNER AVENUE GARAGE - COLUMBIA, MO 65211	43-6003859	501(C)(3)	199,999.	0.			PROGRAM SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 1922 F STREET NW, 4TH FLOOR WASHINGTON, DC 20052	53-0196584	501(C)(3)	66,000.	0.			PROGRAM SUPPORT
THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	500,000.	0.			PROGRAM SUPPORT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK RD. - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	250,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 7550 GREENBRIAR DR. 4-116 HOUSTON TX 77030 - HOUSTON, TX 77030	87-0721923	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE, SUITE 300 - DAVIS, CA 95618	94-6036494	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 160 ALDRICH HALL - IRVINE, CA 92697	95-2226406	501(C)(3)	1,312,499.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0934 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	1,247,011.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,495,287.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	599,721.	0.			PROGRAM SUPPORT
THE RESEARCH FOUNDATION OF SUNY 1400 WASHINGTON AVE STONY BROOK, NY 11794	14-1368361	501(C)(3)	199,992.	0.			PROGRAM SUPPORT
THE TANK LTD 312 W 36TH STREET NEW YORK, NY 10018	01-0798319	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET - NEW YORK, NY 10032	13-5598093	501(C)(3)	585,000.	0.			PROGRAM SUPPORT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET FRANKLIN BUILDING 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	499,998.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE SUITE 300 CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF IOWA 2660 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242	42-6004813	501(C)(3)	171,427.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 CAMPUS BOX 1350 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	721,052.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN 2304 WHITIS AVE, STE 426 AUSTIN, TX 78712	74-6000203	501(C)(3)	199,960.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN, UCT 1006 - HOUSTON, TX 77030	74-1761309	501(C)(3)	399,734.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, ROOM 210 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	199,551.	0.			PROGRAM SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON, M-921 BOSTON, MA 02218	04-2103547	501(C)(3)	399,816.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM - OFFICE OF SPONSORED PROGRAMS 1720 2ND AVENUE SOUTH, AB 1170 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	148,500.	0.			PROGRAM SUPPORT
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	597,660.	0.			PROGRAM SUPPORT
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000354	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 500 SOUTH LIMESTONE - LEXINGTON, KY 40526	61-6033693	501(C)(3)	501,434.	0.			PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS AMHERST - 100 VENTURE WAY SUITE 201 - HADLEY, MA 01035	04-3167352	501(C)(3)	199,944.	0.			PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL - GRANTS & CONTRACTS ADMINISTRATION 55 LAKE AVENUE NORTH - WORCESTER, MA 01605	04-3167352	501(C)(3)	188,759.	0.			PROGRAM SUPPORT
UNIVERSITY OF MIAMI 1531 BRESCIA AVENUE, SUITE 124 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	199,997.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 3420 FORBES AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	599,542.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA, SC 29208	57-6001153	501(C)(3)	200,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

ALZHEIMER'S DISEASE & RELATED DISORDERS

Schedule I (Form 990)

ASSOCIATION, INC.

13-3039601

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR LOS ANGELES, CA 90089	95-1642394	501(C)(3)	2,512,116.	0.			PROGRAM SUPPORT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	488,493.	0.			PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	400,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	364,790.	0.			PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301 MADISON, WI 53715	39-6006492	501(C)(3)	199,985.	0.			PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MILWAUKEE P.O. BOX 340 MILWAUKEE, WI 53201	39-1805963	501(C)(3)	449,909.	0.			PROGRAM SUPPORT
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE, STE 970 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	649,998.	0.			PROGRAM SUPPORT
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	10,157,392.	0.			PROGRAM SUPPORT
WASHINGTON STATE UNIVERSITY 280 LIGHTY PULLMAN, WA 99164	91-6001108	501(C)(3)	198,905.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST. LOUIS CAMPUS BOX 1054 ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501(C)(3)	3,399,007.	0.			PROGRAM SUPPORT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	348,481.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESPITE CAREGIVER	1270	1,743,546.	0.		
SCHOLARSHIPS	66	67,180.	0.		
SAFE RETURN	296	21,040.	0.		

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

PART I, LINE 2:

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

THE OVER-SIGHT OF THE SCIENTIFIC INTEGRITY OF THE ALZHEIMER'S ASSOCIATION

NATIONAL AND INTERNATIONAL RESEARCH GRANT PROGRAM IS THREE-FOLD. FIRST, THE

ALZHEIMER'S ASSOCIATION VOLUNTARY MEDICAL & SCIENTIFIC ADVISORY GROUP

(MSAG), THE ALZHEIMER'S ASSOCIATION INTERNATIONAL RESEARCH GRANT PROGRAM

(IRGP) COUNCIL, AND ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC RELATIONS

DIVISION, ENSURES PEER REVIEW AND HIGH QUALITY OF FUNDED AWARDS DURING THE

GRANT REVIEW PROCESS AND DEVELOPS FOCUSED REQUESTS FOR APPLICATIONS (RFAS)

Part IV Supplemental Information

BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER'S AND ALL DEMENTIA RESEARCH

COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO

ANALYSIS OF SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF THE

GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH FUNDING, AND POTENTIAL OVERLAP

OF AREAS FUNDED. THE ANALYSIS INFORMS FUTURE FUNDING DECISIONS, STRATEGIC

ACTIVITIES AND AREAS OF FUTURE-RFA FOCUS. THIRD, THERE IS A DETAILED

PROCESS ONCE A GRANT IS AWARDED TO MONITOR PROGRAM AND SCIENTIFIC AND

FINANCIAL INTEGRITY AND, FOR THE FELLOWSHIP PROGRAM, THERE IS A MENTOR

EVALUATION.

ALL AWARDEES ARE REQUIRED TO PROVIDE ANNUAL, AND IN SOME CASES QUARTERLY OR

BI-ANNUAL, REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF

THE RESEARCH PROJECT AND THE FINANCIAL EXPENDITURES ASSOCIATED WITH THE

PROJECT. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER

ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS

ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). USING THE GRANT MANAGEMENT

SYSTEM, THE ALZHEIMER'S ASSOCIATION GRANTS TEAM SENDS NOTIFICATIONS AS A

REMINDER OF THE REQUIRED REPORTS AND DEADLINES, WHICH COULD INCLUDE AN

INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT, MENTOR EVALUATION,

DOCUMENTATION OF ANY PUBLICATIONS THAT IS A RESULT OF ALZHEIMER'S

ASSOCIATION FUNDING, AND ANNUAL VERIFICATION OF REQUIRED ETHICAL (ANIMAL

AND HUMAN AND RECOMBINANT DNA APPROVALS) APPROVALS. THE INSTITUTIONAL

OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD CANNOT BE THE PRIMARY

INVESTIGATOR OF THE PROJECT. THE ALZHEIMER'S ASSOCIATION PROVIDES A

TEMPLATE FOR THE INTERIM SCIENTIFIC REPORT, A TEMPLATE FOR THE INTERIM

FINANCIAL REPORT, AND THE MENTOR EVALUATION, ALL OF WHICH ARE AVAILABLE FOR

DOWNLOAD BY THE RESEARCHERS, AS WELL AS THE OFFICIAL WITH FISCAL

RESPONSIBILITY FOR THE GRANT, AT THE AWARDED INSTITUTION AT

Part IV Supplemental Information

HTTP://PROPOSALCENTRAL.COM.

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH

FISCAL RESPONSIBILITY, AND FOR THE FELLOWSHIP PROGRAMS, THE MENTOR

EVALUATION MUST BE SIGNED BY MENTOR AND FELLOW, AND ALL REPORTS MUST BE

UPLOADED BY THE AWARD RECIPIENT TO PROPOSAL CENTRAL. AFTER RECEIPT, ALL

FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION GRANTS TEAM

MEMBER FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN

ADDITION, ALZHEIMER'S ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL

(I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL

ETHICAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCOL (RDNA)) ANNUALLY, IF

APPLICABLE FOR THE RESEARCH PROJECT. ANY SUBSEQUENT PAYMENTS TO GRANT

AWARDEES ARE GENERATED AFTER THE RECEIPT OF THESE DOCUMENTS AND APPROVAL BY

THE DIRECTOR OR SENIOR ASSOCIATE DIRECTOR OF SCIENTIFIC GRANTS, THE SENIOR

VICE PRESIDENT OF MEDICAL AND SCIENTIFIC RELATIONS AND BY THE CHIEF SCIENCE

OFFICER AND MEDICAL AFFAIRS LEAD.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATIONS ARE DUE 90 DAYS

AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO THE PROPOSAL CENTRAL ONLINE

SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL

WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD. PUBLICATIONS, AS ACCEPTED, ARE

UPLOADED TO PROPOSAL CENTRAL DURING AND AFTER THE DURATION OF THE GRANT. IT

IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORD OF ANY

PUBLICATIONS ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION. AN ANNUAL

NOTIFICATION TO ALL AWARDEES, CURRENT AND RECENT AWARDEES, IS SENT AS A

REMINDER TO UPDATE PUBLICATIONS AND/OR ANY OTHER OUTPUTS (I.E. INTELLECTUAL

PROPERTY OR LICENSING) THAT ARE RESULTS OF FUNDED WORK.

Part IV Supplemental Information

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

IN ADDITION, ALZHEIMER'S ASSOCIATION REQUESTS, MONITORS, AND FOLLOWS-UP TO
ENSURE SUBMISSION COMPLIANCE ON ALL AWARDED GRANTS AND THAT FINANCIAL
REPORTING REQUIREMENTS ARE MET. AWARDEES' FINANCIAL REPORTS ARE REVIEWED
ANNUALLY TO ENSURE ELIGIBILITY FOR CONTINUED FUNDING. DELINQUENT REPORTS
MAY RESULT IN THE WITHDRAWAL OF FUNDING. RESEARCHERS ARE INFORMED THAT
DELINQUENT REPORTING COULD LEAD TO WITHDRAWAL OF FUNDING WHEN THE REQUEST
FOR ANNUAL REPORTS IS SENT. IF FUNDING IS WITHDRAWN DUE TO DELINQUENT
REPORTS, ANY UNSPENT FUNDS MUST BE RETURNED TO THE ALZHEIMER'S ASSOCIATION.

ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE DETAILED IN THAT
PROGRAM'S RFA.

AS PART OF THE APPLICATION PROCESS, APPLICANTS ARE TO UPLOAD A W-9 FORM
THAT HAS BEEN DATED AND SIGNED BY AN AUTHORIZED SIGNING OFFICIAL. THIS FORM
VERIFIES THAT AN INSTITUTION OR ORGANIZATION IS DESIGNATED AS A 501(C)(3)
OR OTHER NON-PROFIT ENTITY. FOR PROFIT ORGANIZATIONS MUST SUBMIT
DOCUMENTATION OF NET ASSETS AND ANNUAL EARNINGS, IN ADDITION TO THE W-9

Part IV Supplemental Information

FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN THEIR SUBMITTED
APPLICATION TO PROPOSAL CENTRAL. AFTER RECEIPT, THESE FORMS ARE REVIEWED BY
AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST. FOLLOWING REVIEW BY A GRANT
SPECIALIST, APPLICATIONS ARE THEN MOVED FORWARD TO PEER-REVIEW. IF AWARDED,
THE ALZHEIMER'S ASSOCIATION GRANT SPECIALIST INCLUDES THE APPROPRIATE FORMS
IN PAYMENT REQUESTS FOR GRANT FUNDING PAYMENTS.

PRIOR TO AWARD CONFIRMATION, THE MEDICAL AND SCIENTIFIC RELATIONS DIVISION
VERIFIES THAT EACH INSTITUTION IS COMPLIANT WITH THE U.S. PATRIOT ACT AND
DOES NOT APPEAR ON THE SPECIALLY DESIGNATED NATIONALS (SDN) LISTS. PRIOR TO
PAYMENT, EACH FUNDED ALZHEIMER'S ASSOCIATION GRANT AWARDEE (I.E. THE
INSTITUTION) IS VERIFIED FOR COMPLIANCE WITH THE U.S. PATRIOT ACT THROUGH
OFAC. THE GRANT SPECIALIST CONFIRMS ELIGIBILITY AND PROVIDES THIS
DOCUMENTATION TO THE GRANT ONLINE FILE AT PROPOSAL CENTRAL PRIOR TO PAYMENT
BEING SENT TO THE AWARDEE. IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE
SDN LISTS IS FOUND BY ALZHEIMER'S ASSOCIATION, IT WILL BE IMMEDIATELY
REPORTED TO THE ALZHEIMER'S ASSOCIATION'S LEGAL DEPARTMENT FOR APPROPRIATE
HANDLING AND FOLLOW-UP. FOR TRANSACTIONS UNRELATED TO THE INTERNATIONAL
RESEARCH GRANT PROGRAM IN THE MEDICAL AND SCIENTIFIC DEPARTMENT, THE SAME
FINANCIAL DOCUMENTATION IS REVIEWED.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE GRANT
AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND
INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. IN ADDITION THE
ASSOCIATION MONITORS FOLLOW ON FUNDING RECEIVED BY PROJECTS INITIALLY
FUNDED THROUGH THE ALZHEIMER'S ASSOCIATION. THE ASSOCIATION REQUIRES THE
GRANT RECIPIENT TO NOTIFY THE ALZHEIMER'S ASSOCIATION ON AN ANNUAL BASIS
WITH UPDATES TO THESE RECORDS.

Part IV Supplemental Information

THE ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT MOVEMENT
(AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2024 TO SUPPORT
PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S STRATEGIC PLAN. THIS
GRANT IS RESTRICTED TO THE FOLLOWING 501(C)(3) ACTIVITIES AND THE ANCILLARY
ACTIVITIES NECESSARY TO ACCOMPLISH SPECIFIC GOALS INCLUDING: IMPLEMENTATION
OF THE NATIONAL ALZHEIMER'S PROJECT ACT (RECOGNIZING THIS GROWING
ALZHEIMER'S CRISIS, CONGRESS UNANIMOUSLY PASSED AND THE PRESIDENT SIGNED
INTO LAW THE NATIONAL ALZHEIMER'S PROJECT ACT NAPA); INCREASING THE
COMMITMENT TO ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND
CAREGIVER SUPPORT SERVICES; EXPANDING DIAGNOSIS AND PLANNING.

*THESE ARE THE NAMES THAT ARE TRADEMARKS TO ALZHEIMER'S ASSOCIATION.

PART III:

THE ALZHEIMER'S ASSOCIATION PROVIDES RESPITE CAREGIVER ASSISTANCE TO
INDIVIDUALS FOR THE BENEFIT OF SPECIFIED INDIVIDUALS TO COVER
CARETAKING COSTS. THE ALZHEIMER'S ASSOCIATION DOES NOT KEEP A RECORD TO
TRACK EACH GRANT GIVEN TO EVERY SINGLE INDIVIDUAL, SO THEY ARE USING AN
ESTIMATE FOR THE NUMBER OF RECIPIENTS BASED ON CURRENT DATA AVAILABLE
AT THIS TIME.

MEDICALERT + ALZHEIMER'S ASSOCIATION'S SAFE RETURN, A NATIONWIDE
IDENTIFICATION, SUPPORT AND ENROLLMENT PROGRAM THAT PROVIDES ASSISTANCE
WHEN A PERSON WITH ALZHEIMER'S OR A RELATED DEMENTIA HAS WANDERED AND
BECOMES LOST LOCALLY OR FAR FROM HOME. IN ADDITION TO HELPING THOSE WHO
HAVE WANDERED, THE PROGRAM ALSO PROVIDES FIRST RESPONDENTS WITH VITAL
MEDICAL HISTORY THAT MAY BE NECESSARY TO TREAT THE PERSON WITH

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE "JOANNE" PIKE PRESIDENT/CEO	(i)	680,381.	212,556.	50,286.	36,300.	37,324.	1,016,847.	33,408.
	(ii)	16,755.	0.	0.	0.	0.	16,755.	0.
(2) MARIA CARRILLO CHIEF SCIENCE OFFICER	(i)	650,055.	190,800.	50,816.	81,933.	4,402.	978,006.	42,824.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT EGGE CHIEF PUBLIC POLICY OFFICER	(i)	580,494.	180,900.	50,816.	79,776.	37,313.	929,299.	42,824.
	(ii)	28,267.	0.	0.	0.	0.	28,267.	0.
(4) HARRY JOHNS FORMER CHIEF EXECUTIVE OFFICER	(i)	113,683.	138,629.	646,675.	36,300.	0.	935,287.	494,765.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONNA MCCULLOUGH - CHIEF MISS. & FIELD OPS OFR (THRU 1/24); COO	(i)	635,692.	183,000.	4,466.	81,102.	13,566.	917,826.	0.
	(ii)	1,463.	0.	0.	0.	0.	1,463.	0.
(6) RICHARD HOVLAND CFO (TO 7/17/23); COO (THRU 1/24)	(i)	548,357.	165,000.	7,760.	73,800.	30,664.	825,581.	0.
	(ii)	440.	0.	0.	0.	0.	440.	0.
(7) KENANN CASSIDY EAST AREA LEADER	(i)	428,871.	117,736.	34,372.	66,756.	17,370.	665,105.	37,905.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARL HILL CHIEF DE&I OFFICER	(i)	355,310.	105,000.	1,591.	61,290.	12,395.	535,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERIC VANVLYMEN AREA LEADER WEST	(i)	357,235.	88,750.	1,647.	61,242.	13,849.	522,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHELLE HELTON VP, FINANCIAL OPERATIONS	(i)	328,105.	50,512.	1,525.	36,300.	40,081.	456,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANTHONY D'AMATO - ASST. SECY. & VP, LEGAL & GENERAL COUNSEL	(i)	340,506.	50,980.	803.	36,300.	13,933.	442,522.	0.
	(ii)	2,554.	0.	0.	0.	0.	2,554.	0.
(12) MARK LEON CFO & ASST. TREASURER (AS OF 7/23)	(i)	155,249.	15,000.	346.	16,315.	7,992.	194,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

PERSONAL SERVICES

THE PRESIDENT/CEO RECEIVED ADDITIONAL TAXABLE FRINGE INCOME FOR PERSONAL

SECURITY ASSESSMENT FEES. THIS AMOUNT IS INCLUDED ON SCHEDULE J, PART II,

COLUMN B(III).

TRAVEL FOR COMPANIONS

AT TIMES A BOARD MEMBER WITH EARLY ONSET ALZHEIMER'S DISEASE MAY REQUIRE A

COMPANION TO ACCOMPANY HIM OR HER ON BUSINESS TRAVEL FOR SAFETY REASONS.

SINCE HIS OR HER INVOLVEMENT IN THE MEETINGS IS CRITICAL TO REPRESENTING

KEY CONSTITUENTS AND APPROPRIATELY FULFILLING THE MISSION OF THE

ALZHEIMER'S ASSOCIATION, THE EXPENSES OF COMPANION TRAVEL ARE REIMBURSED.

PART I, LINE 4B:

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

THERE WERE NO ADDITIONAL AMOUNTS ACCRUED FOR HARRY JOHNS OR RICHARD HOVLAND

RELATED TO A 457(B) PLAN IN CALENDAR YEAR 2023. HARRY JOHNS RECEIVED A

PAYOUT OF PREVIOUSLY ACCRUED BENEFITS UNDER HIS 457(B) PLAN PLUS EARNINGS

OF \$260,410 OF WHICH \$126,500 WAS PREVIOUSLY REPORTED.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EACH OF THE INDIVIDUALS LISTED BELOW HAD CONTRIBUTIONS OF THE AMOUNTS

INDICATED BELOW INTO THEIR 457(F) PLAN IN CALENDAR YEAR 2023 WHICH IS

REPORTED IN SCHEDULE J, PART II, COLUMN (C).

DONNA MCCULLOUGH - \$44,802

ROBERT EGGE - \$43,476

MARIA CARRILLO - \$45,633

KENANN CASSIDY - \$30,456

CARL HILL - \$24,990

MARK LEON - \$11,106

PART I, LINE 7:

ALZHEIMER'S ASSOCIATION HAS A PERFORMANCE-BASED INCENTIVE COMPENSATION

PLAN. CERTAIN INDIVIDUALS OF ALZHEIMER'S ASSOCIATION CAN EARN INCENTIVE

COMPENSATION IF THEY MEET THE CRITERIA OUTLINED IN THEIR RESPECTIVE

EMPLOYMENT AGREEMENTS.

THE CEO IS ALSO ELIGIBLE TO PARTICIPATE IN THE INCENTIVE COMPENSATION PLAN

AND HER INCENTIVE COMPENSATION PAYMENTS ARE REVIEWED AND APPROVED BY THE

COMPENSATION COMMITTEE. WHILE THE COMPENSATION COMMITTEE MAKES THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RECOMMENDATION AND INITIALLY APPROVES, THE FULL APPROVAL OF THE BOARD IS
NEEDED FOR CEO COMPENSATION PAYMENTS.

PART II, COLUMN (B) (II):

SUPPLEMENTAL COMPENSATION INFORMATION: BONUS AND INCENTIVE COMPENSATION

JOANNE PIKE AND HARRY JOHNS RECEIVED PERFORMANCE-BASED INCENTIVE

COMPENSATION OF \$212,556 AND \$138,629, RESPECTIVELY, BASED ON THEIR

SUCCESSFUL ACHIEVEMENT OF SPECIFIC GOALS, WHICH WERE DEVELOPED,

REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS IN CONSULTATION WITH THE BOARD'S INDEPENDENT THIRD-PARTY

COMPENSATION CONSULTANTS. THESE PERFORMANCE BASED INCENTIVE

COMPENSATION WERE EARNED FOR PERFORMANCE IN FISCAL YEAR 2023 AND WERE

PAID IN CALENDAR YEAR 2023.

RICHARD HOVLAND, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, CARL

HILL, KENANN CASSIDY, ERIC VANVLYMEN, ANTHONY D'AMATO AND MICHELLE

HELTON RECEIVED PERFORMANCE-BASED INCENTIVES EARNED IN FISCAL YEAR 2023

AND PAID IN CALENDAR YEAR 2023.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MARK LEON RECEIVED A SIGN-ON BONUS WHICH WAS PART OF HIS INITIAL

EMPLOYMENT OFFER.

PART II, COLUMN (B) (III):

JOANNE PIKE AND RICHARD HOVLAND RECEIVE A BASIC LIFE INSURANCE BENEFIT

OF ONE TIMES THE ANNUAL SALARY. THE AMOUNT REPRESENTED IN THIS SECTION

IS IMPUTED INCOME FOR THE GROUP TERM LIFE BENEFIT.

DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, CARL HILL, KENANN

CASSIDY, ANTHONY D'AMATO, MICHELLE HELTON, ERIC VANVLYMEN AND MARK LEON

ALSO RECEIVE THE LIFE INSURANCE BENEFIT. RICHARD HOVLAND, JOANNE PIKE,

DONNA MCCULLOUGH, CARL HILL, KENANN CASSIDY, ERIC VANVLYMEN AND

MICHELLE HELTON HAVE ADDITIONAL IMPUTED INCOME FOR VOLUNTARY ELECTIONS

UNDER THE GROUP DISABILITY PLAN.

JOANNE PIKE HAS ADDITIONAL TAXABLE FRINGE INCOME FOR PERSONAL SECURITY

ASSESSMENT FEES.

HARRY JOHNS RECEIVED A PAYOUT OF \$260,410 FROM HIS 457(B) PLAN WHICH

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BECAME FULLY VESTED AS A RESULT OF HIS RETIREMENT ON 12/31/2022. HARRY

JOHNS RECEIVED AN ADDITIONAL RETENTION BONUS PAYOUT OF \$386,265 WHICH

WAS EARNED OVER MULTIPLE YEARS, WAS PERFORMANCE-BASED AND APPROVED BY

THE COMPENSATION COMMITTEE AS PART OF THE REASONABLE TOTAL COMPENSATION

IN A MANNER THAT QUALIFIED FOR THE REBUTTABLE PRESUMPTION OF

REASONABLENESS UNDER THE INTERMEDIATE SANCTION RULES AND AS PART OF HIS

EMPLOYMENT AGREEMENT.

JOANNE PIKE, MARIA CARRILLO, ROB EGGE AND KENANN CASSIDY RECEIVED

PAYOUTS FOR THEIR 457(B) CONTRIBUTIONS THAT BECAME FULLY VESTED IN 2023

AND FUNDED IN IN PREVIOUS YEARS.

PART II, COLUMN (C):

SUPPLEMENTAL COMPENSATION INFORMATION: RETIREMENT AND OTHER DEFERRED

COMPENSATION

JOANNE PIKE - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES

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

PLAN -\$36,300.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RICHARD HOVLAND - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES

EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN - \$36,300,

RETENTION BONUS - \$37,500

HARRY JOHNS, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, CARL HILL

KENANN CASSIDY, ANTHONY D'AMATO, MICHELLE HELTON, ERIC VANVLYMEN AND

MARK LEON - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES

EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN.

DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, CARL HILL, KENANN

CASSIDY, ERIC VANVLYMEN AND MARK LEON - RETIREMENT AND OTHER DEFERRED

COMPENSATION ALSO INCLUDES EMPLOYER CONTRIBUTIONS TO A NON-QUALIFIED

457(F) SUPPLEMENTAL RETIREMENT PLAN.

PART II, COLUMN (D):

SUPPLEMENTAL COMPENSATION INFORMATION: NONTAXABLE BENEFITS

JOANNE PIKE - NON-TAXABLE BENEFITS OF \$37,324 INCLUDE EMPLOYER

CONTRIBUTIONS TO MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND

LONG-TERM DISABILITY, AND LONG-TERM CARE INSURANCE BASED ON HER

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PERSONAL ELECTIONS FOR CALENDAR YEAR 2023 THROUGH THE BENEFIT OFFERINGS

AVAILABLE TO ALL OTHER BENEFITS-ELIGIBLE EMPLOYEES AT OUR ORGANIZATION.

THE AMOUNTS REPRESENTED FOR RICHARD HOVLAND, DONNA MCCULLOUGH, ROBERT

EGGE, MARIA CARRILLO, CARL HILL, KENANN CASSIDY, ANTHONY D'AMATO,

MICHELLE HELTON, ERIC VANVLYMEN AND MARK LEON REPRESENT COMPANY

CONTRIBUTIONS TO THE MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND

LONG-TERM DISABILITY, AND LONG-TERM CARE INSURANCE BASED ON INDIVIDUAL

ELECTIONS.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SARA GIAMMARISE, SENIOR	DAUGHTER OF DAVID H	91,140.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARA GIAMMARISE, SENIOR DIRECTOR, WALK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF DAVID HUNTER, DIRECTOR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I 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	609	8,952,685.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GALA-RELATED)	X	1,188	1,317,250.	FMV
26 Other (NON-GALA-RLTD)	X	1,061	663,243.	FMV
27 Other (FUNDRAISING)	X	47,506	116,425.	FMV
28 Other (RAFFLE)	X	39	39,467.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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	

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

Schedule M (Form 990) 2023

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

PART I, OTHER TYPES OF PROPERTY:

CRYPTO CURRENCY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 11

(C) REVENUE REPORTED ON FORM 990, PART VIII § 26104.

(D) METHOD OF DETERMINING REVENUE: FMV

PART I, LINE 25 AND LINE 32B:

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

LINE 25:

THE ALZHEIMER'S ASSOCIATION RECEIVES VARIOUS NONCASH CONTRIBUTIONS FOR THEIR FUNDRAISING EVENTS. THESE ITEMS INCLUDE SPORTING TICKETS, JEWELRY, CONCERT TICKETS, DINNERS AND VARIOUS OTHER PACKAGES.

LINE 32B:

A THIRD PARTY RECEIVES DIRECTLY, SELLS AND REMITS PROCEEDS FROM AUTOMOBILE SALES.

PART I, COLUMN B:

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number	13-3039601
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER DEMENTIA - BY ACCELERATING GLOBAL RESEARCH, DRIVING RISK
REDUCTION AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONCERN & AWARENESS

ALZHEIMER'S IS A PROGRESSIVE, DEGENERATIVE AND ULTIMATELY FATAL
DISEASE. TOO FEW AMERICANS UNDERSTAND THE CURRENT AND FUTURE ECONOMIC
IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 6 MILLION AMERICANS ARE
LIVING WITH ALZHEIMER'S AND AS MANY AS 11 MILLION PEOPLE ARE PROVIDING
UNPAID CARE AND SUPPORT. AND THIS MASSIVE GROUP IS IN NEED OF
INFORMATION AND RESOURCES.

ADVERTISING IS AN INVESTMENT THAT GUARANTEES NAMED PLACEMENTS OF THE
ALZHEIMER'S ASSOCIATION'S CORE MESSAGES. ALZHEIMER'S ASSOCIATION
ADVERTISEMENTS ARE AVAILABLE IN MULTIPLE FORMATS: TELEVISION, PRINT,
RADIO, DIGITAL AND OTHERS, SUCH AS OUT OF HOME. PRIOR TO INVESTING IN
AD DEVELOPMENT, THE ALZHEIMER'S ASSOCIATION UNDERTOOK CAREFUL RESEARCH
TO IDENTIFY OUR MEDIA TARGET AUDIENCE, UNDERSTAND THEIR PREFERENCE AND,
IN TURN, DEVELOP EACH AD BASED ON THEIR AND OTHER FEEDBACK. EACH AD
STRIVES TO COMMUNICATE THE REALITIES OF ALZHEIMER'S DISEASE AND TO
ENSURE THAT PEOPLE KNOW THAT THE ALZHEIMER'S ASSOCIATION IS AVAILABLE
TO HELP, DAY OR NIGHT, AND HOW TO CONTACT US OR GET INVOLVED IN THE
FIGHT AGAINST ALZHEIMER'S DISEASE.

THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.	Employer identification number 13-3039601
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INITIATIVES TO INCREASE CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION COMMUNICATING OUR ROLE AS LEADERS OF THE CAUSE. THE ALZHEIMER'S ASSOCIATION UNDERTAKES NUMEROUS INITIATIVES AND CREATES MARKETING AND ADVERTISING CAMPAIGNS TO INCREASE AWARENESS ABOUT ALZHEIMER'S DISEASE AND THE ASSOCIATION AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN ALZHEIMER'S CARE, SUPPORT AND RESEARCH. THE INITIATIVES AND CAMPAIGNS TAKE PLACE EITHER YEAR-ROUND OR DURING SPECIFIC TIME PERIODS. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE. MILLIONS OF CONSTITUENTS PARTICIPATED IN OUR PROGRAMS IN LOCAL COMMUNITIES AND ON-LINE.

THE ALZHEIMER'S ASSOCIATION HAS IDENTIFIED THE HISPANIC/LATINO COMMUNITY AS A NATIONWIDE PRIORITY DIVERSE AUDIENCE, FURTHER DRIVING OUR STRATEGY TO PROVIDE SPANISH-LANGUAGE MATERIALS. WE ALSO RECOGNIZE THAT CHAPTERS AND OTHER DEPARTMENTS ACROSS PILLARS MAY IDENTIFY THE NEED FOR MATERIALS IN LANGUAGES SPOKEN BY COMMUNITIES WITHIN THEIR GEOGRAPHIC LOCATIONS. THE ALZHEIMER'S ASSOCIATION HAS DEVELOPED THE TRANSLATION STRATEGY AND PROCESS GUIDE TO ASSIST DEPARTMENTS IN MEETING THEIR LOCAL TRANSLATION NEEDS WHILE MAINTAINING CONSISTENT ALZHEIMER'S ASSOCIATION MESSAGING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RESEARCH
THE ALZHEIMER'S ASSOCIATION IS AT THE FOREFRONT OF THE ALZHEIMER'S SCIENTIFIC FIELD, GLOBALLY CONNECTING RESEARCHERS IN THE QUEST TO FIND METHODS OF TREATMENT, PREVENTION AND A CURE. THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE GLOBAL RESEARCH AND SCIENCE

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PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND CLOSING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING SCIENTIFIC TALENT.

AS THE LARGEST NONPROFIT FUNDER OF ALZHEIMER'S RESEARCH, THE ALZHEIMER'S ASSOCIATION IS COMMITTED TO ACCELERATING THE GLOBAL PROGRESS OF NEW TREATMENTS, PREVENTIONS AND, ULTIMATELY, A CURE. WITH OVER 20 FUNDING PROGRAMS OFFERED ACROSS THE ENTIRE SPECTRUM OF SCIENCE TO INVESTIGATORS AT ALL CAREER-LEVELS, THE ALZHEIMER'S ASSOCIATION IS CURRENTLY COMMITTED TO OVER \$405 MILLION TO OVER 1,100 PROJECTS IN 56 COUNTRIES. IN ADDITION, THE ALZHEIMER'S ASSOCIATION'S PART THE CLOUD FUNDING PROGRAM IS DESIGNED TO ACCELERATE THE TRANSITION OF POTENTIAL THERAPIES FROM LABORATORY TESTING TO CLINICAL TRIALS. SINCE 2012, THE PART THE CLOUD INITIATIVE HAS RAISED AND INVESTED MORE THAN \$68 MILLION IN ALZHEIMER'S TRANSLATIONAL RESEARCH TO ACCELERATE SCIENTIFIC PROGRESS IN ALZHEIMER'S RESEARCH BY FUNDING THE MOST PROMISING EARLY PHASE CLINICAL STUDIES.

THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND AND ADVANCE BEST-IN-CLASS RESEARCH AND WORKS WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS. AN EXAMPLE OF THE HIGH RISK, HIGH REWARD FUNDING, THE ALZHEIMER'S ASSOCIATION FUNDED THE DEVELOPMENT OF THE NOW FDA APPROVED PITTSBURGH COMPOUND B (PIB), THE FIRST RADIOTRACER CAPABLE OF SHOWING BETA-AMYLOID IN THE LIVING BRAIN DURING A POSITRON EMISSION TOMOGRAPHY (PET) SCAN. IDENTIFYING BETA-AMYLOID IN THE LIVING BRAIN CAN BE USED TO SUPPORT THE DIAGNOSIS OF ALZHEIMER'S AND ALSO LETS RESEARCHERS DETERMINE IF AN EXPERIMENTAL DRUG SUCCESSFULLY DECREASES THIS HALLMARK ALZHEIMER'S PROTEIN PROVIDING INVALUABLE INFORMATION

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ABOUT DISEASE PROGRESSION. ANOTHER EXAMPLE, THE ALZHEIMER'S ASSOCIATION

U.S. STUDY TO PROTECT BRAIN HEALTH THROUGH LIFESTYLE INTERVENTION TO

REDUCE RISK (U.S. POINTER) IS A TWO-YEAR CLINICAL TRIAL TO EVALUATE

WHETHER LIFESTYLE INTERVENTIONS THAT SIMULTANEOUSLY TARGET MANY RISK

FACTORS PROTECT COGNITIVE FUNCTION IN OLDER ADULTS WHO ARE AT INCREASED

RISK FOR COGNITIVE DECLINE. U.S. POINTER IS THE FIRST STUDY OF ITS KIND

TO BE CONDUCTED IN A LARGE DIVERSE AND REPRESENTATIVE GROUP OF

AMERICANS ACROSS THE COUNTRY WHICH IS EXPECTED TO REPORT RESULTS IN

JULY 2025. THE ALZHEIMER'S ASSOCIATION HAS ALSO LAUNCHED THE NATION'S

FIRST ALZHEIMER'S NETWORK FOR TREATMENT AND DIAGNOSTICS (ALZ-NET) WHICH

IS A VOLUNTARY HEALTH CARE PROVIDER-ENROLLED PATIENT NETWORK THAT

COLLECTS CLINICAL AND SAFETY DATA FOR PATIENTS TREATED WITH NEW

FDA-APPROVED ALZHEIMER'S DISEASE THERAPIES, AND TRACKS THE LONG-TERM

HEALTH OUTCOMES ASSOCIATED WITH THEIR USE IN REAL-WORLD SETTINGS.

ALZ-NET IS A RESOURCE FOR EVIDENCE GATHERING, INFORMATION SHARING AND

EDUCATION ACROSS THE CLINICAL AND RESEARCH COMMUNITIES TO HELP IMPROVE

BRAIN HEALTH OUTCOMES FOR PATIENTS.

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR MORE

THAN 40 YEARS. THE ALZHEIMER'S ASSOCIATION OFFERS YEAR-ROUND

OPPORTUNITIES FOR THE SCIENTIFIC COMMUNITY TO NETWORK AND LEARN ABOUT

ALZHEIMER'S AND DEMENTIA RESEARCH. EVENTS INCLUDE THE ALZHEIMER'S

ASSOCIATION INTERNATIONAL CONFERENCE (AAIC) - THE WORLD'S LARGEST

MEETING DEDICATED TO ADVANCING DEMENTIA SCIENCE - AND A VARIETY OF

IN-PERSON AND VIRTUAL CONFERENCES, SYMPOSIA AND OTHER EVENTS. A PART OF

THE AAIC MENU OF YEAR-ROUND EVENTS INCLUDES:

- AAIC NEUROSCIENCE NEXT: A GLOBAL, NO-COST CONFERENCE THAT AIMS TO

SUPPORT AND SHOWCASE THE NEXT GENERATION OF ALZHEIMER'S AND DEMENTIA

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RESEARCHERS AND CLINICIANS. THE PROGRAM IS PRESENTED IN A "HYBRID HUB"

FORMAT THAT CONNECTS BOTH GLOBAL AND LOCAL COMMUNITIES.

- AAIC ADVANCEMENTS OFFERS A FORUM FOR FOCUSED INFORMATION AND

DISCUSSION ON TOPICS CRITICAL TO MOVING ALZHEIMER'S AND DEMENTIA

RESEARCH FORWARD. TOPICS HAVE INCLUDED APOE, IMMUNITY, MODERNIZING

DIAGNOSIS, EXPLORING EQUITY IN DIAGNOSIS AND MORE.

- AAIC SATELLITE SYMPOSIUM MEETINGS SPOTLIGHT ALZHEIMER'S AND DEMENTIA

RESEARCH WITHIN A SPECIFIC REGION, INCLUDING MEETINGS IN AFRICA, LATIN

AMERICA AND MORE. SELECT AAIC SATELLITE SYMPOSIA ARE HOSTED IN

PARTNERSHIP WITH THE GLOBAL BRAIN HEALTH INSTITUTE.

CONVENING GOES BEYOND MEETINGS, AND BRINGING TOGETHER THE BROADER

ECOSYSTEM THROUGH COMMON AREAS OF INTEREST IS ESSENTIAL TO DRIVING

FORWARD PROGRESS. A CLEAR EXAMPLE, THE ALZHEIMER'S ASSOCIATION

INTERNATIONAL SOCIETY TO ADVANCE ALZHEIMER'S RESEARCH AND TREATMENT

(ISTAART) IS A DIVERSE GLOBAL NETWORK OF SCIENTISTS, CLINICIANS AND

DEMENTIA PROFESSIONALS. MEMBERS OF THIS PROFESSIONAL ORGANIZATION SHARE

COMMON GOALS: THE PURSUIT OF KNOWLEDGE, COLLABORATION AND BREAKTHROUGHS

TO ADVANCE THE RESEARCH AND TREATMENT OF ALZHEIMER'S DISEASE AND OTHER

DEMENTIAS.

SHARING OF SCIENTIFIC INFORMATION AND DISCOURSE HAPPENS IN A NUMBER OF

VENUES, INCLUDING AAIC, THE AAIC FAMILY OF MEETINGS, ISTAART, BUT ALSO

IN SCIENTIFIC PUBLICATIONS. ALZHEIMER'S & DEMENTIA: THE JOURNAL OF THE

ALZHEIMER'S ASSOCIATION, IS THE LEADING PEER-REVIEWED, MONTHLY JOURNAL

IN ALZHEIMER'S AND DEMENTIA. IN ADDITION, THE ALZHEIMER'S ASSOCIATION'S

JOURNAL FAMILY INCLUDES THREE OTHER OPEN-ACCESS JOURNALS.

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COLLABORATION IS ESSENTIAL WHEN RESEARCHING TREATMENTS AND DIAGNOSTIC BIOMARKERS FOR ALZHEIMER'S DISEASE AND OTHER NEURODEGENERATIVE DISEASES. THE ALZHEIMER'S ASSOCIATION CONVENES SEVERAL CONSORTIA WHERE RESEARCHERS FROM INDUSTRY, ACADEMIA, AND GOVERNMENT SCIENTISTS ARE ADVANCING OUR UNDERSTANDING, DIAGNOSING, AND TREATMENTS FOR ALZHEIMER'S AND ALL OTHER DEMENTIA. EXAMPLES OF THIS INCLUDE THE ALZHEIMER'S ASSOCIATION RESEARCH ROUNDTABLE (AARR), THE ALZHEIMER'S ASSOCIATION BUSINESS CONSORTIUM (AABC), AND THE GLOBAL BIOMARKER STANDARDIZATION CONSORTIUM (GBSC).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CARE, SUPPORT AND RISK REDUCTION THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO PROVIDE EDUCATION, INFORMATION, SUPPORT, AND RESOURCES IN ORDER TO HELP INDIVIDUALS WITH ALZHEIMER'S, THEIR FAMILIES, AND CAREGIVERS, TO NAVIGATE THE LONG AND COMPLICATED JOURNEY THROUGH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS. THE ALZHEIMER'S ASSOCIATION'S PROGRAMS AND SERVICES ARE OFFERED IN PERSON, BY PHONE AND ONLINE. IN CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, RECEIVE PERSONALIZED CARE CONSULTATION, AND ENGAGE IN EARLY-STAGE PROGRAMS.

THE ALZHEIMER'S ASSOCIATION WORKS TO IMPROVE THE QUALITY OF DEMENTIA CARE ON EVERY LEVEL, BY CONVENING EXPERTS TO SET STANDARDS OF CARE, BY EDUCATING INDIVIDUALS AND THEIR CAREGIVERS, BY PROVIDING TRAINING AND CONTINUING EDUCATION FOR CARE PROFESSIONALS, AND BY PARTNERING WITH HEALTH SYSTEMS AND PUBLIC AGENCIES TO ENACT SYSTEMS CHANGE. UNIQUE PROGRAMMING OPPORTUNITIES INCLUDE DIRECT TRAINING TO PROVIDERS THROUGH

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ESSENTIALZ, VIDEO-BASED EDUCATION THROUGH PROJECT ECHO AND CARE

PROVIDER COMMUNITY COACHING. IN ADDITION, THE JOINT COMMISSION MEMORY

CARE CERTIFICATION, DEVELOPED IN COLLABORATION WITH THE ALZHEIMER'S

ASSOCIATION, HELPS NURSING CARE CENTERS AND ASSISTED LIVING COMMUNITIES

IMPROVE CARE FOR PEOPLE LIVING WITH DEMENTIA.

THE ALZHEIMER'S ASSOCIATION'S WEBSITE (WWW.ALZ.ORG) RECEIVES MORE THAN

32 MILLION VISITS A YEAR. ONLINE PROGRAMS INCLUDE ON-DEMAND EDUCATION

PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN

15 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN

SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN; A VIRTUAL LIBRARY,

A SAFETY CENTER, AND A SECTION DEVELOPED SPECIFICALLY FOR PEOPLE LIVING

WITH ALZHEIMER'S, WITH INPUT FROM PEOPLE IN THE EARLY STAGES OF

ALZHEIMER'S DISEASE AND THEIR CARE PARTNERS.

IN ORDER TO MEET THE NEEDS OF CONSTITUENTS WHO RELY ON THE WEB FOR

INFORMATION AND SUPPORT, THE ALZHEIMER'S ASSOCIATION OFFERS A ROBUST

CAREGIVER CENTER. COMMUNITY RESOURCE FINDER CONNECTS PEOPLE WITH LOCAL

RESOURCES, SUPPORT GROUPS, COMMUNITY PROGRAMS AND SERVICES. FAMILIES

AND CAREGIVERS CAN ACCESS ALZNAVIGATOR, AN INNOVATIVE TOOL TO HELP

CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THEIR NEEDS, CREATE A

CUSTOMIZED ACTION PLAN AND LINK TO INFORMATION, SUPPORT AND LOCAL

RESOURCES FOR INDIVIDUALS LIVING WITH ALZHEIMER'S. ALZCONNECTED IS A

FREE ONLINE COMMUNITY/MESSAGE BOARD FOR EVERYONE AFFECTED BY

ALZHEIMER'S OR ANOTHER DEMENTIA. INDIVIDUALS LIVING WITH ALZHEIMER'S,

CAREGIVERS, FAMILY MEMBERS AND FRIENDS CAN ASK QUESTIONS, GET ADVICE

AND FIND SUPPORT.

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THROUGH THE ALZHEIMER'S ASSOCIATION'S HELPLINE, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR, INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES AND CAREGIVERS CAN TALK TO A SPECIALIST TO HELP NAVIGATING A VARIETY OF NEEDS AND SITUATIONS. FOR MORE COMPLICATED OR URGENT SITUATIONS, MASTER'S-LEVEL DEMENTIA EXPERTS ARE AVAILABLE TO PROVIDE INDIVIDUALIZED, SOLUTION-FOCUSED ACTION PLANS TO ADDRESS CONSTITUENT'S INDIVIDUAL NEEDS. ADDITIONALLY, CALLS CAN BE HANDLED IN OVER 200 DIFFERENT LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE AND THROUGH A TELECOMMUNICATIONS RELAY SERVICE (TRS) FOR PEOPLE WHO ARE DEAF, HARD OF HEARING OR SPEECH IMPAIRED. THE HELPLINE CAN BE REACHED ANYTIME BY PHONE OR ONLINE AT WWW.ALZ.ORG OR BY LIVE CHAT FROM 7AM TO 7PM CT. THE HELPLINE RECEIVES APPROXIMATELY 200,000 CALLS EVERY YEAR.

THE ALZHEIMER'S ASSOCIATION CONVENES AN EARLY-STAGE ADVISORY GROUP WHOSE MEMBERS RAISE AWARENESS ON A NATIONAL LEVEL, ADVOCATE FOR THE CAUSE, AND PROVIDE GUIDANCE AND REVIEW OF PROGRAMS AND SERVICES. THE ALZHEIMER'S ASSOCIATION ALSO CONVENES EXPERTS FROM ACROSS ACADEMIA, RESEARCH AND INDUSTRY, HOSTING CRITICAL CONVERSATIONS AIMED AT ADVANCING RESEARCH AND POLICY AS WELL AS IMPROVING THE CARE AND SUPPORT AVAILABLE TO THOSE LIVING WITH OR FACING ALZHEIMER'S OR ANOTHER DEMENTIA. THESE INCLUDED THE ALZHEIMER'S ASSOCIATION INNOVATION ROUNDTABLE, THE RESEARCH ROUNDTABLE, DEMENTIA CARE PROVIDER ROUNDTABLE AND DEMENTIA CARE NAVIGATION ROUNDTABLE.

THE ALZHEIMER'S ASSOCIATION SUPPORTS BRAIN HEALTH ACROSS THE LIFESPAN, INCLUDING PROMOTING RISK REDUCTION FOR COGNITIVE DECLINE AND DEMENTIA THROUGH THE DEVELOPMENT AND DISSEMINATION OF 10 HEALTHY HABITS FOR YOUR

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BRAIN, COMMUNITY-BASED AND VOLUNTEER-LED EDUCATIONAL PROGRAMING, AND NATIONAL LEADERSHIP THROUGH THE BOLD PUBLIC HEALTH CENTER OF EXCELLENCE ON DEMENTIA RISK REDUCTION. THIS INFORMATION IS DISSEMINATED TO BROAD AND DIVERSE AUDIENCES VIA THE WEB, SOCIAL MEDIA, THE ASSOCIATION'S 24/7 CONTACT CENTER, CHAPTER NETWORKS AND HEALTH DEPARTMENTS NATIONWIDE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER (DIVERSITY & INCLUSION, PUBLIC POLICY, & MISSION ENGAGEMENT)

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

DIVERSITY & INCLUSION: THE ALZHEIMER'S ASSOCIATION BELIEVES THAT ENGAGING DIVERSE PERSPECTIVES IS CRITICAL TO ACHIEVING HEALTH EQUITY, MEANING THAT ALL COMMUNITIES HAVE A FAIR AND JUST OPPORTUNITY FOR EARLY DIAGNOSIS AND ACCESS TO RISK REDUCTION AND QUALITY CARE.

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UNDERREPRESENTED AND UNDERSERVED COMMUNITIES ARE DISPROPORTIONATELY IMPACTED BY ALZHEIMER'S AND DEMENTIA, AND YET ARE LESS LIKELY TO BE DIAGNOSED; LESS LIKELY TO BE RECRUITED TO PARTICIPATE IN RESEARCH; AND LESS LIKELY TO HAVE ACCESS TO CARE AND SUPPORT SERVICES. THIS IS UNACCEPTABLE AND MUST CHANGE. WE ARE LEADING THE WAY BY DEVELOPING STRATEGIC PARTNERSHIPS WITH TRUSTED NATIONAL AND LOCAL ORGANIZATIONS TO CREATE A PATHWAY TO GREATER HEALTH EQUITY, MISSION ENGAGEMENT AND INCLUSION FOR EVERYONE. THE ALZHEIMER'S ASSOCIATION IS BUILDING AN ORGANIZATIONAL CULTURE OF UNDERSTANDING WHILE PURSUING DIVERSITY, EQUITY AND INCLUSION THROUGH EDUCATION AND POLICIES. THE ALZHEIMER'S ASSOCIATION IS COMMITTED TO PROVIDING ALL COMMUNITIES WITH RESOURCES AND EDUCATION TO REALIZE OUR VISION OF A WORLD WITHOUT ALZHEIMER'S AND ALL OTHER DEMENTIA.

MISSION ENGAGEMENT: THE ALZHEIMER'S ASSOCIATION FOCUSES ON MISSION-RELATED PRODUCTS AND SOLUTIONS DEVELOPMENT TO REACH MORE PEOPLE IN NEW AND INNOVATIVE WAYS, SUPPORTING ALL THOSE FACING ALZHEIMER'S AND OTHER DEMENTIA, PROVIDING OR INFLUENCING THEIR CARE AND THOSE ACCELERATING SCIENCE.

THE TOTAL EXPENSES, GRANTS, AND REVENUE RELATED TO THE PROGRAMS DESCRIBED ABOVE ON PART III, LINE 4D ARE AS FOLLOWS:
EXPENSES \$ 42,166,432. INCL GRANTS OF \$ 10,122,392. REVENUE \$ 7,250.

FORM 990, PART VI, SECTION A, LINE 1A:
GOVERNING BODY:
THE BOARD OF DIRECTORS OF THE ALZHEIMER'S ASSOCIATION IS THE ORGANIZATION'S GOVERNING BODY. THE BOARD HAS DELEGATED AUTHORITY TO ITS STANDING AND OTHER

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BUSINESS COMMITTEES AS DESCRIBED IN ARTICLE VII OF THE ORGANIZATIONAL

BYLAWS. THE FOLLOWING EXCERPTS FROM ALZHEIMER'S ASSOCIATION BYLAWS DISCUSS

THE COMMITTEES OF THE BOARD OF DIRECTORS.

COMMITTEES OF DIRECTORS:

ALL COMMITTEE MEETINGS SHALL BE OPEN TO ATTENDANCE BY ALL DIRECTORS EXCEPT

IN EXECUTIVE SESSION. ONLY COMMITTEE MEMBERS MAY VOTE ON COMMITTEE MATTERS.

THE BOARD OF DIRECTORS SHALL HAVE THE FOLLOWING STANDING COMMITTEES:

EXECUTIVE, FINANCE, GOVERNANCE AND NOMINATING, COMPENSATION, AUDIT AND

MISSION OUTCOMES.

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE SHALL MANAGE THE BUSINESS AND PROPERTY OF

ALZHEIMER'S ASSOCIATION IN BETWEEN MEETINGS OF THE BOARD OF DIRECTORS;

PROVIDED, THAT THE EXECUTIVE COMMITTEE SHALL NOT TAKE ANY ACTION WHICH IS

CONTRARY TO POLICIES OF ALZHEIMER'S ASSOCIATION AS ADOPTED BY THE BOARD OF

DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE SUCH ADDITIONAL POWERS AS MAY

BE PROVIDED BY LAW OR RESOLUTION OF THE BOARD OF DIRECTORS. THE EXECUTIVE

COMMITTEE SHALL REPORT TO THE BOARD OF DIRECTORS AT EACH MEETING OF THE

BOARD OF DIRECTORS AND REPORT EXECUTIVE COMMITTEE ACTIONS IN A TIMELY

MANNER IN BETWEEN BOARD OF DIRECTORS MEETINGS.

AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS BY DULY ADOPTED

RESOLUTION SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF NO FEWER THAN

SEVEN NOR MORE THAN FIFTEEN DIRECTORS. THE CHAIR, CHAIR ELECT, VICE CHAIRS,

SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEE, AND THE CHAIR OF

THE MEDICAL AND SCIENTIFIC ADVISORY GROUP, SHALL BE MEMBERS OF THE

EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE THE CHAIR

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

FINANCE COMMITTEE:

THE FINANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE DIRECTORS AND SHALL BE CHAIRED BY THE TREASURER. THE FINANCE COMMITTEE SHALL OVERSEE AND REVIEW ALL FINANCIAL REPORTS, ACCOUNTING ACTIVITIES AND INVESTMENT DECISIONS OF ALZHEIMER'S ASSOCIATION, AND ALSO SHALL RECOMMEND A PROJECTED BUDGET FOR EACH FISCAL YEAR TO BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE FINANCE COMMITTEE AND THE COMPENSATION COMMITTEE SHALL HAVE SEPARATE BUT COORDINATED FIDUCIARY AND OVERSIGHT RESPONSIBILITY WITH RESPECT TO THE ALZHEIMER'S ASSOCIATION 401(K) SAVINGS PLAN AND ANY OTHER TAX-QUALIFIED RETIREMENT PLANS SPONSORED BY ALZHEIMER'S ASSOCIATION (THE PLANS). WORKING IN COORDINATION WITH THE COMPENSATION COMMITTEE, THE FINANCE COMMITTEE SHALL BE RESPONSIBLE FOR PROVIDING APPROPRIATE GOVERNANCE OVERSIGHT AS TO THE FINANCIAL AND INVESTMENT OPERATIONS OF THE PLANS, INCLUDING APPOINTMENT OF FIDUCIARIES RELATING TO INVESTMENT MANAGEMENT UNDER THE PLANS, FOR TAKING FINAL ACTIONS WITH RESPECT TO SUCH FINANCIAL AND INVESTMENT OPERATIONS, AND FOR PROVIDING APPROPRIATE REPORTS TO THE BOARD OF DIRECTORS WITH RESPECT TO SUCH OVERSIGHT AND ACTIONS.

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GOVERNANCE AND NOMINATING COMMITTEE:

AT EACH OF ITS ANNUAL MEETINGS, THE BOARD OF DIRECTORS, BY DULY ADOPTED RESOLUTION, SHALL ELECT A GOVERNANCE AND NOMINATING COMMITTEE CONSISTING OF NO FEWER THAN SEVEN NOR MORE THAN FIFTEEN INDIVIDUALS CURRENTLY SERVING AS A DIRECTOR. AT LEAST ONE-THIRD OF THE GOVERNANCE AND NOMINATING COMMITTEE SHALL BE DIRECTORS HAVING CHAPTER EXPERIENCE. THE GOVERNANCE AND NOMINATING COMMITTEE SHALL ASSIST THE BOARD IN ENSURING THE SUCCESSFUL GOVERNANCE OF ALZHEIMER'S ASSOCIATION THROUGH BOARD ASSESSMENT, RECRUITING, NOMINATIONS, ORIENTATION, AND DEVELOPMENT. THE GOVERNANCE AND NOMINATIONS COMMITTEE SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS, AND MEMBERS OF THE EXECUTIVE COMMITTEE. THE GOVERNANCE AND NOMINATIONS COMMITTEE MAY NOMINATE CANDIDATES FOR HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS, GROUPS OR COMMITTEES. THE GOVERNANCE AND NOMINATIONS COMMITTEE ALSO SHALL PROVIDE INPUT TO THE CHAIR ON THE SELECTION OF OFFICERS AND COMMITTEE CHAIRS.

COMPENSATION COMMITTEE:

THE COMPENSATION COMMITTEE SHALL BE RESPONSIBLE FOR REVIEWING AND APPROVING, SUBJECT TO FURTHER AND FINAL APPROVAL BY THE BOARD OF DIRECTORS, ALL FORMS OF COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE SHALL CONDUCT ITS REVIEW AND APPROVAL OF HIS OR HER TOTAL COMPENSATION AND BENEFITS IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED ("SECTION 4958"). THE COMPENSATION COMMITTEE ALSO SHALL BE RESPONSIBLE FOR REVIEWING AND APPROVING APPROPRIATE MARKET DATA, TO BE USED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OR CHIEF EXECUTIVE OFFICER TO SET OR ADJUST COMPENSATION OF ANY OTHER EXECUTIVE-LEVEL EMPLOYEE WHO COULD

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BE CONSIDERED TO BE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER
THE AFFAIRS OF ALZHEIMER'S ASSOCIATION WITHIN THE MEANING OF SECTION 4958.
THE COMPENSATION COMMITTEE ALSO SHALL BE RESPONSIBLE FOR OVERSIGHT OF
EXECUTIVE-LEVEL BENEFITS AND SUCCESSION PLANNING FOR KEY POSITIONS IN
ALZHEIMER'S ASSOCIATION.

THE FINANCE COMMITTEE AND THE COMPENSATION COMMITTEE SHALL HAVE SEPARATE
BUT COORDINATED FIDUCIARY AND OVERSIGHT RESPONSIBILITY WITH RESPECT TO THE
ALZHEIMER'S ASSOCIATION 401(K) SAVINGS PLAN AND ANY OTHER TAX-QUALIFIED
RETIREMENT PLANS SPONSORED BY ALZHEIMER'S ASSOCIATION (THE PLANS). WORKING
IN COORDINATION WITH THE COMPENSATION COMMITTEE, THE FINANCE COMMITTEE
SHALL BE RESPONSIBLE FOR PROVIDING APPROPRIATE GOVERNANCE OVERSIGHT AS TO
THE FINANCIAL AND INVESTMENT OPERATIONS OF THE PLANS, INCLUDING APPOINTMENT
OF FIDUCIARIES RELATING TO INVESTMENT MANAGEMENT UNDER THE PLANS, FOR
TAKING FINAL ACTIONS WITH RESPECT TO SUCH FINANCIAL AND INVESTMENT
OPERATIONS, AND FOR PROVIDING APPROPRIATE REPORTS TO THE BOARD OF DIRECTORS
WITH RESPECT TO SUCH OVERSIGHT AND ACTIONS.

AUDIT COMMITTEE:

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

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FIVE MEMBERS, ALL OF WHOM ARE MEMBERS OF THE BOARD OF DIRECTORS AND THE MAJORITY OF WHOM HAVE APPROPRIATE FINANCIAL EXPERTISE. AT LEAST ONE MEMBER OF THE AUDIT COMMITTEE SHALL MEET THE REQUIREMENT OF "AUDIT COMMITTEE FINANCIAL EXPERT" AS THEN DEFINED BY THE SECURITIES AND EXCHANGE COMMISSION. THE MAJORITY OF THE MEMBERS OF THE AUDIT COMMITTEE MAY NOT CONCURRENTLY SERVE ON THE FINANCE COMMITTEE AND THE TREASURER AND CHAIR OF THE FINANCE COMMITTEE MAY NOT SERVE CONCURRENTLY ON THE AUDIT COMMITTEE.

MISSION OUTCOMES COMMITTEE:
 THE MISSION OUTCOMES COMMITTEE SHALL OVERSEE AND REVIEW PROGRESS AGAINST THE ALZHEIMER'S ASSOCIATION'S STRATEGIC PLAN'S PRIORITY ACTIVITIES AND SHALL SUPPORT AND FACILITATE BOARD OF DIRECTORS CONVERSATIONS THAT ARE FOCUSED ON MISSION DELIVERY AND THE APPROVED STRATEGIC PLAN.

OTHER COMMITTEES:
 IN ADDITION TO THE STANDING COMMITTEES, OTHER COMMITTEES MAY BE DESIGNATED BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS PRESENT AT ANY MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:
 FORM 990 REVIEW PROCESS
 THE ORGANIZATION UNDERGOES A THOROUGH REVIEW PROCESS BEFORE FILING THE RETURN. THE AUDIT COMMITTEE DISCUSSES AND REVIEWS THE FORM BEFORE IT IS PROVIDED TO THE OFFICERS AND FULL BOARD OF DIRECTORS. ALL OFFICERS AND THE FULL BOARD OF DIRECTORS ARE PROVIDED A COPY FOR THEIR REVIEW AND HAVE THE OPPORTUNITY TO COMMENT BEFORE THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

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CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE ALZHEIMER'S ASSOCIATION'S CONFLICT OF INTEREST POLICY IS DESCRIBED IN

ARTICLE XII, SECTION 2 OF THE ORGANIZATIONAL BYLAWS.

THE RESPONSIBILITY FOR DISCLOSING ANY KNOWN OR REASONABLY FORESEEABLE

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THE BOARD

OF DIRECTORS OR ITS COMMITTEE DESIGNEE, BY THE INTEREST PERSON WHOSE

INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH ALZHEIMER'S ASSOCIATION.

ALL INTERESTED PERSON ARE REQUIRED TO FILE WITH ALZHEIMER'S ASSOCIATION A

DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE

WITH ALZHEIMER'S ASSOCIATION AND AT SUCH TIME AND IN SUCH MANNER AS MAY BE

PROVIDED IN GUIDELINES ADOPTED BY THE BOARD OF DIRECTORS. ALL INTERESTED

PERSONS SERVING ALZHEIMER'S ASSOCIATION SHALL FILE DISCLOSURE STATEMENTS,

FROM TIME TO TIME, AS MAY BE REQUIRED BY THE BOARD OF DIRECTORS, THE BYLAWS

ARTICLE XII, SECTION 2 OR ANY OTHER BOARD POLICY, AND IN NO EVENT LESS

OFTEN THAN ANNUALLY. INTERESTED PERSONS SHALL DISCLOSE ANY CONFLICT AND

SHALL NOT VOTE ON A MATTER AND FURTHER IF REQUESTED BY THE CHAIR OR

RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM IN WHICH THE BOARD OR

COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR

DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE MINUTES SHALL

REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THE INTERESTED

PERSON DID NOT PARTICIPATE IN ANY DISCUSSION OF THE MATTER AND DID NOT VOTE

ON THE MATTER IN PERSON OR BY PROXY. WHEN ANY SUCH CONFLICT OF INTEREST IS

RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY

COMMITTEE OF THE BOARD, THE INTERESTED PERSON SHALL DISCLOSE SUCH CONFLICT

TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE AND SHALL NOT VOTE ON THE

MATTER. FURTHER THE INTERESTED PERSON OR REPRESENTATIVE HAVING A CONFLICT

IF REQUESTED BY THE CHAIR OR RESOLUTION OF THE BOARD SHALL LEAVE THE ROOM

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IN WHICH THE BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON CONCERNING WHOM THE DOUBT HAS ARISEN.

COPIES OF ALZHEIMER'S ASSOCIATION BYLAWS ARTICLE, INCLUDING THE CONFLICT OF INTEREST POLICY AND ANY RELATED ETHICAL POLICY OR GUIDELINES AS FROM TIME TO TIME ADOPTED OR AMENDED BY THE BOARD OF DIRECTORS, SHALL BE PRESENTED TO ALL INTERESTED PERSONS SERVING ALZHEIMER'S ASSOCIATION AT THE TIME OF ANY SUCH ADOPTION OR AMENDMENT AND IN NO EVENT LESS OFTEN THAN ANNUALLY; AND TO ALL INDIVIDUALS SEEKING TO SERVE ALZHEIMER'S ASSOCIATION AS AN INTERESTED PERSON PRIOR TO REQUESTING ANY SUCH INDIVIDUAL TO EXECUTE A CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:
 PROCESS FOR DETERMINING COMPENSATION
 COMPENSATION IS ESTABLISHED FOR THE PRESIDENT & CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE PRESIDENT & CEO POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT SOURCES OCCURRED IN 2024. THE PROCESS WAS CONDUCTED IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES. AS TO THE MEMBERS OF THE SENIOR MANAGEMENT TEAM OTHER THAN THE PRESIDENT & CEO, ANNUALLY UPDATED MARKET DATA IS ALSO PROVIDED BY THE OUTSIDE COMPENSATION CONSULTANT, SO THAT THE UPDATED MARKET DATA CAN BE USED IN SETTING REASONABLE COMPENSATION FOR EACH MEMBER OF THE

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SENIOR MANAGEMENT TEAM.

EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE PRESIDENT & CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS. THE COMMITTEE AND CHAIR OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THESE INCLUDE A SELF-ASSESSMENT AND EVALUATION BY THE PRESIDENT & CEO. UPDATED MARKET DATA FOR USE IN SETTING REASONABLE COMPENSATION IS PROVIDED BY A NATIONAL COMPENSATION CONSULTING FIRM TO THE COMPENSATION COMMITTEE FOR CONFIRMATION OF REASONABLENESS USING A PROCESS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INCLUDING CONTEMPORANEOUS DOCUMENTATION IN THE COMMITTEE'S MINUTES). THE MOST RECENT COMPENSATION STUDY WAS CONDUCTED IN 2024 AND THE SALARY AND TOTAL COMPENSATION PACKAGE OF THE PRESIDENT & CEO WAS BENCHMARKED BY C3 NONPROFIT CONSULTING GROUP (A DIVISION OF SULLIVAN COTTER). COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE'S MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC
 TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:
 HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
 THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON THE WEBSITE WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE TO THE GENERAL PUBIC UPON REQUEST.

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FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUSTS	2,157,377.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-661,987.
BAD DEBT EXPENSE	-3,017,800.
RESCINDED RESEARCH GRANTS	3,263,400.
TOTAL TO FORM 990, PART XI, LINE 9	1,740,990.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALZHEIMER'S IMPACT MOVEMENT (AIM) - 27-1961435, 225 N. MICHIGAN AVE., FL. 17, CHICAGO, IL 60601	SOCIAL WELFARE	ILLINOIS	501(C)(4)		ALZ. ASSOC	X	
ALZHEIMER'S ASSOCIATION INTERNATIONAL - 99-9999999, 181 BAY ST BROOKFIELD PL #2100, , TORONTO, ONTARIO, CANADA M5J2T3	PUBLIC FOUNDATION	CANADA	501(C)(3)		ALZ. ASSOC	X	
COALITION OF NY STATE ALZ ASSN CHAPS INC - 13-4076596, 4 PINE WEST PLAZA, #405, ALBANY, NY 12205	PUBLIC CHARITY	NEW YORK	501(C)(3)	LINE 7	ALZ. ASSOC	X	

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

Schedule R (Form 990) 2023

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALZHEIMER'S IMPACT MOVEMENT	B	10,090,952.	FMV
(2) ALZHEIMER'S IMPACT MOVEMENT	N	1,001,887.	FMV
(3) ALZHEIMER'S IMPACT MOVEMENT	O	5,215,597.	FMV
(4) COALITION OF NY STATE ALZ ASSN CHAPS INC	O	311,912.	FMV
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART V, LINE 2:

AMOUNT INVOLVED IN RELATIONSHIP

THE ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT

MOVEMENT (AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR

2024 TO SUPPORT PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S

STRATEGIC PLAN. THIS GRANT IS RESTRICTED TO THE FOLLOWING 501(C)(3)

ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH

SPECIFIC GOALS INCLUDING: IMPLEMENTATION OF THE NATIONAL ALZHEIMER'S

PROJECT ACT (RECOGNIZING THIS GROWING ALZHEIMER'S CRISIS, CONGRESS

UNANIMOUSLY PASSED AND THE PRESIDENT SIGNED INTO LAW THE NATIONAL

ALZHEIMER'S PROJECT ACT - NAPA); INCREASING THE COMMITMENT TO

ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND CAREGIVER SUPPORT

SERVICES; EXPANDING DIAGNOSIS AND PLANNING.