** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 **and ending** JUN 30, 2022

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Doing business as ALZHEIMER'S ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
225 N. MICHIGAN AVE. 17TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60601-7633

D Employer identification number 13-3039601

E Telephone number 312-335-8700

G Gross receipts $ 798,177,427.

F Name and address of principal officer: RICHARD HOVLAND
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.ALZ.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1980 **M** State of legal domicile: DE

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 ▶ [ ] 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	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2276
6	Total number of volunteers (estimate if necessary)	6	58757
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	377,428,810.	460,358,014.
	9	Program service revenue (Part VIII, line 2g)	3,318,234.	2,990,858.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,168,267.	41,932,447.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,611,330.	-3,242,741.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404,526,641.	502,038,578.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,455,349.	84,842,289.
	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)	181,604,398.	199,012,012.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,642,050.	2,093,518.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 78,572,771.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,849,579.	157,226,680.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	365,551,376.	443,174,499.
	19	Revenue less expenses. Subtract line 18 from line 12	38,975,265.	58,864,079.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	497,643,896.	493,034,630.
	21	Total liabilities (Part X, line 26)	142,547,117.	173,166,662.
	22	Net assets or fund balances. Subtract line 21 from line 20	355,096,779.	319,867,968.

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 3/16/23

▶ RICHARD HOVLAND, COO, CFO, & ASST. TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
BRIDGET ROCHE	Bridget Roche	12/15/2022		P00666837

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 171 N. CLARK ST., SUITE 200
CHICAGO, IL 60601 — Phone no. 312-856-0200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization 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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ RICHARD HOVLAND 225 N. MICHIGAN AVE. 17TH FLOOR - CHICAGO, IL 60601-7633

Telephone No. ▶ 312-335-5771 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, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .

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.

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.

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

Form **8868** (Rev. 1-2022)

123841 01-12-22

11470926 153424 0173037-00020 2021.04030 ALZHEIMER'S DISEASE & REL 01730371

Part III Statement of Program Service Accomplishments

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

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 (MISSION CONTINUED IN SCHEDULE O)

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

4 Describe the organization's program service accomplishments for each of its three largest program 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 $ 231,581,442. including grants of $ 4,703,735.) (Revenue $ 1,739,096.)
SEE SCHEDULE O

4b (Code:) (Expenses $ 88,279,300. including grants of $ 70,119,525.) (Revenue $ 1,251,762.)
SEE SCHEDULE O

4c (Code:) (Expenses $ 25,861,452. including grants of $ 10,019,029.) (Revenue $ 0.)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 345,722,194.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	1035		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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** 2276			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country ▶ _____			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	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?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
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?	**15**	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?	**16**		X
	If "Yes," complete Form 4720, Schedule O.			
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	**17**		
	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 ..... [X]

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	1a	29		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

[X] Own website [ ] Another's website [X] Upon request [X] 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 ▶

RICHARD HOVLAND, COO, CFO, & ASST. TREASURER - 312-335-5771

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, 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) HARRY JOHNS	60.00									
PRESIDENT (THRU 11/2021)/CEO	0.79			X				1,215,907.	22,318.	229,909.
(2) KATHERINE "JOANNE" PIKE	60.00									
CSO/PRESIDENT (AS OF 11/2021)	0.13			X				725,216.	2,286.	105,087.
(3) DONNA MCCULLOUGH - CHIEF	60.00									
MISSION & FIELD OPERATIONS OFFICER	0.02					X		692,855.	328.	81,992.
(4) RICHARD HOVLAND	60.00									
COO, CFO, & ASST. TREASURER	0.04			X				648,514.	632.	96,745.
(5) MARIA CARRILLO	60.00									
CHIEF SCIENCE OFFICER	0.00					X		609,879.	0.	100,502.
(6) ROBERT EGGE	60.00									
CHIEF PUBLIC POLICY OFFICER	1.10					X		559,973.	16,233.	96,812.
(7) GLENDA BERRY	60.00									
WEST AREA LEADER	0.00					X		502,772.	0.	83,195.
(8) KENANN CASSIDY	60.00									
EAST AREA LEADER	0.00					X		507,599.	0.	75,308.
(9) MICHELLE HELTON - FORMER CFO	60.00									
(THRU 5/21)/ VP, FINANCIAL OPS.	0.00						X	414,509.	0.	67,632.
(10) CHRISTINE FOH - ASST. SECY. &	60.00									
VP LEGAL & GC (THRU 11/2021)	0.04			X				374,236.	0.	22,013.
(11) ANTHONY D'AMATO - ASST. SECY.	60.00									
& VP LEGAL & GC (AS OF 11/2021)	0.00			X				43,288.	0.	3,368.
(12) BRIAN RICHARDSON	12.00									
CHAIR AND DIRECTOR	0.50	X		X				0.	0.	0.
(13) SARAH LORANCE - CHAIR ELECT	12.00									
AND DIRECTOR (AS OF 10/2021)	0.00	X		X				0.	0.	0.
(14) CECILE PERICH	12.00									
VICE CHAIR AND DIRECTOR	0.00	X		X				0.	0.	0.
(15) RYAN MUNDY	10.00									
SECRETARY AND DIRECTOR	0.00	X		X				0.	0.	0.
(16) BRUCE BAUDE	10.00									
TREASURER (AS OF 10/2021)/DIRECTOR	0.00	X		X				0.	0.	0.
(17) JULIA WALLACE	10.00									
TREASURER (THRU 10/2021)/DIRECTOR	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ALEX TSAO	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(19) ANDREW DAHLKEMPER	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(20) ARTHENA CASTON	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(21) BRUCE LAMB	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(22) DAVID GONZALES	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) DAVID HUNTER	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) DEAN BRENNER	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(25) DEBRA PIERSON	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(26) DEREK VAN AMERONGEN	5.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal ▶								6,294,748.	41,797.	962,563.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								6,294,748.	41,797.	962,563.

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 ▶ 340

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	15,166,849.
HAWORTH MARKETING & MEDIA LLC, 45 S. 7TH STREET, SUITE 2400, MINNEAPOLIS, MN 55402	ADVERTISING	14,351,817.
NEVER WITHOUT, LLC 580 TANACREST, ATLANTA, GA 30328	ADVERTISING	9,128,371.
PERSONIFY INC, 6500 RIVER PLACE BOULEVARD BLD 3 SUITE 250, AUSTIN, TX 78730	CRM/TECHNOLOGY	4,313,260.
BLACKBAUD, INC. PO BOX 930256, ATLANTA, GA 31193	CRM/TECHNOLOGY	3,012,559.

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 ▶ 115

SEE PART VII, SECTION A CONTINUATION SHEETS

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) DOZENE GUISHARD	5.00									
DIRECTOR (AS OF 10/2021)	0.00	X						0.	0.	0.
(28) EILEEN KAMERICK	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(29) ELIZABETH SHIH	5.00									
DIRECTOR (AS OF 10/2021)	0.00	X						0.	0.	0.
(30) GEOFF HEREDIA	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(31) GEORGE JOHNSON	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(32) GEORGE WALZ	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(33) HELEN BROOKS	5.00									
DIRECTOR (THRU 02/2022)	0.00	X						0.	0.	0.
(34) IRENE SUDAC	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(35) JAMES GROSSMANN	5.00									
DIRECTOR (THRU 10/2021)	0.00	X						0.	0.	0.
(36) JAY REINSTEIN	5.00									
DIRECTOR (THRU 10/2021)	0.00	X						0.	0.	0.
(37) JOE ARCINIEGA	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(38) JOSEPH (JOE) MONTMINY	5.00									
DIRECTOR (AS OF 10/2021)	0.00	X						0.	0.	0.
(39) KAREN STEVENSON	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(40) KARYNE JONES	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(41) MINOO JAVANMARDIAN	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(42) NICOLE WALKER	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(43) WILLIAM THOMAS	5.00									
DIRECTOR	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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	591,907.				
	c Fundraising events	1c	22,627,321.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	26,875,400.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	410,263,386.				
	g Noncash contributions included in lines 1a-1f	1g	$ 22,715,625.				
	h **Total.** Add lines 1a-1f ▶			460,358,014.			
			Business Code				
Program Service Revenue	2 a SAFE RETURN REG. FEES		611710	1,450,030.	1,450,030.		
	b PROGRAM CONFERENCES		611710	964,998.	964,998.		
	c JOURNAL		511120	398,163.	398,163.		
	d CAREGIVER TRAINING		611710	177,667.	177,667.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			2,990,858.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			12,686,126.			12,686,126.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶			82,315.			82,315.
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	316,274,095. /				
	b Less: cost or other basis and sales expenses	7b	286,939,465. / 88,309.				
	c Gain or (loss)	7c	29,334,630. / -88,309.				
	d Net gain or (loss) ▶			29,246,321.			29,246,321.
	8 a Gross income from fundraising events (not including $ 22,627,321. of contributions reported on line 1c). See Part IV, line 18	8a	3,935,242.				
	b Less: direct expenses	8b	9,036,137.				
	c Net income or (loss) from fundraising events ▶			-5,100,895.			-5,100,895.
	9 a Gross income from gaming activities. See Part IV, line 19	9a	24,675.				
	b Less: direct expenses	9b	19,263.				
	c Net income or (loss) from gaming activities ▶			5,412.			5,412.
	10 a Gross sales of inventory, less returns and allowances	10a	99,420.				
	b Less: cost of goods sold	10b	55,675.				
	c Net income or (loss) from sales of inventory ▶			43,745.			43,745.
			Business Code				
Miscellaneous Revenue	11 a STATE SPONSORED REV		900099	1,363,724.			1,363,724.
	b MISCELLANEOUS REVENUE		900099	334,434.			334,434.
	c AFFILIATE REVENUE		900099	28,524.			28,524.
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			1,726,682.			
	12 **Total revenue.** See instructions ▶			502,038,578.	2,990,858.	0.	38,689,706.

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	67,256,372.	67,256,372.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,839,936.	1,839,936.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,745,981.	15,745,981.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,548,230.	1,822,710.	1,426,137.	299,383.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	544,640.	201,266.		343,374.
7 Other salaries and wages	149,270,002.	111,886,340.	3,796,089.	33,587,573.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,225,035.	9,774,958.	439,500.	3,010,577.
9 Other employee benefits	21,749,776.	15,872,152.	987,884.	4,889,740.
10 Payroll taxes	10,674,329.	7,913,960.	413,629.	2,346,740.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,682,345.	999,456.	461,665.	221,224.
c Accounting	172,697.		172,697.	
d Lobbying	736,281.	736,281.		
e Professional fundraising services. See Part IV, line 17	2,093,518.			2,093,518.
f Investment management fees	269,717.		269,717.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	36,736,068.	26,850,119.	1,945,480.	7,940,469.
12 Advertising and promotion	34,335,765.	30,966,570.	36,208.	3,332,987.
13 Office expenses	41,808,429.	27,921,245.	4,905,755.	8,981,429.
14 Information technology	3,681,379.	2,759,804.	439,064.	482,511.
15 Royalties				
16 Occupancy	15,977,253.	10,985,285.	2,679,457.	2,312,511.
17 Travel	5,334,489.	3,742,944.	106,296.	1,485,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,000,676.	5,350,979.	154,628.	6,495,069.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,268,335.	2,222,957.	487,785.	557,593.
23 Insurance	750,047.	515,072.	128,112.	106,863.
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	245,702.	192,220.	2,868.	50,614.
b				
c				
d				
e All other expenses	227,497.	165,587.	26,563.	35,347.
25 **Total functional expenses.** Add lines 1 through 24e	443,174,499.	345,722,194.	18,879,534.	78,572,771.
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 ▶ [X] if following SOP 98-2 (ASC 958-720)	20,713,830.	11,403,025.	3,305,160.	6,005,645.

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		25,880,339.	2	33,251,956.
	3	Pledges and grants receivable, net		70,423,217.	3	65,618,284.
	4	Accounts receivable, net		7,915,070.	4	7,842,339.
	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		1,515,699.	8	994,394.
	9	Prepaid expenses and deferred charges		6,281,152.	9	7,884,837.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,516,141.			
	b	Less: accumulated depreciation	10b 26,468,343.	21,107,254.	10c	23,047,798.
	11	Investments - publicly traded securities		324,420,496.	11	307,441,707.
	12	Investments - other securities. See Part IV, line 11		39,279,061.	12	46,162,297.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		821,608.	15	791,018.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		497,643,896.	16	493,034,630.
Liabilities	17	Accounts payable and accrued expenses		33,248,833.	17	42,837,349.
	18	Grants payable		93,002,734.	18	113,363,842.
	19	Deferred revenue		3,481,887.	19	3,137,654.
	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		12,813,663.	25	13,827,817.
	26	**Total liabilities.** Add lines 17 through 25		142,547,117.	26	173,166,662.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		211,697,101.	27	182,693,824.
	28	Net assets with donor restrictions		143,399,678.	28	137,174,144.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		355,096,779.	32	319,867,968.
	33	Total liabilities and net assets/fund balances		497,643,896.	33	493,034,630.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	502,038,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,174,499.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,864,079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	355,096,779.
5	Net unrealized gains (losses) on investments	5	-89,598,366.
6	Donated services and use of facilities	6	-5.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,494,519.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	319,867,968.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
	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?	2b	X	
	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 [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 Single Audit Act and OMB Circular A-133?	3a	X	
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	3b	X	

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

2021

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	319,867,489.	361,019,360.	377,982,664.	375,847,517.	460,358,014.	1895075044.
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	319,867,489.	361,019,360.	377,982,664.	375,847,517.	460,358,014.	1895075044.
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)						21,388,917.
6 **Public support.** Subtract line 5 from line 4.						1873686127.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	319,867,489.	361,019,360.	377,982,664.	375,847,517.	460,358,014.	1895075044.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,355,626.	8,237,819.	8,384,406.	9,916,186.	12,768,441.	45,662,478.
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.)	12,152,019.	8,245,835.	5,689,260.	7,972,899.	5,786,019.	39,846,032.
11 **Total support.** Add lines 7 through 10						1980583554.

12 Gross receipts from related activities, etc. (see instructions) ..... **12** 33,402,483.

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** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) ..... **14** 94.60 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ..... **15** 95.36 %

16a **33 1/3% support test - 2021.** 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 ..... ▶ [X]

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	**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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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? *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.*	**2a**		
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? *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.*	**2b**		
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? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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 2021 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-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

2017 AMOUNT: $ 18,407.

2018 AMOUNT: $ 15,030.

2019 AMOUNT: $ 14,103.

2020 AMOUNT: $ 16,363.

2021 AMOUNT: $ 28,524.

FUNDRAISING AND GAMING EVENTS

2017 AMOUNT: $ 10,443,879.

2018 AMOUNT: $ 7,532,657.

2019 AMOUNT: $ 4,700,628.

2020 AMOUNT: $ 6,637,711.

2021 AMOUNT: $ 3,959,917.

INCOME FROM SALES OF INVENTORY

2017 AMOUNT: $ 318,798.

2018 AMOUNT: $ 242,384.

2019 AMOUNT: $ 132,390.

2020 AMOUNT: $ 115,729.

2021 AMOUNT: $ 99,420.

GROUP CHAPTER REVENUE

2017 AMOUNT: $ 520,936.

2018 AMOUNT: $ 247,444.

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 0.

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.)

2021 AMOUNT: $ 0.

LEGAL SETTLEMENT

2017 AMOUNT: $ 734,166.

2018 AMOUNT: $ 0.

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 0.

CHAPTER RENT ABATEMENT

2017 AMOUNT: $ 0.

2018 AMOUNT: $ 171,073.

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 0.

OTHER INCOME

2017 AMOUNT: $ 115,833.

2018 AMOUNT: $ 37,247.

2019 AMOUNT: $ 842,139.

2020 AMOUNT: $ 1,203,096.

2021 AMOUNT: $ 334,434.

SPONSORED PROCEEDS

2017 AMOUNT: $ 0.

2018 AMOUNT: $ 0.

2019 AMOUNT: $ 0.

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.)

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 1,363,724.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

Name of organization
ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION, INC.

Employer identification number
13-3039601

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 57,510,630.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 13,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION, INC.

Employer identification number
13-3039601

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization
ALZHEIMER'S DISEASE & RELATED DISORDERS
ASSOCIATION, INC.

Employer identification number
13-3039601

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political 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.

LHA

Schedule C (Form 990) 2021

132041 11-03-21

16031214 153424 0173037-00020 2021.05010 ALZHEIMER'S DISEASE & REL 01730371

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.		
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-		

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.

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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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		284,631.
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		10,008,054.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,189,985.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,234,960.
i Other activities?		X	
j Total. Add lines 1c through 1i			13,717,630.
2a Did the activities in line 1 cause the organization to be not 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 expenditure 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 ASSOCIATION'S ADVOCACY IS THROUGH VOLUNTEERS. ADDITIONALLY,

THE ASSOCIATION HAS TRAINING TO DEVELOP AND ORGANIZE CHAPTER BASED

GRASSROOTS ACTIVITIES. AS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

THREATEN TO BANKRUPT FAMILIES, BUSINESSES AND THE HEALTHCARE SYSTEM,

Part IV Supplemental Information *(continued)*

SCIENTISTS ARE MOVING CLOSER TO FINDING BETTER TREATMENTS THAT COULD ALTER THE COURSE OF THE DISEASE. THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR PUBLIC POLICIES AIMED AT ADVANCING RESEARCH TOWARD BETTER THERAPIES, DETECTION, METHODS OF PREVENTION AND ULTIMATELY A CURE, AS WELL AS FOR HIGH QUALITY HEALTHCARE AND LONG-TERM SERVICES AND SUPPORT FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES. THIS INCLUDES ADVOCACY FOR BETTER CARE FOR PEOPLE AND FAMILIES ALREADY FACING ALZHEIMER'S. ADVOCACY ACTIVITIES ALSO INCLUDE COLLABORATING WITH OTHER ORGANIZATIONS TO IMPROVE QUALITY CARE AND RAISE AWARENESS OF KEY ISSUES.

LINE 1B:

PAID STAFF OR MANAGEMENT

THE ASSOCIATION HAS PAID STAFF WHO ENGAGE ON BEHALF OF THE ASSOCIATION IN PUBLIC POLICY WORK, INCLUDING EDUCATING POLICYMAKERS AND SUPPORTING THE ADVOCACY WORK OF VOLUNTEERS.

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 PREVIOUS YEARS DURING THE PANDEMIC, NO MAILINGS WERE SENT OUT TO LEGISLATORS IN FY22.

LINE 1E:

PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS

Part IV Supplemental Information *(continued)*

THE ASSOCIATION DISTRIBUTED FEDERAL AND STATE UPDATES VIA EMAIL

APPROXIMATELY 400 TIMES DURING THE YEAR.

LINE 1F:

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

THE 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 ASSOCIATION USES INTERNAL STAFF AND RETAINED LOBBYISTS TO EDUCATE

POLICYMAKERS ABOUT THE ASSOCIATION'S POLICY RECOMMENDATIONS.

LINE 1H:

RALLIES, DEMONSTRATIONS, SEMINARS, ETC.

THE AIM ADVOCACY FORUM WAS HELD IN PERSON IN MAY 2022.

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
2021
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.

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

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

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

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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? ☐ Yes ☐ No

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,505,547.	24,252,597.	24,252,597.	24,043,831.	24,038,631.
b Contributions	2,500.	252,950.		208,766.	5,200.
c Net investment earnings, gains, and losses	-2,111,453.	4,771,161.	1,490,922.	1,557,825.	894,633.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,359,802.	4,771,161.	1,490,922.	1,557,825.	894,633.
f Administrative expenses					
g End of year balance	16,036,792.	24,505,547.	24,252,597.	24,252,597.	24,043,831.

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:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		592,617.		592,617.
b Buildings		1,696,978.	289,629.	1,407,349.
c Leasehold improvements		11,783,422.	7,229,159.	4,554,263.
d Equipment		4,579,116.	3,474,688.	1,104,428.
e Other		30,864,008.	15,474,867.	15,389,141.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				23,047,798.

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	34,943,160.	END-OF-YEAR MARKET VALUE
(B) COMMINGLED TRUST FUND	5,702,631.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERHSIP	5,226,479.	END-OF-YEAR MARKET VALUE
(D) ASSETS HELD IN TRUST	290,027.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	46,162,297.	

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, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	8,354,573.
(3) GIFT ANNUITY OBLIGATIONS	5,473,244.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	13,827,817.

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 ... [X]

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	412,442,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-89,598,366.		
b	Donated services and use of facilities	2b	8,190,811.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-4,422,924.		
e	Add lines **2a** through **2d**			2e	-85,830,479.
3	Subtract line **2e** from line **1**			3	498,272,969.
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	269,717.		
b	Other (Describe in Part XIII.)	4b	3,495,892.		
c	Add lines **4a** and **4b**			4c	3,765,609.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	502,038,578.

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	447,671,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	8,190,816.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	71,595.		
e	Add lines **2a** through **2d**			2e	8,262,411.
3	Subtract line **2e** from line **1**			3	439,408,890.
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	269,717.		
b	Other (Describe in Part XIII.)	4b	3,495,892.		
c	Add lines **4a** and **4b**			4c	3,765,609.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	443,174,499.

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 56%) OR NOT PURPOSE RESTRICTED (APPROXIMATELY 44%).

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, 2022 AND 2021, 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.

ENDOWMENT NET ASSETS CONSIST OF DONOR-RELATED ENDOWMENT FUNDS. DURING THE YEAR ENDED JUNE 30, 2022, THE ALZHEIMER'S ASSOCIATION RECLASSIFIED PERPETUAL TRUSTS THAT WERE IMPROPERLY PRESENTED AS ENDOWMENTS IN THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS. THE ALZHEIMER'S ASSOCIATION AMENDED THE ENDOWMENT REPORTING IN THE CURRENT YEAR OF SCHEDULE D PART V TO REFLECT THE CORRECT BALANCE.

PART X, LINE 2:

FIN 48

THE ASSOCIATION AND ALZHEIMER'S IMPACT MOVEMENT (AIM) HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME.

ALZHEIMER'S IMPACT MOVEMENT POLITICAL ACTION COMMITTEE (AIMPAC) IS A POLITICAL ACTION COMMITTEE ORGANIZATION EXEMPT FROM FEDERAL TAXES UNDER SECTION 527 OF THE IRC. THE ALZHEIMER'S ASSOCIATION INTERNATIONAL IS A NOT-FOR-PROFIT CANADIAN ENTITY. THE COALITION OF NEW YORK STATE

Part XIII Supplemental Information *(continued)*

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 TAX HAS BEEN MADE IN THE FINANCIAL STATEMENTS.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS AND, AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED. ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES OR STATEMENT OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUSTS	-3,640,879.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-801,308.
GAMING EXPENSES	19,263.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,422,924.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	3,551,567.
COST OF GOODS SOLD	-55,675.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,495,892.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	1,581,293.

Part XIII Supplemental Information *(continued)*

RESCINDED GRANTS	-1,528,961.
GAMING EXPENSES	19,263.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	71,595.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	3,551,567.
COST OF GOODS SOLD	-55,675.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,495,892.

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

2021

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 Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **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		9,468,520.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		2,238,135.
NORTH AMERICA	0	0	GRANTMAKING		1,475,350.
SOUTH AMERICA	0	0	GRANTMAKING		1,210,182.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		999,094.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		329,700.
SOUTH ASIA	0	0	GRANTMAKING		25,000.
3 a Subtotal	0	0			15,745,981.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			15,745,981.

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

Schedule F (Form 990) 2021

132071 12-20-21

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)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	324,782.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	149,767.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	149,097.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	174,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	450,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	149,100.	WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	175,000.	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 ..... ▶ 83

3 Enter total number of other organizations or entities ..... ▶ 1

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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PROGRAM SUPPORT	262,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	800,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	304,970.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	274,929.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	119,569.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	99,961.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	169,302.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	149,985.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	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 AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	148,600.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	24,995.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	799,882.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	623,944.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	765,942.	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	298,992.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	60,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	149,931.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	24,948.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	155,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	149,997.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	154,700.	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)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	174,990.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	149,600.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	136,358.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	147,635.	WIRE	0.		
		SOUTH ASIA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	169,522.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	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)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	24,998.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	578,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	24,904.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	300,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	175,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	799,999.	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	25,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	175,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	162,615.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	175,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	259,996.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	150,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	162,765.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	81,810.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	149,969.	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	139,877.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	126,442.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	24,998.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	226,917.	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	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	175,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	24,992.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	119,732.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	625,000.	WIRE	0.		
		SOUTH AMERICA	PROGRAM SUPPORT	132,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	125,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	790,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	150,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	145,970.	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 Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 Instructions for Form 5471)* ☒ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; 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 BI-ANNUAL REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE PROJECT. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS

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.

ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). SIXTY DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD START DATE, AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST NOTIFIES ALL RESEARCHERS AND ALL DESIGNATED INSTITUTIONAL FINANCIAL OFFICIALS WITH FISCAL RESPONSIBILITY FOR THE AWARD OF THE REQUIRED REPORTS, WHICH INCLUDE AN INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT, MENTOR EVALUATION, DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF 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 AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT AND THE MENTOR EVALUATION, BOTH OF WHICH ARE AVAILABLE FOR DOWNLOAD BY THE RESEARCHERS AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT AT THE AWARDED INSTITUTION AT HTTPS://PROPOSALCENTRAL.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 PROPOSALCENTRAL. AFTER RECEIPT, ALL FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION SPECIALIST FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION, THE ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL (I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL 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

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.

BY THE CHIEF SCIENCE OFFICER, MEDICAL AND SCIENTIFIC RELATIONS.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO THE PROPOSALCENTRAL ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD. PUBLICATION(S) AS ACCEPTED ARE UPLOADED TO PROPOSALCENTRAL DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORD OF ANY PUBLICATION(S) ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION.

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

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

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.

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

FOREIGN INSTITUTIONS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING AS VERIFICATION OF NON-PROFIT STATUS:

- ORGANIZATION'S CHARTER, BYLAWS AND OTHER GOVERNING DOCUMENTS (IN ENGLISH, IF POSSIBLE). IN CASES WHERE TRANSLATION IS NOT POSSIBLE, A DATED AND SIGNED LETTER IN ENGLISH FROM THE RECTOR OR OTHER AUTHORIZED SIGNING OFFICIAL OF THE INSTITUTION IS ACCEPTABLE.
- DOCUMENTATION OF NON-PROFIT DESIGNATION FROM ORGANIZATION'S GOVERNMENT.

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM, ALZHEIMER'S INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING TAU PIPELINE ENABLING PROGRAM (T-PEP). ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE DETAILED IN THAT PROGRAM'S RFA.

UNLESS OTHERWISE STATED IN PROGRAM, ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION LETTER). IF THE IRS DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE-YEAR PERIOD, THE INSTITUTION IS REQUIRED TO PROVIDE DOCUMENTATION FROM AN AUTHORIZED SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH TO CONFIRM THERE HAS NOT BEEN A STATUS CHANGE FOR THE ORGANIZATION. FOR THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT PROGRAM AND OTHER PROGRAMS WITH FOR-PROFIT AWARDEES, ANY FOR-PROFIT APPLICANT IS REQUIRED TO SUBMIT

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.

THE ORGANIZATION'S FINANCIAL STATEMENTS.

AS PART OF THE APPLICATION PROCESS, APPLICANTS ARE TO UPLOAD A W-8BEN-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 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-8BEN-E FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN THEIR SUBMITTED APPLICATION TO PROPOSALCENTRAL. 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 PROPOSALCENTRAL PRIOR TO PAYMENT BEING SENT TO THE AWARDEE. IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS IS FOUND BY THE ASSOCIATION, IT WILL BE IMMEDIATELY REPORTED TO THE ALZHEIMER'S ASSOCIATION LEGAL DEPARTMENT FOR APPROPRIATE HANDLING AND FOLLOW-UP. FOR TRANSACTIONS UNRELATED TO THE INTERNATIONAL RESEARCH GRANT PROGRAM IN THE MEDICAL AND SCIENTIFIC

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.

DEPARTMENT, THE SAME FINANCIAL DOCUMENTATION IS REVIEWED.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. THE ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY THE ALZHEIMER'S ASSOCIATION ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. FOLLOW-ON FUNDING FROM FEDERAL AGENCIES IS ALSO MONITORED.

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

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES AND GRANTS

THE ALZHEIMER'S ASSOCIATION ACCOUNTS FOR EXPENDITURES, CASH GRANTS, AND NONCASH 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 NONCASH ASSISTANCE USING THE ACCRUAL METHOD.

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

2021

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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] 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? [X] **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? Yes	No	**(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
THD - 80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421	MAIL		X	44,700,254.	1,811,118.	42,889,136.
CDR - 16900 SCIENCE DRIVE, SUITE 210, BOWIE, MD 20715	EMAIL		X	34,930,304.	282,400.	34,647,904.
Total ▶				79,630,558.	2,093,518.	77,537,040.

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,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
DC

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 PTC-GALA (event type)	(b) Event #2 NAPA VALLEY (event type)	(c) Other events 65 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	3,809,200.	1,943,277.	20,810,086.	26,562,563.
	2 Less: Contributions	3,191,641.	1,563,002.	17,872,678.	22,627,321.
	3 Gross income (line 1 minus line 2)	617,559.	380,275.	2,937,408.	3,935,242.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			432,711.	432,711.
	6 Rent/facility costs	390,912.	181,113.	689,703.	1,261,728.
	7 Food and beverages	88,380.	85,783.	1,782,433.	1,956,596.
	8 Entertainment	146,425.	6,223.	284,536.	437,184.
	9 Other direct expenses	52,315.	177,151.	4,718,452.	4,947,918.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,036,137.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,100,895.

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))
Revenue	1 Gross revenue			24,675.	24,675.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			19,263.	19,263.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				19,263.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				5,412.

9 Enter the state(s) in which the organization conducts gaming activities: IA,MI,OH,OR

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? [X] 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 [X] 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 [X] 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 [X] 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 [X] 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.

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 CREATIVE DIRECT RESPONSE, INC.

Part IV Supplemental Information *(continued)*

(CDR) 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 CREATIVE DIRECT RESPONSE, INC. (CDR) AND THE ALZHEIMER'S ASSOCIATION IS NOT A PERCENTAGE-BASED AGREEMENT. CDR 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

2021

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? [X] 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
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE RESEARCH ADM ALBANY, NY 12208	14-1338310	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
ALZHEIMERS IMPACT MOVEMENT 225 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1961435	501(C)(4)	10,008,054.	0.			PUBLIC POLICY
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	1,531,667.	0.			PROGRAM SUPPORT
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501(C)(3)	1,547,493.	0.			PROGRAM SUPPORT
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
ARTERY THERAPEUTICS, INC. 10 DUBERSTEIN DRIVE SAN RAMON, CA 94583	83-0389565		800,000.	0.			PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) 2021

132101 10-26-21

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 MS: BCM 310 HOUSTON, TX 77030	74-1613878	501(C)(3)	174,500.	0.			PROGRAM SUPPORT
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	664,884.	0.			PROGRAM SUPPORT
BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	299,818.	0.			PROGRAM SUPPORT
BROWN UNIVERSITY 350 EDDY STREET, BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
CALIFORNIA STATE UNIVERSITY 4910 N. CHESTNUT AVE FRESNO, CA 93726	94-6003272	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	324,916.	0.			PROGRAM SUPPORT
CITY OF LAUDERDALE LAKES 4320 NW 36TH ST. FORT LAUDERDALE, FL 33319	59-0974050	501(C)(3)	8,659.	0.			PROGRAM SUPPORT

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
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	04-3167352	501(C)(3)	162,297.	0.			PROGRAM SUPPORT
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	501(C)(3)	149,947.	0.			PROGRAM SUPPORT
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	1,339,961.	0.			PROGRAM SUPPORT
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	450,000.	0.			PROGRAM SUPPORT
DUKE UNIVERSITY 2200 W. MAIN STREET, SUITE 710 DURHAM, NC 27705	56-0532129	501(C)(3)	729,790.	0.			PROGRAM SUPPORT
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	642,772.	0.			PROGRAM SUPPORT
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH - 11400 ROCKVILLE PIKE, SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)(3)	834,717.	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)	1,324,990.	0.			PROGRAM SUPPORT
INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	886,466.	0.			PROGRAM SUPPORT

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

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IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY - 505 MORRILL ROAD - AMES, IA 50011	42-6004224	501(C)(3)	148,388.	0.			PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY - KRIEGER SCHOOL OF ARTS & SCIENCES - 3400 N. CHARLES STREET, SUITE N600 - BALTIMORE, MD 21218	52-0595110	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
KAISER FOUNDATION HEALTH PLAN OF COLORADO - 2550 S. PARKER RD, SUITE 200 - AURORA, CO 80014	84-0591617	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
KENNESAW STATE UNIVERSITY RESEARCH AND SERVICE FOUNDATION - 1000 CHASTAIN ROAD, MD 0111 - KENNESAW, GA 30144	37-1535589	501(C)(3)	149,974.	0.			PROGRAM SUPPORT
LEHIGH UNIVERSITY 526 BRODHEAD AVENUE BETHLEHEM, PA 18015	24-0795445	501(C)(3)	149,951.	0.			PROGRAM SUPPORT
LOWCOUNTRY CENTER FOR VETERANS RESEARCH - 22 WESTEDGE STREET, SUITE 410 - CHARLESTON, SC 29403	56-2054871	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
LOYOLA UNIVERSITY-CHICAGO 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	36-1408475	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	1,187,533.	0.			PROGRAM SUPPORT
MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCJ, 1ST SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	140,000.	0.			PROGRAM SUPPORT

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)	904,951.	0.			PROGRAM SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVE - CHARLESTON, SC 29425	57-6000722	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	501(C)(3)	349,033.	0.			PROGRAM SUPPORT
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - 9000 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
NEVADA SYSTEM OF HIGHER EDUCATION 4505 MARYLAND PARKWAY, BOX 451055 LAS VEGAS, NV 89154	88-6000024	501(C)(3)	298,989.	0.			PROGRAM SUPPORT
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BOULEVARD GERRY HOUSE OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
NEW YORK UNIVERSITY 665 BROADWAY, SUITE 801 NEW YORK, NY 10016	13-5562308	501(C)(3)	665,000.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE, 7TH FLO CHICAGO, IL 60611	36-2167817	501(C)(3)	293,530.	0.			PROGRAM SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. PORTLAND, OR 97239	93-1176109	501(C)(3)	911,965.	0.			PROGRAM SUPPORT

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
PHARMATROPHIX INC 2198 STERLING AVE MENLO PARK, CA 94025	14-1973571		890,000.	0.			PROGRAM SUPPORT
REGENERATIVE RESEARCH FOUNDATION ONE DISCOVERY DRIVE RENSSELAER, NY 12144	20-3654626	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
REGENTS OF THE UNIVERSITY OF MINNESOTA - TWIN CITIES - 420 DELAWARE STREET, SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	145,861.	0.			PROGRAM SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. - 150 BROADWAY, SUITE 301 - MENANDS, NY 12204	14-1410842	501(C)(3)	315,000.	0.			PROGRAM SUPPORT
RESEARCH FOUNDATION OF CUNY 85 ST. NICHOLAS TERRACE NEW YORK, NY 10031	13-1988190	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	447,017.	0.			PROGRAM SUPPORT
SOUTH CAROLINA DEPARTMENT OF AGING 1301 GERVAIS ST., STE 200 COLUMBIA, SC 29201	57-6000286	501(C)(3)	1,351,651.	0.			PROGRAM SUPPORT
SOUTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION - 5901 E. SEVENTH ST. - LONG BEACH, CA 90822	33-0331855	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)(3)	150,000.	0.			PROGRAM SUPPORT

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 BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY ST - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	325,000.	0.			PROGRAM SUPPORT
THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501(C)(3)	150,000.	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)	179,104.	0.			PROGRAM SUPPORT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04906	01-0211513	501(C)(3)	789,902.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY - 1608 FOURTH STREET, SUITE 220 - BERKELEY, CA 94710	94-6002123	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 160 ALDRICH HALL - IRVINE, CA 92697	95-2226406	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	299,305.	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)	644,996.	0.			PROGRAM SUPPORT

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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,188,525.	0.			PROGRAM SUPPORT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	980,834.	0.			PROGRAM SUPPORT
THE RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12207	14-1368361	501(C)(3)	298,990.	0.			PROGRAM SUPPORT
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501(C)(3)	175,000.	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)	879,551.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 901 WEST ILLINOIS STREET - URBANA, IL 61801	37-6000511	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	311,363.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 CAMPUS BOX 1350 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	844,705.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LN, SUITE 3.340 AUSTIN, TX 78759	74-6000203	501(C)(3)	594,875.	0.			PROGRAM SUPPORT

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THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN, UCT 1006 - HOUSTON, TX 77030	74-1761309	501(C)(3)	439,994.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BOULEVARD - GALVESTON, TX 77555	74-6000949	501(C)(3)	349,822.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390	75-6002868	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF UTAH 201 PRESIDENTS' CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	149,976.	0.			PROGRAM SUPPORT
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET SUITE 900 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	136,365.	0.			PROGRAM SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON BOSTON, MA 02218	04-2103547	501(C)(3)	475,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 9500 GILMAN DRIVE, DEPT 0934 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA TUCSON, AZ 85287	74-2652689	501(C)(3)	138,324.	0.			PROGRAM SUPPORT
UNIVERSITY OF COLORADO ANSCHUTZ 12631 EAST 17TH AVENUE BOX F496 AURORA, CO 80045	84-6000555	501(C)(3)	173,286.	0.			PROGRAM SUPPORT

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UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVE - FARMINGTON, CT 06030	52-1725543	501(C)(3)	61,437.	0.			PROGRAM SUPPORT
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	624,358.	0.			PROGRAM SUPPORT
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66103	48-1108830	501(C)(3)	324,995.	0.			PROGRAM SUPPORT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 500 SOUTH LIMESTONE - LEXINGTON, KY 40526	61-6033693	501(C)(3)	299,998.	0.			PROGRAM SUPPORT
UNIVERSITY OF MARYLAND, BALTIMORE 620 W. LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21201	52-6002033	501(C)(3)	377,543.	0.			PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	474,997.	0.			PROGRAM SUPPORT
UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, SUITE 650 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	733,780.	0.			PROGRAM SUPPORT
UNIVERSITY OF MISSOURI - ST LOUIS ONE UNIVERSITY BOULEVARD ST. LOUIS, MO 63121	43-6003859	501(C)(3)	149,972.	0.			PROGRAM SUPPORT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985100 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501(C)(3)	150,000.	0.			PROGRAM SUPPORT

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UNIVERSITY OF PITTSBURGH 300 MURDOCH BUILDING 3420 FORBES AV PITTSBURGH, PA 15260	25-0965591	501(C)(3)	348,089.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 414 COLUMBIA, SC 29208	57-6001153	501(C)(3)	1,480,801.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165 TAMPA, FL 33612	59-3102112	501(C)(3)	325,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S. FLOWER STREET, 3RD FLOOR LOS ANGELES, CA 90089	95-1642394	501(C)(3)	2,948,582.	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)	863,592.	0.			PROGRAM SUPPORT
UNIVERSITY OF TEXAS RIO GRANDE VALLEY - 1201 W. UNIVERSITY DRIVE - EDINBURG, TX 78539	46-5292740	501(C)(3)	149,985.	0.			PROGRAM SUPPORT
UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS - 3000 ARLINGTON AVENUE - TOLEDO, OH 43614	34-6401483	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	501(C)(3)	440,000.	0.			PROGRAM SUPPORT

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

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UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6301 MADISON, WI 53715	39-6006492	501(C)(3)	324,997.	0.			PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-MILWAUKEE P.O. BOX 340 MILWAUKEE, WI 53201	39-1805963	501(C)(3)	300,000.	0.			PROGRAM SUPPORT
VANDERBILT UNIVERSITY 110 21ST AVENUE, SOUTH, SUITE 800 NASHVILLE, TN 37203	62-0476822	501(C)(3)	114,289.	0.			PROGRAM SUPPORT
VANDERBILT UNIVERSITY MEDICAL CENTER - 110 21ST AVENUE, SOUTH, SUITE 800 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	280,000.	0.			PROGRAM SUPPORT
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	7,867,117.	0.			PROGRAM SUPPORT
WASHINGTON STATE UNIVERSITY 280 LIGHTY PULLMAN, WA 99164	91-6001108	501(C)(3)	324,034.	0.			PROGRAM SUPPORT
WASHINGTON UNIVERSITY IN ST. LOUIS 1054 ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	43-0653611	501(C)(3)	2,585,618.	0.			PROGRAM SUPPORT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE - NEW YORK, NY 10065	13-1623978	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 455 MAIN STREET - CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	175,000.	0.			PROGRAM SUPPORT

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

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WILLIAM BEAUMONT HOSPITAL 3811 W. 13 MILE RD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	10,231.	0.			PROGRAM SUPPORT
WORLD EVENTS FORUM, INC. 1631 WHITCOMB DES PLAINES, IL 60018	36-4390483		30,000.	0.			PROGRAM SUPPORT
YALE UNIVERSITY PO BOX 208327 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	588,766.	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	3500	1,792,339.	0.		
SCHOLARSHIPS	31	32,341.	0.		
SAFE RETURN	155	15,256.	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

COUNCIL, AND THE ALZHEIMER'S ASSOCIATION MEDICAL & SCIENTIFIC RELATIONS

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

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

Part IV Supplemental Information

BASED ON IDENTIFIED NEEDS IN THE ALZHEIMER RESEARCH COMMUNITY. SECOND, THE ALZHEIMER'S ASSOCIATION IS ENGAGED IN A PORTFOLIO ANALYSIS OF SCIENTIFIC AREAS OF INVESTMENT TO MONITOR THE DIVERSITY OF THE GRANTS PORTFOLIO, POTENTIAL GAPS IN RESEARCH FUNDING, AND POTENTIAL OVERLAP OF AREAS FUNDED. THE ANALYSIS INFORMS FUTURE FUNDING DECISIONS, 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 BI-ANNUAL REPORTING TO THE ALZHEIMER'S ASSOCIATION ON BOTH THE STATUS OF THE RESEARCH PROJECT AND FINANCIAL EXPENDITURES ASSOCIATED WITH THE AWARD. SEVERAL PROGRAMS ARE LEVERAGED FUNDING OPPORTUNITIES WITH PARTNER ORGANIZATIONS. THESE RESEARCH PROJECTS AND FINANCIAL EXPENDITURE REPORTS ARE SHARED BETWEEN THE PARTNER ORGANIZATION(S). SIXTY DAYS PRIOR TO THE ANNIVERSARY OF THE AWARD START DATE, AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST NOTIFIES ALL RESEARCHERS AND ALL DESIGNATED INSTITUTIONAL FINANCIAL OFFICIALS WITH FISCAL RESPONSIBILITY FOR THE AWARD OF THE REQUIRED REPORTS, WHICH INCLUDE AN INTERIM SCIENTIFIC REPORT, INTERIM FINANCIAL REPORT, DOCUMENTATION OF ANY PUBLICATIONS AS A RESULT OF ASSOCIATION FUNDING, AND ANNUAL VERIFICATION OF REQUIRED ETHICAL (ANIMAL AND HUMAN) 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 AND A TEMPLATE FOR THE INTERIM FINANCIAL REPORT, BOTH OF WHICH ARE AVAILABLE FOR DOWNLOAD BY

Part IV Supplemental Information

THE RESEARCHERS AS WELL AS THE OFFICIAL WITH FISCAL RESPONSIBILITY FOR THE GRANT AT THE AWARDED INSTITUTION AT HTTPS://PROPOSALCENTRAL.COM/.

THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WITH FISCAL RESPONSIBILITY, AND ALL REPORTS MUST BE UPLOADED BY THE AWARD RECIPIENT TO PROPOSALCENTRAL. AFTER RECEIPT, ALL FINANCIAL REPORTS ARE REVIEWED BY AN ALZHEIMER'S ASSOCIATION GRANT SPECIALIST FOR ACCURACY AND CONSISTENCY WITH THE AGREED UPON BUDGET. IN ADDITION, THE ASSOCIATION REQUIRES PROTOCOL CONTINUATION APPROVAL (I.E., INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC), INSTITUTIONAL REVIEW BOARD (IRB), RECOMBINANT DNA PROTOCAL (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 CHIEF SCIENCE OFFICER, MEDICAL AND SCIENTIFIC RELATIONS.

AT THE CONCLUSION OF THE AWARD, ALL REPORTS/PUBLICATION(S) ARE DUE 90 DAYS AFTER THE AWARD EXPIRES AND MUST BE UPLOADED TO THE PROPOSALCENTRAL ONLINE SYSTEM. THE FINANCIAL REPORT MUST BE SIGNED BY THE INSTITUTIONAL OFFICIAL WHO HAS FISCAL RESPONSIBILITY FOR THE AWARD. PUBLICATION(S) AS ACCEPTED ARE UPLOADED TO PROPOSALCENTRAL DURING AND AFTER THE DURATION OF THE GRANT. IT IS EXPECTED THAT AWARDEES WILL CONTINUE TO MAINTAIN RECORD OF ANY PUBLICATION(S) ACKNOWLEDGING THE ALZHEIMER'S ASSOCIATION.

DATA GENERATED AS A RESULT OF ALZHEIMER'S ASSOCIATION FUNDED WORK IS SUBJECT TO DATA SHARING, AS A CONDITION OF AWARD. DATA AND OTHER OUTPUTS OF THE PROJECT ARE SUBJECTED TO THIS POLICY FOR QUICK, REASONABLE SUBMISSIONS FOR COMPLETED WORK. FURTHER, AWARDEES HAS OPPORTUNITY TO SUBMIT/SHARE DATA, AS APPLICABLE, THROUGH THE GLOBAL ALZHEIMER'S ASSOCIATION INTERACTIVE

Part IV Supplemental Information

NETWORK (GAAIN*), A GLOBAL INFRASTRUCTURE CONNECTING RESEARCH STUDIES FROM AROUND THE WORLD THROUGH ONE PORTAL WHERE DATA CAN BE INTERROGATED IN AGGREGATE FOR ANALYSIS USING A VIRTUAL MACHINE. GAAIN IS WHOLLY FUNDED BY THE ALZHEIMER'S ASSOCIATION.

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

FOR-PROFIT ORGANIZATIONS ARE NOT ELIGIBLE TO APPLY TO THE ALZHEIMER'S ASSOCIATION'S INTERNATIONAL RESEARCH GRANT PROGRAM, WITH THE EXCEPTION OF THE PART THE CLOUD TRANSLATIONAL RESEARCH GRANT, ALZHEIMER'S INNOVATION AWARD AND CERTAIN PARTNERSHIP PROGRAMS, INCLUDING BIOMARKERS ACROSS NEURODEGENERATIVE DISEASES (BAND) AND TAU PIPELINE ENABLING PROGRAM (T-PEP). ELIGIBILITY OF ORGANIZATIONS APPLICABLE FOR A PROGRAM ARE DETAILED IN THAT PROGRAM'S RFA.

UNLESS OTHERWISE STATED IN PROGRAM, ALL INSTITUTIONS ARE REQUIRED TO SUBMIT VERIFICATION OF THEIR NON-PROFIT STATUS DATED WITHIN THE LAST FIVE YEARS (E.G., IRS TAX DETERMINATION LETTER). IF THE IRS DETERMINATION LETTER IS DATED PRIOR TO THIS FIVE YEAR PERIOD, THE INSTITUTION IS REQUIRED TO PROVIDE DOCUMENTATION FROM AN AUTHORIZED SIGNING OFFICIAL IN THEIR GRANTS AND CONTRACTS OFFICE OR OFFICE OF SPONSORED RESEARCH TO CONFIRM THERE HAS

Part IV Supplemental Information

NOT BEEN A STATUS CHANGE FOR THE ORGANIZATION. 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 REQUIRED 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 FORM FOR CONSIDERATION. THESE FORMS ARE UPLOADED WITHIN THEIR SUBMITTED APPLICATION TO PROPOSALCENTRAL. 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 (THROUGH OFAC). PRIOR TO PAYMENT, EACH FUNDED ALZHEIMER'S ASSOCIATION GRANT AWARDEE (I.E. THE INSTITUTION) IS VERIFIED FOR COMPLIANCE WITH THE U.S. PATRIOT ACT. THE GRANT SPECIALIST CONFIRMS ELIGIBILITY AND PROVIDES THIS DOCUMENTATION TO THE GRANT ONLINE FILE AT PROPOSALCENTRAL PRIOR TO PAYMENT BEING SENT TO THE AWARDEE. IN THE EVENT THAT A POSITIVE MATCH TO ONE OF THE SDN LISTS IS FOUND BY THE ASSOCIATION, IT WOULD IMMEDIATELY BE REPORTED TO THE ALZHEIMER'S ASSOCIATION LEGAL DEPARTMENT FOR APPROPRIATE HANDLING AND FOLLOW-UP. FOR TRANSACTIONS UNRELATED TO THE INTERNATIONAL RESEARCH GRANT

Part IV Supplemental Information

PROGRAM IN THE MEDICAL AND SCIENTIFIC DEPARTMENT, THE SAME FINANCIAL DOCUMENTATION IS REVIEWED.

THE ALZHEIMER'S ASSOCIATION MONITORS THE SCIENTIFIC ADVANCES OF THE ASSOCIATION'S GRANT AWARDEES BY MAINTAINING RECORDS OF PUBLICATIONS, PRESENTATIONS, AND INTELLECTUAL PROPERTY THAT RESULT FROM FUNDED STUDIES. THE ASSOCIATION REQUIRES THE GRANT RECIPIENT TO NOTIFY THE ALZHEIMER'S ASSOCIATION ON AN ANNUAL BASIS WITH UPDATES TO THESE RECORDS. FOLLOW-ON FUNDING FROM FEDERAL AGENCIES IS ALSO MONITORED.

THE ALZHEIMER'S ASSOCIATION GRANTED FUNDS TO ALZHEIMER'S IMPACT MOVEMENT (AIM) FOR PUBLIC POLICY DIVISION ACTIVITIES IN FISCAL YEAR 2022 TO SUPPORT PRIORITIES IDENTIFIED IN THE ALZHEIMER'S ASSOCIATION'S STRATEGIC PLAN. THIS GRANT IS RESTRICTED TO THE FOLLOWING 501(C)(3) ACTIVITIES AND THE ANCILLARY ACTIVITIES NECESSARY TO ACCOMPLISH SPECIFIC GOALS INCLUDING: IMPLEMENTATION OF THE NATIONAL ALZHEIMER'S PROJECT ACT (RECOGNIZING THIS GROWING ALZHEIMER'S CRISIS, CONGRESS UNANIMOUSLY PASSED AND THE PRESIDENT SIGNED INTO LAW THE NATIONAL ALZHEIMER'S PROJECT ACT - NAPA); INCREASING THE COMMITMENT TO ALZHEIMER'S RESEARCH; EXPANDING EDUCATION EFFORTS AND CAREGIVER SUPPORT SERVICES; EXPANDING DIAGNOSIS AND PLANNING.

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

PART III:

THE ASSOCIATION PROVIDES RESPITE CAREGIVER ASSISTANCE TO INDIVIDUALS FOR THE BENEFIT OF SPECIFIED INDIVIDUALS TO COVER CARETAKING COSTS. THE ASSOCIATION DOES NOT KEEP A RECORD TO TRACK EACH GRANT GIVEN TO EVERY

Part IV Supplemental Information

SINGLE INDIVIDUAL, SO THEY ARE USING AN ESTIMATE FOR THE NUMBER OF RECIPIENTS BASED ON CURRENT DATA AVAILABLE AT THIS TIME.

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

2021

Open to Public Inspection

Name of the organization: ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number: 13-3039601

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[ ] First-class or charter travel; [X] Travel for companions; [ ] Tax indemnification and gross-up payments; [ ] Discretionary spending account; [ ] Housing allowance or residence for personal use; [ ] Payments for business use of personal residence; [ ] Health or social club dues or initiation fees; [ ] 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	1b	X	
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?	2	X	
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.			
	[X] Compensation committee; [X] Independent compensation consultant; [X] Form 990 of other organizations; [ ] Written employment contract; [X] Compensation survey or study; [X] 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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

132111 11-02-21

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) HARRY JOHNS	(i)	823,841.	388,300.	3,766.	203,259.	26,650.	1,445,816.	0.
PRESIDENT (THRU 11/2021)/CEO	(ii)	22,318.	0.	0.	0.	0.	22,318.	0.
(2) KATHERINE "JOANNE" PIKE	(i)	558,167.	165,500.	1,549.	71,917.	33,170.	830,303.	0.
CSO/PRESIDENT (AS OF 11/2021)	(ii)	2,286.	0.	0.	0.	0.	2,286.	0.
(3) DONNA MCCULLOUGH - CHIEF	(i)	535,532.	154,400.	2,923.	69,595.	12,397.	774,847.	0.
MISSION & FIELD OPERATIONS OFFICER	(ii)	328.	0.	0.	0.	0.	328.	0.
(4) RICHARD HOVLAND	(i)	495,057.	149,700.	3,757.	69,400.	27,345.	745,259.	0.
COO, CFO, & ASST. TREASURER	(ii)	632.	0.	0.	0.	0.	632.	0.
(5) MARIA CARRILLO	(i)	468,610.	140,446.	823.	65,610.	34,892.	710,381.	0.
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT EGGE	(i)	425,538.	133,631.	804.	63,614.	33,198.	656,785.	0.
CHIEF PUBLIC POLICY OFFICER	(ii)	16,233.	0.	0.	0.	0.	16,233.	0.
(7) GLENDA BERRY	(i)	384,664.	115,929.	2,179.	59,378.	23,817.	585,967.	0.
WEST AREA LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KENANN CASSIDY	(i)	386,870.	115,229.	5,500.	59,378.	15,930.	582,907.	0.
EAST AREA LEADER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE HELTON - FORMER CFO	(i)	312,360.	100,276.	1,873.	31,900.	35,732.	482,141.	0.
(THRU 5/21)/ VP, FINANCIAL OPS.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE FOH - ASST. SECY. &	(i)	325,575.	45,748.	2,913.	20,265.	1,748.	396,249.	0.
VP LEGAL & GC (THRU 11/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

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 OR REPORTED FOR HARRY JOHNS, RICHARD HOVLAND, OR DONNA MCCULLOUGH RELATED TO A 457(B) PLAN IN CALENDAR YEAR 2021.

ALZHEIMER'S ASSOCIATION ESTABLISHED A SECTION 457(F) PLAN FOR CERTAIN MEMBERS OF SENIOR MANAGEMENT. ACCORDING TO THE 457(F) PLAN, AMOUNTS ARE CONTRIBUTED ON BEHALF OF PARTICIPANTS (AS DETERMINED BY THE BOARD) FOR EACH PLAN YEAR. THE PLAN IS INTENDED TO SUPPLEMENT OTHER RETIREMENT PLANS (QUALIFIED PLANS, SOCIAL SECURITY AND THE 457(B) PLAN) TO ACHIEVE AN INCOME

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.

REPLACEMENT RATIO. THE ONLY PARTICIPANTS OF THE PLAN ARE THE BELOW

INDIVIDUALS ALONG WITH THEIR CONTRIBUTIONS FOR 2021:

- MARIA CARRILLO - $33,710

- ROBERT EGGE - $31,714

- DONNA MCCULLOUGH - $37,695

- KENANN CASSIDY - $27,478

- GLENDA BERRY - $27,478

- JOANNE PIKE - $40,017

THE ABOVE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN C, RETIREMENT

AND OTHER DEFERRED COMPENSATION. NONE OF THE PARTICIPANTS ABOVE HAVE VESTED

IN ANY OF THE SERP BENEFITS. THE FIRST VESTING WILL OCCUR ON DECEMBER 31,

2022.

PART II, COLUMN (B) (II):

SUPPLEMENTAL COMPENSATION INFORMATION: BONUS AND INCENTIVE COMPENSATION

HARRY JOHNS RECEIVED PERFORMANCE BASED INCENTIVE COMPENSATION OF $388,300

BASED ON HIS SUCCESSFUL ACHIEVEMENT OF SPECIFIC GOALS, WHICH WERE

DEVELOPED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE OF 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.

BOARD OF DIRECTORS IN CONSULTATION WITH THE BOARD'S INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANTS. THIS PERFORMANCE BASED INCENTIVE COMPENSATION WAS EARNED FOR PERFORMANCE IN FISCAL YEAR 2021 AND WAS PAID IN CALENDAR YEAR 2021.

RICHARD HOVLAND, JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, MICHELLE HELTON, GLENDA BERRY, KENANN CASSIDY AND CHRISTINE FOH RECEIVED PERFORMANCE BASED INCENTIVES EARNED IN FISCAL YEAR 2021 AND PAID IN CALENDAR YEAR 2021.

PART II, COLUMN (B) (III):

HARRY JOHNS 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.

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, GLENDA BERRY, KENANN CASSIDY, MICHELLE HELTON AND CHRISTINE FOH ALSO RECEIVE THE LIFE INSURANCE BENEFIT. HARRY JOHNS, RICHARD HOVLAND, JOANNE PIKE, DONNA MCCULLOUGH, KENANN CASSIDY AND CHRISTINE FOH HAVE ADDITIONAL IMPUTED INCOME

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.

FOR VOLUNTARY ELECTIONS UNDER THE GROUP DISABILITY PLAN.

PART II, COLUMN (C):

SUPPLEMENTAL COMPENSATION INFORMATION: RETIREMENT AND OTHER DEFERRED

COMPENSATION

HARRY JOHNS - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES EMPLOYER

CONTRIBUTIONS TO A QUALIFIED BROAD-BASED 401(K) RETIREMENT PLAN -$31,900

RICHARD HOVLAND - RETIREMENT AND OTHER DEFERRED COMPENSATION INCLUDES

EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K) RETIREMENT PLAN - $31,900

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, GLENDA BERRY,

KENANN CASSIDY, MICHELLE HELTON AND CHRISTINE FOH - RETIREMENT AND OTHER

DEFERRED COMPENSATION INCLUDES EMPLOYER CONTRIBUTIONS TO A QUALIFIED 401(K)

RETIREMENT PLAN.

JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, GLENDA BERRY,

KENANN CASSIDY - RETIREMENT AND OTHER DEFERRED COMPENSATION ALSO INCLUDES

EMPLOYER CONTRIBUTIONS TO A NON-QUALIFIED 457(F) SUPPLEMENTAL RETIREMENT

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.

PLAN.

PART II, COLUMN (D):

SUPPLEMENTAL COMPENSATION INFORMATION: NONTAXABLE BENEFITS

HARRY JOHNS - NON-TAXABLE BENEFITS OF $26,649.87 INCLUDE EMPLOYER CONTRIBUTIONS TO MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND LONG-TERM DISABILITY, AND LONG-TERM CARE INSURANCE BASED ON HIS PERSONAL ELECTIONS FOR CALENDAR YEAR 2021 THROUGH THE BENEFIT OFFERINGS AVAILABLE TO ALL OTHER BENEFITS-ELIGIBLE EMPLOYEES AT OUR ORGANIZATION.

THE AMOUNTS REPRESENTED FOR RICHARD HOVLAND, JOANNE PIKE, DONNA MCCULLOUGH, ROBERT EGGE, MARIA CARRILLO, MICHELLE HELTON, GLENDA BERRY, KENANN CASSIDY AND CHRISTINE FOH REPRESENT COMPANY CONTRIBUTIONS TO THE MEDICAL, DENTAL, BASIC LIFE INSURANCE, SHORT AND LONG-TERM DISABILITY, AND LONG-TERM CARE INSURANCE BASED ON INDIVIDUAL ELECTIONS.

PART I, LINE 7:

ALZHEIMER'S ASSOCIATION HAS A PERFORMANCE-BASED INCENTIVE COMPENSATION PLAN. CERTAIN INDIVIDUALS OF ALZHEIMER'S ASSOCIATION CAN EARN INCENTIVE

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.

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 HIS INCENTIVE COMPENSATION PAYMENTS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE RETAINS SOLE DISCRETION TO DETERMINE THE AMOUNT OF ANY INCENTIVE COMPENSATION PAID TO EXECUTIVES.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

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

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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

132131 11-02-21

16031214 153424 0173037-00020 2021.05010 ALZHEIMER'S DISEASE & REL 01730371

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
SARA GIAMMARISE	DAUGHTER OF DAVID H	61,920.	EMPLOYMENT		X
RAZA LAMB	SON OF BRUCE LAMB,	24,889.	EMPLOYMENT		X

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF DAVID HUNTER, DIRECTOR

(A) NAME OF PERSON: RAZA LAMB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF BRUCE LAMB, DIRECTOR

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number: 13-3039601

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	671	21,261,922.	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 ▶ (NON GALA-RLTD)	X	38	422,491.	FMV
26	Other ▶ (GALA-RELATED)	X	119	414,948.	FMV
27	Other ▶ (CRYPTO CURREN)	X	15	347,001.	FMV
28	Other ▶ (FUNDRAISING)	X	1	250,000.	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** 3

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
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.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2021**

132141 11-17-21

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:

RAFFLE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 19263.

(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

2021

Open to Public Inspection

Name of the organization: ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number: 13-3039601

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 I, DESCRIPTION OF ORGANIZATION MISSION:

(MISSION CONTINUED)

AND EARLY DETECTION, AND MAXIMIZING QUALITY CARE AND SUPPORT.

THE ALZHEIMER'S ASSOCIATION IS A VALUED RESOURCE FOR CAREGIVERS AND THOSE LIVING WITH THE DISEASE, OFFERING INFORMATION, EDUCATION AND SUPPORT. APPROXIMATELY 207 OFFICES ACROSS THE U.S. ARE DOING BUSINESS AS THE ALZHEIMER'S ASSOCIATION AND VARIOUS NAMES AS A COLLECTION OF 75 CHAPTERS WORKING TO ACCOMPLISH THE MISSION. THE ORGANIZATION IS HEADQUARTERED IN CHICAGO, AND HAS A PUBLIC POLICY OFFICE IN WASHINGTON, D.C. THE ALZHEIMER'S ASSOCIATION PROVIDES 24/7 CONSTITUENT SUPPORT IN OVER 170 LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE 365 DAYS A YEAR (1-800-272-3900) AS WELL AS ON OUR WEBSITE, ALZ.ORG*.

AS THE LEADING VOLUNTARY HEALTH ORGANIZATION IN CARE, SUPPORT AND RESEARCH, SINCE AWARDING THE FIRST GRANTS IN 1982, THE ASSOCIATION HAS COMMITTED MORE THAN $475 MILLION TO MORE THAN 3,000 BEST-OF-FIELD GRANTS. AS A LEADER IN THE FIELD, THE ALZHEIMER'S ASSOCIATION FOSTERS COLLABORATION OF THE SCIENTIFIC COMMUNITY BY HOSTING THE LARGEST INTERNATIONAL CONFERENCE FOCUSING ON ALZHEIMER'S DISEASE RESEARCH IN THE WORLD.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number 13-3039601

IN ADDITION, THE ALZHEIMER'S ASSOCIATION ADVOCATES FOR THE NEEDS AND RIGHTS OF PEOPLE WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS, SPEAKING UP TO HELP ENCOURAGE CONGRESS TO TAKE ACTION IN THE FIGHT AGAINST THIS DISEASE, (INCLUDING THROUGH AN ANNUAL ADVOCACY FORUM IN WASHINGTON, D.C.) AND LEADS ADVOCACY EFFORTS IN EVERY STATE. CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS ABOUT THE ASSOCIATION ARE CRITICAL TO ACCELERATING PROGRESS. THE ALZHEIMER'S ASSOCIATION STRIVES TO MAKE MORE PEOPLE AWARE OF THE SERVICES AVAILABLE FOR THOSE FACING THIS DISEASE AND THE BENEFITS OF EARLY DETECTION. (MORE THAN 5 MILLION ALZHEIMER'S ASSOCIATION CONSTITUENTS HAVE SIGNED UP TO EDUCATE, ADVOCATE, DONATE, AND PARTICIPATE TO MOVE THIS CAUSE FORWARD).

A DONOR-SUPPORTED ORGANIZATION, THE ALZHEIMER'S ASSOCIATION ALLOCATES ITS FUNDS IN AN ETHICAL AND RESPONSIBLE MANNER THAT EXCEEDS THE RIGOROUS STANDARDS OF AMERICA'S MOST EXPERIENCED CHARITY EVALUATOR, THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE. THE ASSOCIATION IS QUALIFIED TO USE THE "BBB TORCH LOGO" AND A NATIONAL CHARITY SEAL ("SEAL").

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

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

PUBLIC AWARENESS AND EDUCATION - ALZHEIMER'S IS A PROGRESSIVE, DEGENERATIVE AND ULTIMATELY FATAL DISEASE. TOO FEW AMERICANS UNDERSTAND THE CURRENT AND FUTURE ECONOMIC IMPACT OF ALZHEIMER'S. ALREADY MORE THAN 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.

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THE ALZHEIMER'S ASSOCIATION HAS INVESTED IN EDUCATION CAMPAIGNS AND INITIATIVES TO INCREASE CONCERN ABOUT ALZHEIMER'S DISEASE AND AWARENESS OF THE ALZHEIMER'S ASSOCIATION COMMUNICATING OUR ROLE AS LEADERS OF THE CAUSE. KEY MESSAGES INCLUDE THE IMPORTANCE OF EARLY DETECTION, RESOURCES FOR PEOPLE WITH ALZHEIMER'S AND THEIR FAMILIES, AND THE SOCIETAL IMPACT OF THE DISEASE. MILLIONS OF CONSTITUENTS PARTICIPATED IN OUR PROGRAMS IN LOCAL COMMUNITIES AND ON-LINE.

PATIENT AND FAMILY SERVICES - THE ALZHEIMER'S ASSOCIATION* PROVIDES AN ARRAY OF INFORMATION AND SUPPORT SERVICES DESIGNED SPECIFICALLY FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES, FRIENDS AND CAREGIVERS. IN ORDER TO MEET THE DIVERSE NEEDS OF INDIVIDUALS AFFECTED BY ALZHEIMER'S DISEASE, THE ASSOCIATION'S PROGRAMS AND SERVICES ARE OFFERED IN PERSON, BY PHONE AND ONLINE. IN CHAPTERS THROUGHOUT THE COUNTRY, CONSTITUENTS CAN ATTEND EDUCATION PROGRAMS AND SUPPORT GROUPS, RECEIVE PERSONALIZED CARE CONSULTATION, ENGAGE IN EARLY STAGE PROGRAMS, AND ENROLL IN SUPPORT PROGRAMS.

IN ORDER TO MEET THE NEEDS OF CONSTITUENTS WHO RELY ON THE WEB FOR INFORMATION AND SUPPORT, THE ASSOCIATION OFFERS A ROBUST CAREGIVER CENTER. WITHIN THE CAREGIVER CENTER, FAMILIES AND CAREGIVERS CAN ACCESS ALZHEIMER'S NAVIGATOR*, AN INNOVATIVE TOOL TO HELP CAREGIVERS AND PEOPLE WITH DEMENTIA EVALUATE THEIR NEEDS, CREATE A CUSTOMIZED ACTION PLAN AND LINK TO INFORMATION, SUPPORT AND LOCAL RESOURCES FOR INDIVIDUALS LIVING WITH ALZHEIMER'S. ALSO AVAILABLE THROUGH THE CAREGIVER CENTER, FOR INDIVIDUALS LOOKING FOR SUPPORT FROM OTHERS LIVING IN SIMILAR SITUATIONS IS ALZCONNECTED*, AN ON-LINE COMMUNITY

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THAT INCLUDES MULTIPLE FORUMS FOR DIVERSE AUDIENCES.

THROUGH THE ASSOCIATION'S HELPLINE, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR, INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILIES AND CAREGIVERS CAN TALK TO A SPECIALIST TO RECEIVE INFORMATION AND BASIC EDUCATION ABOUT THE DISEASE; AND GUIDANCE FOR MORE COMPLICATED OR URGENT SITUATIONS, WITH MASTERS-LEVEL COUNSELORS WHO ARE AVAILABLE TO CONSTITUENTS, ANY TIME, DAY OR NIGHT. ADDITIONALLY, CALLS CAN BE HANDLED IN OVER 170 DIFFERENT LANGUAGES THROUGH THE USE OF A PROFESSIONAL LANGUAGE LINE. ANNUALLY, THE HELPLINE RECEIVES APPROXIMATELY 250,000 CALLS.

THE ASSOCIATION'S WEBSITE (WWW.ALZ.ORG*) RECEIVES MORE THAN 32 MILLION VISITS A YEAR. ONLINE PROGRAMS INCLUDE: SELF-SERVICE EDUCATION PROGRAMS, AN ONLINE COMMUNITY, AN INTERACTIVE BRAIN TOUR (AVAILABLE IN 15 LANGUAGES), ACCESS TO COMPREHENSIVE DISEASE INFORMATION, PORTALS IN SPANISH, CHINESE, VIETNAMESE, JAPANESE, AND KOREAN; A VIRTUAL LIBRARY, A SAFETY CENTER, AND A SECTION DEVELOPED SPECIFICALLY FOR PEOPLE LIVING WITH ALZHEIMER'S, WITH INPUT FROM PEOPLE IN THE EARLY STAGES OF ALZHEIMER'S DISEASE AND THEIR CARE PARTNERS.

THROUGH THE ASSOCIATION'S EARLY STAGE INITIATIVE, INDIVIDUALS IN THE EARLY STAGES OF THE DISEASE CAN PARTICIPATE IN EDUCATION PROGRAMS, SUPPORT GROUPS AND SOCIAL ENGAGEMENT PROGRAMS. ADDITIONALLY, THE ASSOCIATION CONVENES AN EARLY STAGE ADVISORY GROUP WHOSE MEMBERS RAISE AWARENESS, ADVOCATE FOR THE CAUSE, AND PROVIDE GUIDANCE AND REVIEW OF PROGRAMS AND SERVICES.

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THE ALZHEIMER'S ASSOCIATION LAUNCHED AN INITIATIVE TO WORK WITH HEALTH SYSTEMS, LONG-TERM CARE FACILITIES, AND COMMUNITY-BASED DEMENTIA PROVIDERS WITH EVIDENCE-BASED INFORMATION AND QUALITY IMPROVEMENT PROGRAMMING TO ENHANCE HOW THESE SYSTEMS PROVIDE CARE AND SUPPORT SERVICES. UNIQUE PROGRAMMING OPPORTUNITIES INCLUDE DIRECT TRAINING TO PROVIDERS AND VIDEO-BASED EDUCATION THROUGH PROJECT ECHO.

THE PROGRAMS AND SERVICES OF THE ALZHEIMER'S ASSOCIATION ARE DESIGNED TO PROVIDE EDUCATION, INFORMATION, SUPPORT, AND RESOURCES IN ORDER TO HELP INDIVIDUALS WITH ALZHEIMER'S, THEIR FAMILIES AND CAREGIVERS NAVIGATE THE LONG AND COMPLICATED JOURNEY THROUGH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS.

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

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

RESEARCH - THE ALZHEIMER'S ASSOCIATION IS ON THE FOREFRONT OF THE ALZHEIMER'S SCIENTIFIC FIELD, GLOBALLY CONNECTING RESEARCHERS IN THE QUEST TO FIND METHODS OF TREATMENT, PREVENTION AND A CURE. THE ALZHEIMER'S ASSOCIATION IMPLEMENTS AN AGGRESSIVE GLOBAL RESEARCH AND SCIENCE PROGRAM STRATEGICALLY DESIGNED TO ACCELERATE PROGRESS BY FOSTERING INNOVATION, IDENTIFYING AND CLOSING CRITICAL KNOWLEDGE GAPS, DEVELOPING AND DISSEMINATING TOOLS, AND NURTURING SCIENTIFIC TALENT.

THE ALZHEIMER'S ASSOCIATION HAS BEEN A CATALYST AND CONVENER FOR MORE THAN 30 YEARS. WHETHER FUNDING INNOVATIVE GRANTS TO HELP FURTHER TREATMENTS AND DISCOVERY, HOSTING THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE* (AAIC*), THE WORLD'S LARGEST GATHERING OF

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ALZHEIMER'S RESEARCHERS, OR LEADING ENDEAVORS LIKE THE WORLDWIDE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (WW-ADNI) TO ACCELERATE ADVANCES IN IMAGING, THE ALZHEIMER'S ASSOCIATION SEEKS TO FUND AND ADVANCE BEST-IN-CLASS RESEARCH AND WORKS WITH COLLABORATORS AROUND THE GLOBE FROM ALL SECTORS TO HASTEN THIS PROGRESS.

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

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

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

BEGINNING IN TAX YEAR 2021, THE PREVIOUSLY SEPARATE CHAPTER SERVICE PROGRAM IS NOW BEING INCORPORATED INTO THE VARIOUS OTHER PROGRAMS OF THE ALZHEIMER'S ASSOCIATION ON THE AUDITED FINANCIAL STATEMENTS AND IS NO LONGER REFLECTED AS A STANDALONE PROGRAM.

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

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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 BUSINESS COMMITTEES AS DESCRIBED IN ARTICLE VII OF THE ORGANIZATIONAL BYLAWS. THE FOLLOWING EXCERPT FROM THE ASSOCIATION'S BYLAWS DISCUSS COMMITTEES OF THE BOARD OF DIRECTORS.

COMMITTEES OF DIRECTORS:

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 THE 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 THE 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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

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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 COMMITTEES, 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 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, ELECTRONIC MAIL OR FACSIMILE AT LEAST SEVEN DAYS (OR AT LEAST 48 HOURS IN THE CASE OF TELEPHONIC MEETINGS) PRIOR TO THE MEETING. A MAJORITY OF THE CURRENTLY SERVING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR ALL PURPOSES.

FINANCE COMMITTEE:

THE FINANCE COMMITTEE SHALL CONSIST OF AT LEAST FIVE DIRECTORS AND SHALL BE CHAIRED BY THE TREASURER. THE FINANCE COMMITTEE SHALL OVERSEE AND REVIEW ALL FINANCIAL REPORTS, ACCOUNTING ACTIVITIES AND INVESTMENT DECISIONS OF THE ASSOCIATION AND ALSO SHALL 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 THE 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

Name of the organization ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

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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.

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 THE ASSOCIATION THROUGH BOARD ASSESSMENT, RECRUITMENT, NOMINATIONS, ORIENTATION AND DEVELOPMENT. THE GOVERNANCE AND NOMINATING COMMITTEE SHALL NOMINATE CANDIDATES FOR DIRECTORS, OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE. THE GOVERNANCE AND NOMINATING COMMITTEE MAY NOMINATE CANDIDATES FOR HONORARY DIRECTOR AND ANY ADVISORY OR HONORARY COUNCILS, GROUPS OR COMMITTEES AND APPROVE THE CANDIDATES FOR MEDICAL AND SCIENTIFIC ADVISORY GROUP MEMBERSHIP. THE GOVERNANCE AND NOMINATING COMMITTEE ALSO SHALL PROVIDE INPUT TO THE CHAIR ON THE SELECTION OF VICE CHAIRS 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 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

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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 OR CHIEF EXECUTIVE OFFICER TO SET OR ADJUST COMPENSATION OF ANY OTHER EXECUTIVE-LEVEL EMPLOYEE WHO COULD BE CONSIDERED TO BE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE 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 THE ASSOCIATION.

THE COMPENSATION COMMITTEE AND THE FINANCE 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 THE ASSOCIATION (THE "PLANS"). WORKING IN COORDINATION WITH THE FINANCE COMMITTEE, THE COMPENSATION COMMITTEE SHALL BE RESPONSIBLE FOR PROVIDING APPROPRIATE GOVERNANCE OVERSIGHT AS TO THE ADMINISTRATIVE OPERATIONS OF THE PLANS, INCLUDING APPOINTMENT OF FIDUCIARIES RELATING TO ADMINISTRATIVE MANAGEMENT UNDER THE PLANS, FOR TAKING FINAL ACTIONS WITH RESPECT TO SUCH ADMINISTRATIVE 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 THE ASSOCIATION. THE AUDIT COMMITTEE SHALL SEE THAT AN ANNUAL AUDIT IS PREPARED BY AN INDEPENDENT FIRM OF CERTIFIED PUBLIC ACCOUNTANTS SELECTED BY

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

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 A, LINE 4:

CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION AMENDED ITS BYLAWS ON OCTOBER 16, 2021, TO ALLOW FOR THE ROLES OF PRESIDENT AND CEO, HISTORICALLY HELD BY THE SAME PERSON, TO BE

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HELD BY SEPARATE INDIVIDUALS.

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:

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE ALZHEIMER'S ASSOCIATION 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 INTERESTED PERSON WHOSE INTERESTS ARE OR MAY APPEAR TO BE IN CONFLICT WITH THE ASSOCIATION. ALL INTERESTED PERSONS ARE REQUIRED TO FILE WITH THE ASSOCIATION A DISCLOSURE STATEMENT PRIOR TO SUCH INDIVIDUAL COMMENCING HIS OR HER SERVICE WITH THE 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 THE ASSOCIATION SHALL FILE DISCLOSURE STATEMENTS, FROM TIME TO TIME, AS MAY BE REQUIRED BY THE BOARD OF DIRECTORS, THE BYLAWS ARTICLE XI, 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

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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 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 THE 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 THE 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 THE 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

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COMPENSATION IS ESTABLISHED FOR THE CEO BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE AFTER A THOROUGH SALARY/MARKET REVIEW CONDUCTED BY OUTSIDE COMPENSATION CONSULTANTS. FOR THE CEO POSITION, THE GATHERING OF RELEVANT COMPARABILITY DATA FROM INDEPENDENT SOURCES OCCURRED IN 2022. THE PROCESS WAS CONDUCTED IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES. AS TO THE MEMBERS OF THE SENIOR MANAGEMENT TEAM OTHER THAN THE CEO, ANNUALLY UPDATED MARKET DATA IS ALSO PROVIDED BY THE OUTSIDE COMPENSATION CONSULTANT, SO THAT THE UPDATED MARKET DATA CAN BE USED IN SETTING REASONABLE COMPENSATION FOR EACH MEMBER OF THE SENIOR MANAGEMENT TEAM.

EACH YEAR THE COMPENSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE THROUGH A ROBUST ASSESSMENT PROCESS WHICH INCLUDES COLLECTION, INTERVIEWS AND PERFORMANCE EVALUATION COMPARING RESULTS TO GOALS. THE COMMITTEE AND CHAIR OF THE BOARD USE THIS DATA TO DETERMINE INCENTIVE COMPENSATION ELIGIBILITY. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW DONE AT THE END OF EACH FISCAL YEAR. THESE INCLUDE A SELF-ASSESSMENT AND EVALUATION BY THE CEO. UPDATED MARKET DATA FOR USE IN SETTING REASONABLE COMPENSATION IS PROVIDED BY A NATIONAL COMPENSATION CONSULTING FIRM TO THE COMPENSATION COMMITTEE FOR CONFIRMATION OF REASONABLENESS USING A PROCESS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INCLUDING CONTEMPORANEOUS DOCUMENTATION IN THE COMMITTEE'S MINUTES). COMPENSATION IS CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES. THE MOST RECENT COMPENSATION STUDY WAS CONDUCTED IN 2022 AND THE SALARY AND TOTALCOMPENSATION PACKAGE OF THE CEO WAS BENCHMARKED BY SULLIVAN COTTER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

HOW TAX FORMS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC BY POSTING ON THE WEBSITE AT WWW.ALZ.ORG AND UPON REQUEST. THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

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

CHANGE IN VALUE OF PERPETUAL TRUSTS	-3,640,879.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-801,308.
BAD DEBT EXPENSE	-1,581,293.
RESCINDED GRANTS	1,528,961.
TOTAL TO FORM 990, PART XI, LINE 9	-4,494,519.

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

2021

Open to Public Inspection

Name of the organization: ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION, INC.

Employer identification number: 13-3039601

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

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

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) 2021

132161 11-17-21 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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	10,008,054.	FMV
(2)	ALZHEIMER'S IMPACT MOVEMENT	N	1,088,465.	FMV
(3)	ALZHEIMER'S IMPACT MOVEMENT	O	4,635,172.	FMV
(4)	COALITION OF NY STATE ALZ ASSN CHAPS INC	O	120,484.	FMV
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

2022 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.